

**Mitchell E. Daniels, Jr.**  
*Governor*

**Judith A. Monroe, M.D.**  
*State Health Commissioner*



**Indiana State  
Department of Health**  
*An Equal Opportunity Employer*

October 11, 2006

Long Term Care Administrator

RE: 2005 Annual Report of Comprehensive Care Facilities

Dear Administrator:

In accordance with 410 IAC 16.2-3.1-13 (o), each health facility must submit an annual statistical report to the Indiana State Department of Health.

The Indiana State Department of Health has made some adjustments to the requirement for fiscal year 2005. The annual report instructions and annual report questionnaire will now be found on-line. The questionnaire is now a Microsoft Excel file that can be opened and saved via the Indiana State Department of Health web-site, then completed and submitted to the Program Director-Provider Services via mail or e-mail.

Enclosed in this mailing are the instructions for locating the Annual Report information on the Indiana State Department of Health's website, the Annual Report Instructions form and a Microsoft Word version of the annual reporting questionnaire. The Annual Report Instructions packet contains the instructions for locating the Annual Report Questionnaire on the Indiana State Department of Health website and then completing and submitting the Annual Report Questionnaire.

Please complete the Annual Report Questionnaire and return to the Indiana State Department of Health via mail or email by December 15, 2006. Any questions regarding the annual report may be addressed to the Program Director-Provider Services at 317-233-7794.

Sincerely,

Sue Hornstein, Director  
Division of Long Term Care

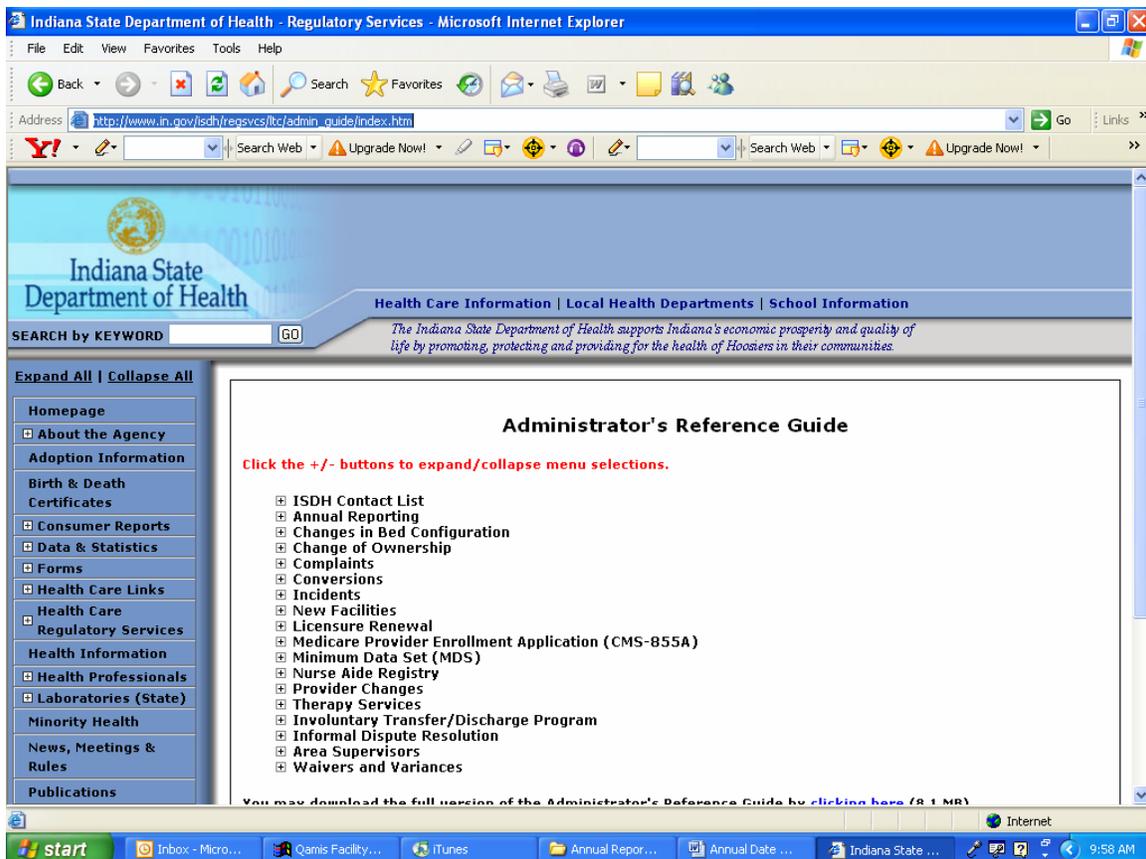
## Annual Report of Comprehensive Long Term Care Facilities Report Instructions

