



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

June 28, 2024

Dear Administrator or Representative:

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

Section 410-2-4-.08, Inpatient Physical Rehabilitation, of the *2024-2027 Alabama State Health Plan* became effective on June 14, 2024. As a part of this section, the Statewide Health Coordinating Council (SHCC) required the Health Care Information and Data Advisory Council (HCIDAC) to continue 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". 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. **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.**

SHPDA is aware of recent changes to the MDS form used to collect the data that is being submitted regarding rehabilitation patients, and that several of the data points previously collected by the Agency have been modified on the MDS form. The survey instrument currently does not reflect these changes as the report is deemed an administrative rule and has not yet gone through the full rulemaking process. However,

in order to be able to submit the appropriate data please make the following changes: for the "Race" question, please substitute line A1010 on the new MDS for the previously requested line A1000; for the "Admit" source, please substitute line A1805 for the previously requested line A1800; and for the "Discharge" destination, please substitute line A2105 for the previously requested line A2100. The annual report will be formally amended through the administrative rule making process in the near future, and these changes will be reflected on the new annual report beginning next year.

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 2024-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 2024-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 leann.woodham@shpda.alabama.gov, (334) 242-4512.

Sincerely,



Bradford L. Williams
Health Planning Administrator