

Survey Registration

Respondent Information

Identification #:

Facility:

Survey: HH2

Survey Year: 2025 ▼

Respondent First Name:

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Respondent Last Name:

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Respondent Phone:

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Respondent eMail:

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Respondent Additional eMail:

Administrator First Name:

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Administrator Last Name:

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Administrator Phone:

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Administrator eMail:

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Administrator Additional eMail:

Save

Continue

2025 Instructions for Survey

Home Health II

This survey is for the reporting period: January 1, 2025 through December 31, 2025.

INSTRUCTIONS

The Kentucky Annual Survey of Licensed Home Health Services is required to be completed and submitted via the internet. The printable version of the survey is for your convenience in completing the survey on paper before submitting the data online.

The accuracy and completeness of the data reported in this survey are essential to the process of health planning in Kentucky. It also represents the data requirements as set forth in 900 KAR 6:125. All items must be completed with actual tabulated data before this survey will be considered acceptable. Surveys are due March 15, 2026. All survey extension requests must be approved by the Survey Administrator.

You are responsible for the accuracy of the data reported in this survey. Failure to complete and correct the indicated parts of the survey will result in your facility being reported to the Office of the Inspector General, Division of Health Care for a possible licensure deficiency. Retain a copy of the completed survey for your files.

If there are any questions concerning the preparation of this survey, please contact Michele Bushong (502) 564-5798 or email consurvey@ky.gov.; The published KY Annual Survey Reports may be viewed at: <https://chfs.ky.gov/agencies/os/oig/dcn/Pages/annualreports.aspx>.

GENERAL INSTRUCTIONS

The Cabinet for Health and Family Services is collecting home health data for the January 1 through December 31, 2025 survey period. The survey consists of the following sections to collect data from Home Health Services, EPSDT, Model Waiver II and Private Duty Nursing. Do not report data related to Homecare or Hospice. Report only Kentucky counties served in 2025. Please report the required data by the following definitions for each section.

Traditional Home Health Services

This section shall only include data regarding traditional home health services. Do not include EPSDT, HCBS or Model Waiver II. Private Duty Nursing provided under your home health services license shall be included in this section where indicated.

Agency Census, Admissions & Discharges January 1, 2025 - December 31, 2025

Beginning Census - Enter the number of unduplicated patients admitted for services as of January 1, 2025, by county. (Patients carried over from 2024)

Admissions During 2025 - Enter the total number of admissions made from January 1, 2025 to December 31, 2025, by county (including re-admissions).

Discharges During 2025 - Enter the number of total discharges (including deaths) made from January 1, 2025 to December 31, 2025, by county.

Ending Census - Enter the number of unduplicated patients admitted for services as of December 31, 2025, by county. (Beginning Census + Admissions - Discharges = Ending Census).

Number of Patients Served by Age Group by County: Count one time each unduplicated patient who was seen by a Skilled Nurse (RN/LPN), a therapist, or a Home Health Aide during the reporting period, i.e., a patient seen during this period shall be counted once. Enter the correct number of patients served in the appropriate age group and county. The total patients served shall not be greater than the beginning census + admissions in the Traditional Home Health census. Traditional Home Health Private Duty Nursing shall be counted separately by age groups.

Number of Patients and Visits by Service by County: Enter the number of patients served by each discipline in each county in the appropriate box and the total number of visits delivered by that discipline in that county.

Traditional Private Duty Nursing: Enter the number of patients who were served by an RN, LPN or Nursing Assistant during the reporting period. Report each unit of service in 1 hour increments. Traditional Private Duty Nursing services are those that are provided under the Home Health license. Do not include Private Duty Nursing Services under EPSDT.

Home Health Notes:

Home Health patients are defined as those receiving a skilled or non-skilled home health service provided under physician's orders. A Home Health visit is defined as services provided by a trained nurse, through a licensed home health agency, who gives medical care and advice to patients in their place of residence that is prescribed by the patient's attending physician as part of a written plan of care.