### Instructions for Locating the Annual Report Instructions and Questionnaire

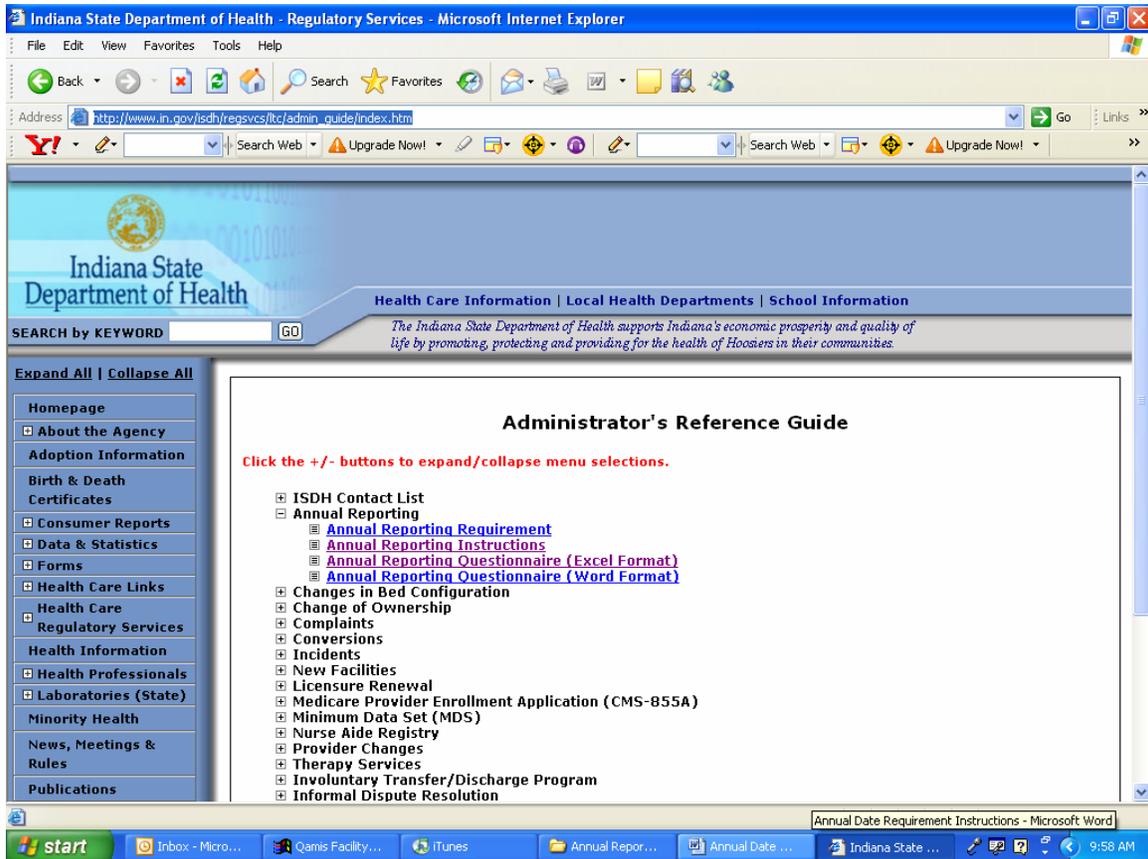
- Open up an Internet Browser (such as Microsoft Internet Explorer)
- In the address bar, type in the following address (also as shown below):  
[http://www.in.gov/isdh/regsvcs/ltc/admin\\_guide/index.htm](http://www.in.gov/isdh/regsvcs/ltc/admin_guide/index.htm)



- The following web-site will open



- Click on the plus sign next to the label titled “Annual Reporting”. This will open up four link options. The links are entitled: Annual Reporting Requirement (general program requirements), Annual Reporting Instructions (instructions for completing the Annual Reporting Questionnaire), Annual Reporting Questionnaire-Excel Format (Annual Reporting Questionnaire in Microsoft Excel), and Annual Reporting Questionnaire-Word Format (Annual Reporting Questionnaire in Microsoft Word). Please open each link as instructed below and then carefully review the information contained therein.



