



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870  
MONTGOMERY, ALABAMA 36104

September 30, 2024

Dear Administrator or Representative:

Links to the **2024 Annual Report for Home Health Agencies** (form DM-1) for the 12-month period ending September 30, 2024, as well as needed instructions, are being provided in this e-mail. Pursuant to ALA. ADMIN. CODE r 410-1-3-.11, this report is deemed a "Mandatory Report", and is due on **December 16, 2024**. ALA. ADMIN. CODE r 410-1-3-.09 requires that this report be filed electronically to [data.submit@shpda.alabama.gov](mailto:data.submit@shpda.alabama.gov). Both rules may be accessed on the Agency's website at [www.shpda.alabama.gov](http://www.shpda.alabama.gov).

**Any health care provider found to be non-compliant with the data reporting requirements specified in ALA. ADMIN. CODE r 410-1-3-.11 may be assessed a financial penalty and may not participate in the Certificate of Need review process as either an applicant for, or in opposition to, a Certificate of Need application until such time as the provider is deemed to have achieved compliance through the submission of an annual report deemed materially complete and correct by the Agency.**

The interactive form includes the ability to save while in the process of completion with Adobe Reader v. 6 or higher and should be saved to your computer prior to completion; 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 e-mailed as an attachment without the need for scanning. Electronic signatures are preferred. If the facility does not have the capability of electronic signatures, the report may be printed, manually signed, scanned, and filed as an e-mail attachment.

Should you have any issues accessing the information via the links, all information is located on our website, [www.shpda.alabama.gov](http://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 2024-I. It is requested that the interactive form be completed. This form performs automatic calculations which will reduce the number of errors experienced on reports not completed via the interactive version. Should you be unfamiliar with use of an interactive form, you may contact the Data Division for assistance as outlined below.

**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 deemed substantially complete and meeting requirements without signatures from two separate individuals.*

If you have any questions or if we may provide any assistance do not hesitate to contact me at [bradford.williams@shpda.alabama.gov](mailto:bradford.williams@shpda.alabama.gov), (334) 242-4103, or my assistants, Jacquelin Barnes at [jacquelin.barnes@shpda.alabama.gov](mailto:jacquelin.barnes@shpda.alabama.gov), (334) 242-4108, and Lee Ann Taylor at [leeann.woodham@shpda.alabama.gov](mailto:leeann.woodham@shpda.alabama.gov), (334) 242-4512.

Sincerely,

A handwritten signature in black ink, appearing to read 'Bradford L. Williams', written in a cursive style.

Bradford L. Williams  
Health Planning Administrator

BLW