



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

September 25, 2015

Dear Administrator or Representative:

Links to the **2015 Annual Report for Home Health Agencies** (Form DM 1) for the 12-month period ending September 30, 2015, as well as needed instructions, are being provided to you. You will note changes to the electronic form include the ability to save while in the process of completion with Adobe Reader v. 6 or higher; a "Print" button on the form as a reminder to print a copy for your records; and a "Submit Report" button on the form for direct transmittal with use of Outlook or other desktop e-mail applications. Should your e-mail provider be internet based (Gmail, Yahoo, etc.), the report can be directly saved to your computer and then e-mailed as an attachment without the need for scanning. Electronic signatures are now accepted for both the required preparer and verification signatures.

The report must be returned no later than November 30, 2015. Please do **not** submit the report via multiple methods (electronically, hard copy, and/or fax) unless specifically requested to do so by SHPDA staff, as this causes processing delays due to the number of reports received annually.

Should you have any issues accessing the information via the links, all information is located on our website, www.shpda.alabama.gov. From the navigation box on the left, choose *Health Care Data*, then *Report Forms*. Scroll down to Home Health (Form DM-1) and choose 2015-I. It is recommended that the form be completed electronically regardless of the manner of submission chosen. The interactive form performs automatic calculations which will further greatly reduce the number of errors experienced on reports that are not completed via the interactive version. Should you be unfamiliar with the use of an interactive form, you may contact me or my assistant as outlined below, and one of us will be happy to assist you.

Please read all instructions before completing the report. Signatures are required from two separate individuals, the signature of the person preparing the report and a signature from another member of administration/corporate verifying the accuracy of the information provided in the report. ***This report will not be accepted without both required signatures.***

Data from this report will be used to develop statistics in review of Certificate of Need applications, and provide statistical updates to the *State Health Plan*. In order to provide accurate updates, please insure the report is completed in its entirety, and that information reported is correct.

If you have any questions, if we may provide any assistance, or should you have any suggestions on how we may better improve our data services to you, do not hesitate to contact me at bradford.williams@shpda.alabama.gov, (334) 242-4103, or my assistant, Karen McGuire, at karen.mcguire@shpda.alabama.gov, (334) 353-7585.

Sincerely,

Bradford L. Williams
Data/Planning Director

BLW: kwm

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