### **Instructions for Opening the Annual Report Instructions**

The link entitled “Annual Reporting Instructions” lists the instructions for completing the Annual Reporting Questionnaire. Instructions for opening and saving the link and file can be found below.

- Right click on the link titled “Annual Report Instructions
- Select “Save Target As”
- Save the file as “Annual Report Instructions”
- Select “Save”
- Select “Open”
- The Annual Report Instructions will now be open for review

### **Instructions for Opening the Annual Report Questionnaire (Excel Format)**

The link entitled “Annual Reporting Questionnaire (Excel Format) is the Microsoft Excel version of the Annual Reporting Questionnaire. This is the preferred method. Instructions for opening and saving the link and file can be found below.

- Right click on the link for the Microsoft Excel (preferred method) file titled “Annual Report Questionnaire”
- Select “Save Target As”
- Save the file as “Annual Report Questionnaire”
- Select “Save”
- Select “Open”
- The Annual Report Questionnaire will now be open for completion

### **Instructions for Opening the Annual Report Questionnaire (Word Format)**

The link entitled “Annual Reporting Questionnaire (Word Format) is the Microsoft Word version of the Annual Reporting Questionnaire.

- Right click on the link for the Microsoft Word file titled “Annual Report Questionnaire”
- Select “Save Target As”
- Save the file as “Annual Report Questionnaire”
- Select “Save”
- Select “Open”
- The Annual Report Questionnaire will now be open for completion

## Instructions for Completing the Annual Report Questionnaire

### Data Table One: Facility Information

The first data table seeks to collect basic facility information. Directions and definitions for the fields required for completion in this data table are listed and defined below.

- **Medicare Provider Number:**  
Enter the Medicare Provider and/or Medicaid Vendor number assigned to the facility. This number will begin with either: 155 or 15E.
- **Facility Name:**  
Enter the most recent facility name reported to the Indiana State Department of Health.
- **Street Address:**  
Enter the current street address of the long term care facility. This address should not be the mailing address.
- **City:**  
Enter the city in which the long term care facility is located.
- **Zip Code:**  
Enter the zip code assigned to the city and street address by the United States Postal Service.
- **County:**  
Enter the county in which the long term care facility is located.

### Data Table One

<b>Facility Information</b>	
<b>Medicare Provider Number</b>	Enter Data
<b>Facility Name</b>	Enter Data
<b>Street Address</b>	Enter Data
<b>City</b>	Enter Data
<b>Zip Code</b>	Enter Data
<b>County</b>	Enter Data

## Data Table Two: Type of Specialized Units

The second data table seeks to collect information on the number of beds and bed census in five different specialized unit types. There are five specialized unit types: HIV Unit, Dementia Special Care Unit, Head Trauma Unit, Pediatric Unit, and Ventilator Unit. For each of these five specialty types there are two questions: number of beds and bed census as of December 31<sup>st</sup>, 2005. If the facility have no specialized units or no units of a specific category please list zero “0” as the total for each question. Directions and definitions for the fields required for completion in this data table are listed and defined below.

- **Number of Beds Column:** This column should be filled with the total number of beds the long term care facility has designated at specialized in that particular category.
- **Bed Census as of December 31<sup>st</sup>, 2005 Column:** This column should contain the total number of residents residing in the specialized unit.
- **Definition of Specialized Units:** Specialized Unit is a facility-designated unit with beds within a comprehensive care facility which have been specifically dedicated to providing one special type of care that is used solely for a resident who has been diagnosed with the following specific conditions:
  - **HIV Unit** refers to those units treating residents infected by the human immunodeficiency virus (HIV).
  - **Dementia Special Care Unit** refers to a facility-based self-designated unit for the treatment of residents with Alzheimer’s disease.
  - **Head Trauma Unit** refers to those units treating residents with a medically stable brain and high spinal cord injury or a resident with a major progressive neuromuscular disease.
  - **Pediatric Unit** refers to those facilities or units which provide nursing care, rehabilitative procedures, room, food, and laundry for children less than 18 years who, because of their diagnosis, require such care.
  - **Ventilator Unit** refers to those units treating residents on mechanical ventilators that are medically stable twelve to twenty-four hours each day.

