INSTRUCTIONS FOR COMPLETING THE 2022 ANNUAL REPORT FOR SPECIALTY CARE ASSISTED LIVING FACILITIES

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
100 NORTH UNION STREET, SUITE 870
MONTGOMERY, AL 36104
(334) 242-4103
www.shpda.alabama.gov

INSTRUCTIONS FOR COMPLETION OF THE
2022 ANNUAL REPORT FOR SPECIALTY CARE ASSISTED LIVING FACILITIES
Form SCALF-1

Pursuant to ALA. ADMIN. CODE r 410-1-3-.11, this report is deemed a "Mandatory Report" and is due no later than April 15, 2022. ALA. ADMIN. CODE r 410-1-3-.09 requires that this report be filed electronically to data.submit@shpda.alabama.gov.

These instructions for the 2022 Annual Report for Specialty Care Assisted Living Facilities are intended to assist in the completion and submission of accurate data. To ensure data integrity and determine utilization rates of Specialty Care Assisted Living Facilities, information reported must be consistent throughout the state. These instructions are intended to assist in the collection of data and in minimizing 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 at (334) 242-4103, bradford.williams@shpda.alabama.gov, Jacquelin Barnes at (334) 242-4108, jacquelin.barnes@shpda.alabama.gov, or Lee Ann Woodham-Taylor at (334) 242-4512, leeann.woodham@shpda.alabama.gov.

Page 1

The facility identification number is assigned by SHPDA and **can be obtained from the Contact Implementation form recently filed with the Agency.**

The facility name must match the name on the current license issued by the Alabama Department of Public Health (ADPH).

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.

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.

Electronic signatures on the form are preferred. If the facility does not have electronic signature capability, the report may be printed, manually signed by both individuals, scanned in PDF format, and e-mailed as an attachment to data.submit@shpda.alabama.gov.

The signatures and requested identifying information **must** be provided by two separate individuals. The primary preparer of the annual report will be contacted first for additional/corrected information. The administration official may be contacted in the event the preparer is unavailable or for informational purposes. Legible e-mail addresses for both the preparer and second verifying administrative individual **must** be provided.

Page 2

I: Ownership

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

II: Management

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 III.

III: Facilities

Total number of licensed beds: Indicate the number of vested CON-Authorized beds (licensed by ADPH) on the last day of the reporting period.

NOTE: A "vested" CON-Authorized bed is a bed which has been included in the inauguration of the service (SCALF) offered. **EXAMPLE:** A SCALF has CON Authorization for ten (10) beds and holds licensure from ADPH for ten (10) beds - the service is inaugurated for ten (10) VESTED CON-Authorized beds. If that same facility has another CON issued for an additional five (5) beds, but these beds are not yet ready for occupancy, and are not licensed by ADPH, these beds are NON-VESTED beds, and are not to be reported in this section.

IV: Admissions

Admissions: Indicate the total number of admissions during the reporting period, regardless of payment source.

Admissions by Source of Payment: Indicate on the appropriate line the number of private pay admissions and the number of "Other" admissions. Please be sure to specify the type of "Other" admissions. *Note that the total number of admissions for both categories should equal the total number of admissions reported.*

V: Discharges

Total Discharges (including deaths): List the total number of patients discharged from this facility during the reporting period, regardless of the reason for discharge.

Page 3

VI: Demographics

A: Total Admissions by Race

Provide the total number of Admissions for the reporting period broken down by race. The Total Admissions **MUST** equal the total number of admissions reported on page 2, Section IV.

B: Total Admissions by Age and Gender

Provide the total number of Admissions for the reporting period broken down by age groups and gender. The Total Admissions **MUST** equal the total number of admissions reported on page 2, Section IV.

Page 4

VII: Resident Days

1.   Number of Licensed Beds: List the total number of vested CON-Authorized beds licensed by ADPH during the reporting period. *Note: If the number of licensed beds either increased or decreased during the reporting period, indicate the number of licensed beds and the number of days during the reporting period for each licensed capacity.* **Example:** *If the facility was licensed for 14 beds for 120 days and 16 beds for the remaining 245 days of the reporting period, line 2 would show the sum of 14 * 120 + 16 * 245.*

2. Multiply the number of licensed beds listed above by 365 (the number of days in the reporting year) to determine the total number of available days.

3.   Total number of unoccupied days: List the total number of days in which beds were unoccupied due to vacancies, deaths, and discharges. Also, include 365 days for *every bed* (vested CON-Authorized) licensed by ADPH but not set up and staffed during the reporting period.

4.   Total Resident Days: Subtract the total number of unoccupied days (line 3) from the total number of available days (line 2) to determine the total number of resident days for the facility during the reporting period.

Page 5

VIII. Patient Origin by Zip Code

Zip Code of Residence: Enter the zip code of residence for each admission at the time they were admitted as a patient. Only enter each zip code one time per zip code, not once for every patient admission. Only use the 5-digit primary zip code, not the full 9-digit zip code.

Total Number of Admissions: Enter the total number of admissions from each zip code reported. *The total number of admissions reported on this page should equal the total number of admissions reported in Sections IV, VI-A and VI-B.*

REMINDERS

The annual report <u>MUST</u> be signed by both the preparer and an administrative official. Electronic signatures are preferred.

Make and keep a copy of the completed report for the provider's records before submitting to SHPDA.

The report MUST be submitted to data.submit@shpda.alabama.gov to be deemed officially filed. Hard and faxed copies of the report cannot be accepted. If the facility is unable to submit the completed report to this e-mail address, please contact the Agency for alternative PDF submission.