Joint Annual Report of Assisted-Care Living Facilities
2020

General Information and Tips to Avoid Common Errors

The following guidelines are written to assist you to complete the 2020 Joint Annual Report of the Assisted-Care Living Facility for your facility.

A. **Please read all information carefully before completing your Joint Annual Report form.**

B. A few changes have been made to improve the form and increase the value of the collected data. Microsoft Excel will be the **only** acceptable submission of form – Open Office will not be accepted.

C. **Before beginning to complete the Excel form, Save it to your computer using the following naming convention, State ID and Name of facility. Example: 01234-ABC Assisted Living**

****Do NOT use ALL UPPER case when completing the form.**

Complete all items on the Excel data entry form.

1. No schedule should be left with all blank fields.
2. Check all computations, especially where totals are provided. Notice that all totals are system calculated.
3. Use 0 (zero) only in Schedule E, H and I (financial); on all other schedules, zero is not required.
4. If the value of an item is unknown, leave the item blank.
5. Please provide the appropriate answer to all Yes or No questions. If you mistakenly enter something into a Yes/No box that causes the error message: "You did not select Yes or No" and the system provides you with the options "Retry" and "Cancel," click on the "Cancel" section to be able to change your answer to either "Yes" or "No.
6. Use the drop down boxes when available.
7. If you find that you cannot change the data to eliminate the "Error" message, you can type your comment on the "Error Sheet" in the last column

D. Items which appear to be inconsistent will be queried. **Facilities will be reported to the Board for Licensing Health Care Facilities for failure to file a report and failure to respond to queries**.

E. There is a State ID tab on the form that shows all of the facilities with State IDs, license numbers, county and facility name and addresses.

SCHEDULE A - IDENTIFICATION

There is a tab named "State ID" that shows the state id, license number, facility names and addresses for your information. Facilities are listed by county. Please use the name of your facility to look up the state id and put it in Schedule A. The information will populate at the top of each schedule. It will also populate the facility address. Check the complete address information to make sure it is correct. Mailing address will populate if same as street address question is answered "Yes". The email address is an excellent tool for communications.

Reporting Period: All facilities are requested to report data based on the twelve month period from January 1, 2020 to December 31, 2020. In the event that a reporting period other than January 1 through December 31 is used for statistical information please report data for the last day of your reporting period when information is requested for December 31.

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SCHEDULE B - OWNERSHIP OF BUSINESS

Please select one item in each category that best describes your facility. Please fill out the name of owner. Check yes or no to chain or holding company/parent corporation or contract with management firm and fill in name and address of the one checked.

SCHEDULE C - FACILITIES AND SERVICES

Answer all yes/no questions. Do not leave any blank fields.

SCHEDULE D - BEDS

The number of licensed beds should equal the number of beds that you have been licensed to operate in the facility by the Tennessee Department of Health as of the last day of the reporting period. **If licensed private beds and semi-private beds are not available for use or do not have staff available to provide care, the number of staffed beds will be less than the number of licensed beds.** Please remember that we want number of beds and not rooms.

SCHEDULE E - UTILIZATION

Admissions: this figure should include all residents admitted to the facility during the reporting period.

Discharges including deaths: this figure should include all residents discharged from the facility during the reporting period, including all those who died during the reporting period, if none, put in zero.

Number of discharge days: the total number of days that each discharged resident stayed in the facility. Include days only for those residents who were discharged or died during the reporting period. This figure should include days for those residents who were admitted prior to or during the reporting period and were discharged during the reporting period (i.e. admitted 01/11 and discharged in the same year, on 06/30 = 171 days, the number of days that resident had been at the facility at the time of discharge; another resident admitted one year earlier on 1/11 and also discharged on 6/30 would be counted as 536 days). Do not include the day of discharge in the calculation unless the resident was discharged the same day as admitted. To make the calculations of the number of days a resident has stayed, you may wish to use the website, **http://www.timeanddate.com/date/duration.html**

A resident transferred to a hospital is one expected to return to the assisted-care living facility, with a bed in the facility being held for the resident.

Total discharges (excluding deaths) should produce the same result as discharges minus deaths in the Admissions and Discharges section.

Payer type – should be reported as resident days of care during the reporting period and not by the number of residents. Report resident days according to the appropriate payment sources. For example, if a resident is admitted with a payment source of self-pay and after 60 days is covered by long-term care insurance, allocate 60 days to self-pay and the remaining days to long term insurance.

Occupancy Rate is a system calculated field and cannot be over 100%.
Occupancy rate = Total Resident Days divided by Maximum Resident Days

Maximum Resident Days or 100% Occupancy Rate = Number of Licensed beds x 365 days per year

Age, gender and race: When collecting data for age, gender and race for male and female residents be sure that the total residents and patient origin total residents match. You do not have to put zeros in each field. This is an exception to the rule of leaving no blanks.

Tennessee and Out of State Residents: You do not have to put zeros in each field. This is an exception to the rule of leaving no blanks.

