



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

June 30, 2021

Dear Administrator or Representative:

Links to the Annual Report for Skilled Nursing Facilities (form SNH-F1) for the 12-month period ending June 30, 2021, 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 August 16, 2021. ALA. ADMIN. CODE r 410-1-3-.09 requires that this report be filed electronically to data.submit@shpda.alabama.gov.

The electronic form includes 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 accepted. 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. From the navigation box on the left, choose *Health Care Data*, then *Report Forms*. Scroll down to Nursing Home (Form SNH-F1) and choose 2021-I. It is requested that the form be completed electronically. The interactive 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 me or one of my assistants 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.***

If you have any questions or if we may provide any assistance do not hesitate to contact me at bradford.williams@shpda.alabama.gov, (334) 242-4103, or my assistants,

June 30, 2021
Distribution of Form SNH-F1
Page 2

Jacquelin Barnes at jacquelin.barnes@shpda.alabama.gov, (334) 242-4108, and Lee Ann Taylor at leeann.woodham@shpda.alabama.gov, (334) 242-4512.

Sincerely,

A handwritten signature in black ink, appearing to read 'Bradford L. Williams', with a stylized flourish at the end.

Bradford L. Williams
Health Planning Administrator

BLW/lat