INSTRUCTIONS FOR COMPLETING THE 2022 ANNUAL REPORT FOR SKILLED NURSING FACILITIES

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INSTRUCTIONS FOR COMPLETION OF THE 2022 ANNUAL REPORT FOR SKILLED NURSING FACILITIES

Form SNH-F1

These instructions for the 2022 Annual Report for Skilled Nursing Facilities are intended to assist in the completion and submission of accurate data. To ensure data integrity, and determine utilization rates of services provided by skilled nursing facilities, information reported must be consistent from all facilities throughout the state. These instructions are intended to assist in the collection of data, minimizing the number of errors experienced in previous years. Should these instructions not address a particular concern, please request additional assistance by contacting the State Health Planning and Development Agency (SHPDA), Bradford L. Williams, Health Planning Administrator at (334) 242-4103, or bradford.williams@shpda.alabama.gov.

Page 1

The agency identification number is assigned by SHPDA. This number may be referenced at www.shpda.alabama.gov /Health Care Data /ID Codes. The agency name must match the name on the license issued by the Alabama Department of Public Health (ADPH) on the last day of the reporting period.

Mailing Address: Provide the complete mailing address to be used by SHPDA for mailing purposes. This address may be different from the physical address of the facility.

Physical Address: Provide the complete physical address of this facility as indicated on the ADPH license on the last day of the reporting period.

County of Location: Provide the county of physical location of the facility.

Facility Telephone: Provide the primary general telephone number of the facility, including the area code.

Facility Fax: Provide the primary general fax telephone number of the facility, including the area code.

The signatures and requested identifying information **must** be provided by two separate individuals. If the report is prepared by the administrator, a separate second signature is still required, and may be provided by either another member of Administration, or by a corporate official. Legible e-mail addresses for both the preparer and second verifying administrative individual **must** be provided.

Page 2

Ownership: Provide the organizational structure of the facility as reported to ADPH.

Management: Indicate if this facility is operated by a management firm. If so, check yes and provide the name of the management firm and all contact information requested. If this facility is not operated under a management contract, go to Section I-A.

Section I - Facilities:

a. Indicate the total number of beds licensed by ADPH on the last day of the reporting period.

b. Indicate the number of beds certified for Medicare patients. This number may be less than the number of licensed beds, but may not be more than the number of beds reported in item a.

c. Indicate the number of beds certified for Medicaid patients. This number may be less than the number of licensed beds, but may not be more than the number of beds reported in item a.

d. Indicate whether the number of licensed beds in the facility changed during the current reporting period.

e. If the number of licensed beds changed, enter the number of beds and the total number of days those beds were licensed, **beginning on the first day of the reporting period.**

f. Indicate the number of beds licensed after the change and the total number of days **beginning the first day of the new licensed bed count**, and **ending on the last day of the reporting period.** The addition of e and f Days should equal the total number of reporting days indicated on page 1.

***Computation Methods* for Admissions, Re-Admissions, and Discharges to be Utilized in Sections II, III, and IV**

***All** Admissions for the entire reporting period are to be included in Sections II and III. The total number of re-admissions is also included in Sections II and III **if** a patient is **discharged** for any reason and then re-admitted at a later date, or if a patient is re-admitted due to a change in payer source. If a patient is **transferred** from the SNF and returns at a later date or is **transferred** to a different payer source, but was never discharged, the patient is counted only once at the time of initial admission. Only patients **discharged** (not transferred) are to be reported in Section IV.*

Section II – Admissions

Total Admissions for the Reporting Period: This should reflect **all** admissions and re-admissions for the **entire** reporting period utilizing the computation method outlined above.

Admissions by Source of Payment: The total number of admissions and re-admissions broken down by payer source.

Page 3

Section III - Demographics:

Part A

Total Admissions by Race for the Entire Reporting Period: The total number of admissions and re-admissions broken down by race. The number of admissions by race must equal the Total Admissions for the Reporting Period listed in Section II-A.

Part B

Total Admissions by Age and Gender for the Entire Reporting Period: The total number of admissions and re-admissions broken down by gender in the age groups specified. The number of admissions by age and gender must equal the Total Admissions for the Reporting Period listed in Section II-A.