SCHEDULE F - PERSONNEL

<u>Full-time</u> employees are those whose regularly scheduled work week is usually 40 hours or more per week or at least 80 hours within a two week period. <u>Full-time equivalent</u> (FTE) = number of hours worked by part-time employees per week/40 hours per week, rounded to two decimal places. For example, for three Registered Nurses, each working 20 hours a week, the FTE would be (3x20)/40 = 1.5. For two Medical Social Worker employees, one working 10 hours per week and the other working 15 hours per week, the FTE would be (10+15)/40 = .63.

Use the section for the three-shift pattern or for the two shift pattern depending on your facility, or both if your facility uses a mix of 8 - and 12 - hour shifts.

Registered Nurses – fill out the highest education level section for all four columns: FTE number currently employed, number of budgeted vacancies, number of positions added in the past 12 months and number of positions eliminated in the past 12 months. If you do not employ nursing staff in any of the listed education levels, indicate this using 0 (zero).

SCHEDULE G - SKILLED CARE PROCEDURES

Report the number of residents receiving procedures on the last day of the reporting period. Definitions are listed on the form. Fill in the appropriate boxes if applicable.

SCHEDULE H - ACTIVITIES OF DAILY LIVING (ADL)

Enter the number of residents on the last day of the reporting period requiring assistance with activities of daily living (ADL). (Residents will be duplicated and should be counted in every category that applies). Do not leave this schedule or any field blank, if none, put in zero.

SCHEDULE I - FINANCIAL DATA

Please complete schedule in its entirety. Do not leave this schedule or any field blank, if none, put in zero.

Expenses: fill out the amounts in the appropriate boxes. Administration includes all administrative costs associated with administration.

Capital Assets: Indicate if you own or lease your building and equipment as indicated. Also, record the estimated fair market value of the assets as of the end of the reporting period, the depreciation recorded for the year, and the total depreciation recorded over the life of the assets.

Revenue from Charges: record gross resident charges for the reporting period. Subtract the recorded adjustment to charges to obtain net resident revenue for the reporting period. Revenue Sources are self-pay, long-term care insurance and other.

Non-Patient Revenue: all other revenue not recorded in Revenue from Charges.

Total Revenue: add the Total Net Resident Revenue in the Revenue from Charges section to the Non-Patient Revenue.

Detail of Adjustments to Charges includes bad debt, charity care, and non-government contractual and other. Bad debt and charity definitions are listed below, as well as on the form.

SCHEDULE I – FINANCIAL DATA (continued)

Bad debts are amounts considered to be uncollectible from accounts and notes receivable which are created or acquired in providing services. "Accounts receivable" and "notes receivable" are designations for claims arising from rendering services and are collectible in money in the relatively near future. (A) A debt must meet these criteria: (i) the provider must be able to establish that reasonable collection efforts were made. (ii) The debt was actually uncollectible when claimed as worthless. (iii) Sound business judgment established that there was no likelihood of recovery at any time in the future. (iv) accounts turned over to a collection agency should be classified as bad debt.   (B) If after reasonable and customary attempts to collect a bill, the debt remains unpaid more than one hundred twenty (120) days from the date the first bill is mailed to the patient, the debt may be deemed uncollectible. Bankrupt accounts shall be considered bad debts, unless there is documented evidence that the medical bill caused bankruptcy. Such accounts would then be counted as charity.

Charity care is reductions in charges made by the provider of services because of the indigence or medical indigence of the patient. The provider should apply the following guidelines for making a determination of indigence or medical indigence: (A) The patient's indigence must be determined by the provider, not by the patient; i.e., a patient's signed declaration of his inability to pay his medical bills cannot be considered proof of indigence; (B) The provider should take into account a patient's total resources which would include, but are not limited to, an analysis of assets (only those convertible to cash and unnecessary for the patient's daily living), liabilities, and income and expenses. Indigence income means an amount not to exceed one hundred percent (100%) of the federal poverty guidelines. Medical indigence is a status reached when a person uses or commits all available current and expected resources to pay for medical bills and is not limited to a defined percent of the federal poverty guidelines. In making this analysis the provider should take into account any extenuating circumstances that would affect the determination of the patient's indigence; (C) The provider must determine that no source other than the patient would be legally responsible for the patient's medical bill; e.g., Title XIX, local welfare agency and guardian; and (D) The patient's file should contain documentation of the method by which indigence was determined in addition to all backup information to substantiate the determination. (E) Once indigence is determined and the provider concludes that there had been no improvement in the beneficiary's financial condition, the debt may be deemed uncollectible without applying the bad debt collection criteria.

ADMINISTRATOR'S DECLARATION

Checking the Administrator's Declaration box and providing a date is taken to be the Administrator's electronic "signature" on the form stating that the report is true, correct, and complete to the best of the Administrator's knowledge.

It is preferred that you e-mail the report as an attachment to: JARACLF.Health@tn.gov.   If you cannot email it, make a copy of the Joint Annual Report from your hard drive to a CD, then mark the CD with your facility's name, and mail it to the address below:

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Mr. Trent Sansing
Tennessee Department of Health
Division of Health Planning
Andrew Johnson Tower,
2nd Floor
710 James Robertson Parkway
Nashville, TN 37243

There is no need to mail or fax a paper form.   DUE DATE: Friday, June 11, 2021

If you have any questions, call Mr. Sansing, 615-253-4702 or email to mailto:JARACLF.Health@tn.gov
Thank you for your cooperation.