### Data Table Two

<b>Type of Specialized Units</b>		
	<b>Number of Beds as of December 31, 2005</b>	<b>Bed Census as of December 31<sup>st</sup>, 2005</b>
<b>AIDS Unit</b>	Enter Data	Enter Data
<b>Dementia Special Care Unit</b>	Enter Data	Enter Data
<b>Head Trauma Unit</b>	Enter Data	Enter Data
<b>Pediatric Unit</b>	Enter Data	Enter Data
<b>Ventilator Unit</b>	Enter Data	Enter Data

### Data Table Three: Bed Count by Type

The third data table seeks to collect the bed census in each of the five long term care bed categories as of December 31<sup>st</sup>, 2005. Bed census can be defined as actual number of residents residing, per bed, in a facility. The five bed categories are: Medicare/Medicaid Dually Certified, Medicare Only, Medicaid Only, Non-Certified Comprehensive, and Residential. Directions and definitions for the fields required for completion in this data table are listed and defined below.

- **Medicare/Medicaid Dually Certified (Title 18 SNF/Title 19 NF)**  
Enter the total bed census for beds certified for participation in both the Medicare and Medicaid programs as of December 31<sup>st</sup>, 2005.
- **Medicare only (Title 18 SNF)**  
Enter the total bed census for beds certified for participation in the Medicare program as of December 31<sup>st</sup>, 2005.
- **Medicaid only (Title 19 NF)**  
Enter the total bed census for beds certified for participation in the Medicaid program as of December 31<sup>st</sup>, 2005.
- **Non-Certified Comprehensive (NCC)**  
Enter the total bed census for beds that are not reimbursed under Medicare or Medicaid, but that are licensed comprehensive by the Indiana State Department of Health as of December 31<sup>st</sup>, 2005. These rooms are generally private pay.
- **Residential**  
Enter the total bed census for beds at are state licensed residential as of December 31<sup>st</sup>, 2005.

### Data Table Three

<b>Bed Census by Type</b>	
	<b>Bed Census as of December 31st, 2005</b>
<b>Medicare/Medicaid Certified</b>	Enter Data
<b>Medicare Only</b>	Enter Data
<b>Medicaid Only</b>	Enter Data
<b>Non-Certified Comprehensive</b>	Enter Data
<b>Residential</b>	Enter Data
<b>Total Certified Beds</b>	0
<b>Total Licenses Beds</b>	0

**Data Table Four: Bed Capacity by Type**

The forth data table seeks to collect the bed capacity by bed type acknowledged by the Indiana State Department of Health at the facility as of December 31<sup>st</sup>, 2005. The five bed type categories are: Medicare/Medicaid Dually Certified, Medicare Only, Medicaid Only, Non-Certified Comprehensive, and Residential. Directions and definitions for the fields required for completion in this data table are listed and defined below.

- **Medicare/Medicaid Dually Certified (Title 18 SNF/Title 19 NF)**  
Enter the total bed capacity for beds certified for participation in both the Medicare and Medicaid programs as of December 31<sup>st</sup>, 2005.
- **Medicare only (Title 18 SNF)**  
Enter the total bed capacity for beds certified for participation in the Medicare program as of December 31<sup>st</sup>, 2005.
- **Medicaid only (Title 19 NF)**  
Enter the total bed capacity for beds certified for participation in the Medicaid program as of December 31<sup>st</sup>, 2005.
- **Non-Certified Comprehensive (NCC)**  
Enter the total bed capacity for beds that are not reimbursed under Medicare or Medicaid, but that are licensed comprehensive by the Indiana State Department of Health as of December 31<sup>st</sup>, 2005. These rooms are generally private pay.
- **Residential**  
Enter the total bed capacity for beds that are state licensed residential as of December 31<sup>st</sup>, 2005.