Section IV – Discharges

For the purposes of this report, a discharge MUST occur prior to each readmission. If a patient is transferred from one payment category to another, it is not considered a readmit or discharge. If a patient is readmitted into a new payment category, that patient MUST first be discharged from the previous payment category.

Total Discharges (including deaths): The total number of discharges for the entire reporting period utilizing the computation method outlined above.

Page 4

Section V – Resident Days:

For each payer source, provide the total occupied resident days (days when the resident was actually present at the facility); bed holding days (days when the patient was at another location, but the bed was being held on behalf of the patient by the facility); and the total resident days (the sum of the previous two categories). The total Occupied Resident Days, total Bed Holding Days, and Total Resident Days must also be reported where indicated.

Section VI – Hospice

SHPDA is gathering additional information from SNFs regarding hospice care available and provided in Nursing Homes. Please read the following instructions carefully.

Total hospice service days (regardless of payer source): Provide the total number of days patients received hospice care in the facility, regardless of whether the care was paid by a hospice provider or another payer source such as Medicare/Medicaid, etc.

Number of hospice discharges: Provide the total number of discharges of hospice patients from the facility broken down as a result of death; to the patient's place of residence; and to a hospital or other inpatient healthcare facility.

Number of provider contracts: Report the total number of contracts held with hospice providers during the reporting period to provide either general inpatient or respite care at the facility

Dedicated hospice unit: Report if the nursing home currently has a dedicated unit in which to locate all hospice patients, for which CON Authority to provide inpatient hospice services is not held. If hospice patients are placed into the first available open bed without regard to location within the facility, this question should be answered as "no".

Number of beds in hospice unit: Report the number of beds the facility has in a dedicated hospice unit, **only if the facility answered yes to the previous question.**

*****REMINDERS*****

- The annual report **MUST** be signed by both the preparer and an administrative or corporate official. Electronic signatures are acceptable.
- Keep a copy of the completed report for the facility's records before submitting to SHPDA.
- This report **MUST** be submitted electronically to: data.submit@shpda.alabama.gov Faxed and mailed copies of the report **CANNOT** be accepted.

INSTRUCTIONS FOR COMPLETION OF THE 2022 INPATIENT REHABILITATION PATIENT ORIGIN SURVEY DATA SUPPLEMENT

These instructions for the 2022 Inpatient Rehabilitation Patient Origin Survey Data Supplement are intended to assist in the completion and submission of accurate data. To ensure data integrity and determine utilization rates of services provided by skilled nursing facilities, information reported must be consistent from all facilities throughout the state. These instructions are intended to assist in the collection of data and to minimize the number of errors. Should these instructions not address a particular concern, please request additional assistance by contacting the State Health Planning and Development Agency (SHPDA), Bradford L. Williams, Health Planning Administrator, at (334) 242-4103, or bradford.williams@shpda.alabama.gov.

The records to be submitted for this report should be for only those patients who have completed their course of therapy and have been discharged from care during the time period 7/1/2021 – 6/30/2022. There should be only one record per patient discharged, and the data reported should reflect totals for the duration of the patient's stay, including total length of stay from admission to discharge, total therapy minutes and days administered, etc. **Only those patients admitted for inpatient rehabilitation services should be reported in this survey.**

Both the annual report (Form SNH-F1) and the Inpatient Rehabilitation Patient Origin Survey data must be submitted for the annual report to be deemed materially complete by the Agency. A provider whose report is deemed materially incomplete by the Agency is subject to penalties as defined in Ala. Admin. Code 410-1-3-.11.

FacilityID#: The agency identification number is assigned by SHPDA. This number may be referenced at www.shpda.alabama.gov /Health Care Data /ID Codes..

PatientNumber: Provide a ***unique*** identification number for each patient. This number may be a blind number assigned in sequential order, but cannot be duplicated.

Age: Provide the age in years of the patient.

Sex: Provide the sex of the patient using the following values: Male = 1, Female = 2, Other/Unknown = 9.

Race: Provide the racial demographic of the patient using the code defined in the data dictionary.

ZipCode: Provide the patient's residential zip code, using only the 5-digit zip code where possible.

LengthOfStay: Provide the patient's length of stay in days, calculated from the date of admission through the date of ***final*** discharge from care.

DateOfDischarge: Provide the date of discharge of the patient in MM/DD/YYYY format.