EPSDT - Early Periodic Screening and Diagnostic Testing

Agency Census, Admissions & Discharges January 1, 2025 - December 31, 2025: Enter census data for EPSDT therapy services data only. Enter beginning census, admissions, discharges and ending census. See above for clarification. This section shall include EPSDT therapy services data only. EPSDT Private Duty Nursing services provided shall be included in this section where indicated.

Number of Patients Served by Age Group by County: Count one time each unduplicated patient who was served under EPSDT therapy services or Private Duty Nursing services. Enter the correct number of patients served in the appropriate age group and county. The total patients served shall not be greater than the beginning census + admissions in each category.

Number of EPSDT Patients and Visits by Service by County: Enter the number of EPSDT patients served by each discipline in each county in the appropriate box and the total number of visits delivered by that discipline in that county.

EPSDT Private Duty Nursing: Enter the number of patients who were served by an RN, LPN or Nursing Assistant during the reporting period. Report each unit of service in 1 hour increments. EPSDT Private Duty Nursing services are those that are provided under the Home Health license number.

Model Waiver II Services

Agency Census, Admissions & Discharges January 1, 2025 - December 31, 2025: Enter census data for Model Waiver II services. Enter beginning census, admissions, discharges and ending census. See above for clarification. This section shall include Model Waiver II services data only.

Number of Model Waiver II Patients Served by Age Group by County: Count one time each unduplicated patient who was served under Model Waiver II during this period. A patient shall be counted once. Enter the correct number of patients served in the appropriate age group and county. Leave all other cells blank. The total patients served shall not be greater than the beginning census + admissions in the Model Waiver II census.

Number of Model Waiver II Patients and Units by Service by County: Enter the number of Model Waiver II services patients served by each discipline in each county in the appropriate box and the total number of units of service delivered by that discipline in that county. Report units of service in 1 hour increments.

Continue

Survey Administrator Information

Michele Bushong
Cabinet for Health and Family Services
(502) 564-5798
consurvey@ky.gov

2025 Home Health II Survey

County Selection

License Number:

Agency:

County

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Finished

Completed Counties

Completed County List for Traditional Home Health Services					
	County	Beginning Census	Admissions	Discharges	Ending Census

Home Health II Survey for 2025

Survey Data Verification

Thank you for completing the survey.

On behalf of the administration of _____, I certify that the information contained in this report is complete and accurate. After reviewing the information contained in this report, I hereby submit it as an official record of the facility's activity in compliance with 900 KAR 6:125.

Only verify once the survey is completed.

Once data is complete, verification notices will be emailed to the state and to your facility's respondent and administrator. If the respondent or administrator does not receive this confirmation it is likely that their email address was not included or had a typo in the registration section of this survey. In this case, please contact Division of CON at consurvey@ky.gov or (502) 564-5798 so this can be corrected.

Respondent Name:
Administrator Name:
Original Completion Date:

By clicking this button you are indicating that this survey is complete. You will not be able to change any of the data.

Verify and Submit to State

Print

Incomplete Survey(s)			
Facility's Survey(s)			
Year	Survey	Equipment	Printable Survey
2025	<u>Ambulatory Surgery II</u>		<u>Print Ambulatory Surgery II</u>
2025	<u>Chemical Dependency</u>		<u>Print Chemical Dependency</u>
2025	<u>Home Health II</u>		<u>Print Home Health II</u>
2025	<u>Hospice</u>		<u>Print Hospice</u>
2025	<u>Hospital</u>		<u>Print Hospital</u>
2025	<u>Long Term Care</u>		<u>Print Long Term Care</u>
2025	<u>Magnetic Resonance Imaging</u>	<u>Equip for MRI</u>	<u>Print Magnetic Resonance Imaging</u>
2025	<u>Megavoltage Radiation (Linear Accelerator).</u>		<u>Print Megavoltage Radiation (Linear Accelerator).</u>
2025	<u>Positron Emission Tomography.</u>		<u>Print Positron Emission Tomography.</u>
2025	<u>Private Duty Nursing.</u>		<u>Print Private Duty Nursing.</u>
2025	<u>Psychiatric Residential Treatment Facility.</u>		<u>Print Psychiatric Residential Treatment Facility.</u>