**Data Table Four**

<b>Total Number of Beds by Type</b>	
	<b>Bed Capacity as of December 31st, 2005</b>
<b>Medicare/Medicaid Certified</b>	Enter Data
<b>Medicare Only</b>	Enter Data
<b>Medicaid Only</b>	Enter Data
<b>Non-Certified Comprehensive</b>	Enter Data
<b>Residential</b>	Enter Data
<b>Total Certified Beds</b>	0
<b>Total Licenses Beds</b>	0

**Data Table Five: Resident Days by Bed Type**

The fifth data table seeks to collect the total number of resident days by bed classification type during the period from January 1<sup>st</sup>, 2005 until December 31<sup>st</sup>, 2005. Directions and definitions for the fields required for completion in this data table are listed and defined below.

- **Resident Days**  
Resident days are the total days for all residents. The total of one resident’s resident day is calculated by totaling the number of days in calendar year (including day of admission and day of discharge) that he or she resides and is treated in the facility. The total fields will automatically add these fields.
- **Medicare/Medicaid Dually Certified (Title 18 SNF/Title 19 NF)**  
Enter the total number of resident days for beds certified for participation in both the Medicare and Medicaid programs during the period from January 1<sup>st</sup>, 2005 until December 31<sup>st</sup>, 2005.
- **Medicare only (Title 18 SNF)**  
Enter the total number of resident days for beds certified for participation in the Medicare program during the period from January 1<sup>st</sup>, 2005 until December 31<sup>st</sup>, 2005.
- **Medicaid only (Title 19 NF)**  
Enter the total number of resident days for beds certified for participation in the Medicaid program during the period from January 1<sup>st</sup>, 2005 until December 31<sup>st</sup>, 2005.
- **Non-Certified Comprehensive (NCC)**  
Enter the total number of resident days for beds that are not reimbursed under Medicare or Medicaid, but that are licensed comprehensive by the Indiana State Department of Health during the period from January 1<sup>st</sup>, 2005 until December 31<sup>st</sup>, 2005. These rooms are generally private pay.
- **Residential**  
Enter the total number of resident days for beds at are state licensed residential during the period from January 1<sup>st</sup>, 2005 until December 31<sup>st</sup>, 2005.

**Data Table Five**

<b>Resident Days by Bed Type</b>	
<b>Number of Resident Days From January 1, 2005-December 31, 2005</b>	
<b>Medicare/Medicaid Certified</b>	Enter Data
<b>Medicare Only</b>	Enter Data
<b>Medicaid Only</b>	Enter Data
<b>Non-Certified Comprehensive</b>	Enter Data
<b>Residential</b>	Enter Data
<b>Total Certified Beds</b>	0
<b>Total Licenses Beds</b>	0

**Data Table Six: Resident Days by Bed Type and Age From January 1, 2005-December 31, 2005**

The sixth data table seeks to collect the total number of resident days by bed classification type by age during the period from January 1<sup>st</sup>, 2005 until December 31<sup>st</sup>, 2005. There are five age periods: under sixty-five (65) years of age, sixty-five (65) to seventy-four (74) years of age, seventy-five (75) to eighty-four (84) years of age, and above eighty-five (85) years of age. Directions and definitions for the fields required for completion in this data table are listed and defined below.

- **Resident Days:** Resident days are the total days for all residents. The total of one resident’s resident day is calculated by totaling the number of days in calendar year (including day of admission and day of discharge) that he or she resides and is treated in the facility. The total fields will automatically add these fields.
- **Medicare/Medicaid Dually Certified (Title 18 SNF/Title 19 NF)**  
Enter the total number of resident days by age for beds certified for participation in both the Medicare and Medicaid programs during the period from January 1<sup>st</sup>, 2005 until December 31<sup>st</sup>, 2005.
- **Medicare only (Title 18 SNF)**  
Enter the total number of resident days by age for beds certified for participation in the Medicare program during the period from January 1<sup>st</sup>, 2005 until December 31<sup>st</sup>, 2005.
- **Medicaid only (Title 19 NF)**  
Enter the total number of resident days by age for beds certified for participation in the Medicaid program during the period from January 1<sup>st</sup>, 2005 until December 31<sup>st</sup>, 2005.
- **Non-Certified Comprehensive (NCC)**  
Enter the total number of resident days by age for beds that are not reimbursed under Medicare or Medicaid, but that are licensed comprehensive by the ISDH during the period from January 1<sup>st</sup>, 2005 until December 31<sup>st</sup>, 2005.
- **Residential:** Enter the total number of resident days by age for beds at are licensed residential during the period from January 1<sup>st</sup>, 2005 until December 31<sup>st</sup>, 2005.