Service: All service codes for patients receiving inpatient rehabilitation services should be assigned a service code of '8'.

HIPPS: Provide the primary HIPPS code for the patient at admission, as reported on the MDS form, line Z0100.

Payor: Provide the primary payor source for the patient using the code defined in the data dictionary.

ICD-10Primary: Provide the patient's primary ICD-10 Diagnosis Code on admission as reported on the MDS, line I0020B.

ICD-10Secondary – ICD10Secondary10: Provide all additional ICD-10 Diagnosis Codes reported on the MDS, lines I8000A-I8000J at time of admission**.** For any field where there is no value, leave that field blank.

Condition: Provide the patient's primary medical condition category as reported on the MDS, line I0020.

Admit: Provide the 2-digit code for the facility type from which the patient was admitted as reported on the MDS, line A1800.

Discharge: Provide the 2-digit code for the facility type to which the patient was discharged as reported on the MDS, line A2100.

Cancer: Provide whether the patient had a cancer diagnosis, as reported on the MDS, line I0100, in Yes/No format.

Anemia: Provide whether the patient had a diagnosis of anemia (e.g. aplastic, iron deficiency, pernicious, and sickle cell, as reported on the MDS, line I0200), in Yes/No format.

Atrial: Provide whether the patient had a diagnosis of atrial fibrillation or other dysrhythmias, as reported on the MDS, line I0300, in Yes/No format.

Coronary: Provide whether the patient had a diagnosis of coronary heart disease (CAD) (e.g. angina, myocardial infarction, and atherosclerotic heart disease (ASHD)), as reported on the MDS, line I0400, in Yes/No format.

DVT: Provide whether the patient had a diagnosis of deep venous thrombosis (DVT), pulmonary embolus (PE) or Pulmonary Thrombo-Embolism (PTE), as reported on the MDS, line I0500, in Yes/No format.

Heart: Provide whether the patient had a diagnosis of heart failure (e.g. congestive heart failure (CHF) and pulmonary edema, as reported on the MDS, line I0600, in Yes/No format.

Hypertension: Provide whether the patient had a diagnosis of hypertension, as reported on the MDS, line I0700, in Yes/No format.

Orthostatic: Provide whether the patient had a diagnosis of orthostatic hypotension, as reported on the MDS, line I0800, in Yes/No format.

PVD: Provide whether the patient had a diagnosis of peripheral vascular disease (PVD) or peripheral arterial disease (PAD), as reported on the MDS, line I0900, in Yes/No format.

Cirrhosis: Provide whether the patient had a diagnosis of cirrhosis, as reported on the MDS, line I1100, in Yes/No format.

GERD: Provide whether the patient had a diagnosis of gastroesophageal reflux disease (GERD) or ulcer (e.g. esophageal, gastric, and peptic ulcers), as reported on the MDS, line I1200, in Yes/No format.

Colitis: Provide whether the patient had a diagnosis of ulcerative colitis, Crohn's disease, or inflammatory bowel disease, as reported on the MDS, line I1300, in Yes/No format.

BPH: Provide whether the patient had a diagnosis of benign prostatic hyperplasia

(BPH), as reported on the MDS, line I1400, in Yes/No format.

ESRD: Provide whether the patient had a diagnosis of renal insufficiency, renal failure, or end-stage renal disease, as reported on the MDS, line I1500, in Yes/No format.

Bladder: Provide whether the patient had a diagnosis of neurogenic bladder, as reported on the MDS, line I1550, in Yes/No format.

Uropathy: Provide whether the patient had a diagnosis of obstructive uropathy, as reported on the MDS, line I1650, in Yes/No format.

MDRO: Provide whether the patient had a diagnosis of multi-drug resistant organism, as reported on the MDS, line I1700, in Yes/No format.

Pneumonia: Provide whether the patient had a diagnosis of pneumonia, as reported on the MDS, line I2000, in Yes/No format.

Septicemia: Provide whether the patient had a diagnosis of septicemia, as reported on the MDS, line I2100, in Yes/No format.

Tuberculosis: Provide whether the patient had a diagnosis of tuberculosis, as reported on the MDS, line I2200, in Yes/No format.

UTI: Provide whether the patient had a diagnosis of urinary tract infection (UTI) (last 30 days), as reported on the MDS, line I2300, in Yes/No format.

