



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

June 30, 2023

Dear Administrator or Representative:

Links to the Annual Report for Skilled Nursing Facilities (form SNH-F1) for the 12-month period ending June 30, 2023, 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 15, 2023. 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.

An amendment to Section 410-2-4-.08, Inpatient Physical Rehabilitation, of the *2020-2023 Alabama State Health Plan* became effective on August 14, 2020. As a part of the amendment the Statewide Health Coordinating Council (SHCC) required the Health Care Information and Data Advisory Council (HCIDAC) amend the annual reports for Hospitals and Related Facilities, and for Skilled Nursing Facilities, to collect data used by Medicare Administrative Contractors to determine presumptive compliance with the Inpatient Rehabilitation Facility compliance threshold requirement, commonly known as the "60% Rule". Furthermore, the amendment required that the data to be collected should provide information related to the acuity level of patients and should collect data similar in type and format to allow for accurate comparisons while representing as many patients receiving inpatient rehabilitation services as possible.

The HCIDAC, as a part of the requirements of the SHCC, agreed to allow SHPDA to collect data from both Hospitals and Skilled Nursing Facilities, in furtherance of this requirement. The data to be collected was derived from conversations with both hospital and nursing home representatives on the HCIDAC, and in cooperation with both the Alabama Hospital Association and the Alabama Nursing Home Association.



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After a proof-of-concept test involving a limited number of hospital and skilled nursing providers, the specific data elements to be collected were voted on and approved unanimously by the HCIDAC. These data elements have been added to the annual reports to be filed with SHPDA by both provider types and have been approved by the Certificate of Need Review Board to be a part of the Nursing Home Annual report moving forward. **Submission of this data is a required part of the Nursing Home Annual Report, and the report shall not be deemed complete unless and until this information is received on behalf of your facility.**

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 2023-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. A template for the rehabilitation data is also available on our website. In the same section, select 2023-Rehab-Supplement.

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, 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".

Bradford L. Williams
Health Planning Administrator

BLW