Hepatitis: Provide whether the patient had a diagnosis of viral hepatitis (e.g. Hepatitis A, B, C, D and E), as reported on the MDS, line I2400, in Yes/No format.

Infection: Provide whether the patient had a diagnosis of wound infection (other than foot), as reported on the MDS, line I2500, in Yes/No format.

Diabetes: Provide whether the patient had a diagnosis of diabetes mellitus (DM) (e.g. diabetic retinopathy, nephropathy and neuropathy), as reported on the MDS, line I2900, in Yes/No format.

Hyponatremia: Provide whether the patient had a diagnosis of hyponatremia, as reported on the MDS, line I3100, in Yes/No format.

Hyperkalemia: Provide whether the patient had a diagnosis of hyperkalemia, as reported on the MDS, line I3200, in Yes/No format.

Hyperlipidemia: Provide whether the patient had a diagnosis of hyperlipidemia, as reported on the MDS, line I3300, in Yes/No format.

Thyroid: Provide whether the patient had a diagnosis of thyroid disorder (e.g. hypothyroidism, hyperthyroidism, and Hashimoto's thyroiditis), as reported on the MDS, line I3400, in Yes/No format.

Arthritis: Provide whether the patient had a diagnosis of arthritis (e.g. degenerative joint disease (DJD), osteoarthritis, and rheumatoid arthritis (RA)), as reported on the MDS, line I3700, in Yes/No format.

Osteoporosis: Provide whether the patient had a diagnosis of osteoporosis, as reported on the MDS, line I3800, in Yes/No format.

Hip: Provide whether the patient had a diagnosis of hip fracture (any hip fracture that has a relationship to current status, treatments, monitoring (e.g. sub-capital fractures and fractures of the trochanter and femoral neck)), as reported on the MDS, line I3900, in Yes/No format.

Fracture: Provide whether the patient had a diagnosis of other fracture, as reported on the MDS, line I4000, in Yes/No format.

Alzheimers: Provide whether the patient had a diagnosis of Alzheimer's disease, as reported on the MDS, line I4200, in Yes/No format.

Aphasia: Provide whether the patient had a diagnosis of aphasia, as reported on the MDS, line I4300, in Yes/No format.

Palsy: Provide whether the patient had a diagnosis of cerebral palsy, as reported on the MDS, line I4400, in Yes/No format.

CVA: Provide whether the patient had a diagnosis of cerebrovascular accident (CVA), transient ischemic attack (TIA) or Stroke, as reported on the MDS, line I4500, in Yes/No format.

Dementia: Provide whether the patient had a diagnosis of non-Alzheimer's dementia (e.g. Lewy body dementia, vascular or multi-infarct dementia, mixed dementia, frontotemporal dementia such as Pick's disease, and dementia related to stroke, Parkinson's or Creutzfeldt-Jakob diseases), as reported on the MDS, line I4800, in Yes/No format.

Hemiplegia: Provide whether the patient had a diagnosis of hemiplegia or hemiparesis, as reported on the MDS, line I4900, in Yes/No format.

Paraplegia: Provide whether the patient had a diagnosis of paraplegia, as reported on the MDS, line I5000, in Yes/No format.

Quadriplegia: Provide whether the patient had a diagnosis of quadriplegia, as reported on the MDS, line I5100, in Yes/No format.

MS: Provide whether the patient had a diagnosis of multiple sclerosis, as reported on the MDS, line I5200, in Yes/No format.

Huntingtons: Provide whether the patient had a diagnosis of Huntington's disease, as reported on the MDS, line I5250, in Yes/No format.

Parkinsons: Provide whether the patient had a diagnosis of Parkinson's disease, as reported on the MDS, line I5300, in Yes/No format.

Tourettes: Provide whether the patient had a diagnosis of Tourette's syndrome, as reported on the MDS, line I5350, in Yes/No format.

Epilepsy: Provide whether the patient had a diagnosis of seizure disorder or epilepsy, as reported on the MDS, line I5400, in Yes/No format.

TBI: Provide whether the patient had a diagnosis of traumatic brain injury (TBI), as reported on the MDS, line I5500, in Yes/No format.

Malnutrition: Provide whether the patient had a diagnosis of malnutrition (protein or calorie) or at risk for malnutrition, as reported on the MDS, line I5600, in Yes/No format.

Anxiety: Provide whether the patient had a diagnosis of anxiety disorder, as reported on the MDS, line I5700, in Yes/No format.

Depression: Provide whether the patient had a diagnosis of depression (other than bipolar), as reported on the MDS, line I5800, in Yes/No format.

Bipolar: Provide whether the patient had a diagnosis of bipolar disorder, as reported on the MDS, line I5900, in Yes/No format.

Psychotic: Provide whether the patient had a diagnosis of psychotic disorder (other than schizophrenia), as reported on the MDS, line I5950, in Yes/No format.

Schizophrenia: Provide whether the patient had a diagnosis of schizophrenia (e.g. schizoaffective and schizophreniform disorders), as reported on the MDS, line I6000, in Yes/No format.

PTSD: Provide whether the patient had a diagnosis of post-traumatic stress disorder (PTSD), as reported on the MDS, line I6100, in Yes/No format.

Asthma: Provide whether the patient had a diagnosis asthma, chronic obstructive

pulmonary disease (COPD), or chronic lung disease (e.g. chronic bronchitis and restrictive lung diseases such as asbestosis), as reported on the MDS, line I6200, in Yes/No format.

Respiratory: Provide whether the patient had a diagnosis of respiratory failure, as reported on the MDS, line I6300, in Yes/No format.

Cataracts: Provide whether the patient had a diagnosis of cataracts, glaucoma or macular degeneration, as reported on the MDS, line I6500, in Yes/No format.

None: Provide whether the patient had none of the above active diagnoses, as reported on the MDS, line I7900, in Yes/No format.

PITherapyDischarge: The total number of physical therapy individual therapy minutes provided since the date of admission, as reported on the MDS, line O0425 C1.

PCTherapyDischarge: The total number of physical therapy concurrent therapy minutes provided since the date of admission, as reported on the MDS, line O0425 C2.

PGTherapyDischarge: The total number of physical therapy group therapy minutes provided since the date of admission, as reported on the MDS, line O0425 C3.

PTTherapyDischarge: The total number of physical therapy co-treatment therapy minutes provided since the date of admission, as reported on the MDS, line O0425 C4.

PTherapyDaysDischarge: The total number of days physical therapy were administered since the date of admission, as reported on the MDS, line O0425 C5.

OITherapyDischarge: The total number of occupational therapy individual therapy minutes provided since the date of admission, as reported on the MDS, line O0425 B1.

OCTherapyDischarge: The total number of occupational therapy concurrent therapy minutes provided since the date of admission, as reported on the MDS, line O0425 B2.

OGTherapyDischarge: The total number of occupational therapy group therapy minutes provided since the date of admission, as reported on the MDS, line O0425 B3.

OTTherapyDischarge: The total number of occupational therapy co-treatment therapy minutes provided since the date of admission, as reported on the MDS, line O0425 B4.

OTherapyDaysDischarge: The total number of days occupational therapy were administered since the date of admission, as reported on the MDS, line O0425 B5.

SITherapyDischarge: The total number of speech-language pathology and audiology services individual therapy minutes provided since the date of admission, as reported on the MDS, line O0425 A1.

SCTherapyDischarge: The total number of speech-language pathology and audiology services concurrent therapy minutes provided since the date of admission, as reported on the MDS, line O0425 A2.

SGTherapyDischarge: The total number of speech-language pathology and audiology services group therapy minutes provided since the date of admission, as reported on the MDS, line O0425 A3.

STTherapyDischarge: The total number of speech-language pathology and audiology services co-treatment therapy minutes provided since the date of admission, as reported on the MDS, line O0425 A4.

STherapyDaysDischarge: The total number of days speech-language pathology and audiology services were administered

since the date of admission, as reported on the MDS, line O0425 A5.

*****REMINDERS*****

- All requests for therapy minutes or days should be for the total number administered from the date of admission through the date of final discharge. If the patient had a length of stay long enough to require multiple MDS forms, the values reported should be the totals for that variable across all forms.

- Keep a copy of the completed report for the facility's records before submitting to SHPDA.

- This report **MUST** be submitted electronically to: data.submit@shpda.alabama.gov Faxed and mailed copies of the report **CANNOT** be accepted.