**Data Table Six**

<b>Resident Days by Bed Type and Age From January 1, 2005-December 31, 2005</b>					
	<b>Under 65 Years</b>	<b>65-74 Years</b>	<b>75-84 Years</b>	<b>85+ Years</b>	<b>Total</b>
<b>Medicare/Medicaid Certified</b>	Enter Data	Enter Data	Enter Data	Enter Data	0
<b>Medicare Only</b>	Enter Data	Enter Data	Enter Data	Enter Data	0
<b>Medicaid Only</b>	Enter Data	Enter Data	Enter Data	Enter Data	0
<b>Non-Certified Comprehensive</b>	Enter Data	Enter Data	Enter Data	Enter Data	0
<b>Residential</b>	Enter Data	Enter Data	Enter Data	Enter Data	0
<b>Total Certified Beds</b>	0	0	0	0	0
<b>Total Licenses Beds</b>	0	0	0	0	0

**Data Table Seven: Comprehensive Level Care Resident Demographics From January 1<sup>st</sup>, 2005-December 31<sup>st</sup>, 2005.**

The seventh data table seeks some basic demographic information on residents in beds deemed comprehensive. Comprehensive level care bed designations would include the following bed category types: Medicare/Medicaid Dually Certified, Medicare Only, Medicaid Only, and Non-Certified Comprehensive. The data table is seeking demographic information on those residents in two categories: age and gender. Directions and definitions for the fields required for completion in this data table are listed and defined below.

- Age by Gender
  - Enter the total number of comprehensive level care residents for each age group by gender. The age categories are as follows: zero to nineteen (0-19) years old, twenty to thirty-nine (20-39) years old, forty to sixty-four (40-64) years old, sixty-five to seventy-four (65-74) years old, seventy-five to eighty-four (75-84) years old, and above eighty-five years old. The gender categories are as follows: male and female.

**Data Table Seven**

<b>Comprehensive Level Care Resident Demographics From January 1, 2005-December 31, 2005</b>			
<b>Age Group</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
<b>0-19 Years</b>	Enter Data	Enter Data	0
<b>20-39 Years</b>	Enter Data	Enter Data	0
<b>40-64 Years</b>	Enter Data	Enter Data	0
<b>65-74 Years</b>	Enter Data	Enter Data	0
<b>75-84 Years</b>	Enter Data	Enter Data	0
<b>85+ Years</b>	Enter Data	Enter Data	0
<b>Total</b>	0	0	0

**Data Table Eight: Admissions by Referral Source From January 1<sup>st</sup>, 2005-December 31<sup>st</sup>, 2005**

The eighth data table seeks information on the facility admission source for residents admitted to the facility during the period from January 1<sup>st</sup>, 2005 until December 31<sup>st</sup>, 2005. Directions and definitions for the fields required for completion in this data table are listed and defined below.

- **Independent/Self Care:**  
Enter the total number of times that an individual, under their own recognizance, admits themselves into the facility during the period from January 1<sup>st</sup>, 2005 until December 31<sup>st</sup>, 2005.
- **Family:**  
Enter the total number of times that a family, or power of attorney, admits a resident into the facility during the period from January 1<sup>st</sup>, 2005 until December 31<sup>st</sup>, 2005.
- **Hospital:**  
Enter the total number of times that a hospital admits a resident into the facility during the period from January 1<sup>st</sup>, 2005 until December 31<sup>st</sup>, 2005.
- **Mental Health Center:**  
Enter the total number of times that a mental health facility admits a resident into the facility during the period from January 1<sup>st</sup>, 2005 until December 31<sup>st</sup>, 2005.
- **Home Health Agency:**  
Enter the total number of times that a home health agency admits a resident into the facility during the period from January 1<sup>st</sup>, 2005 until December 31<sup>st</sup>, 2005.
- **Another Nursing Facility:**  
Enter the total number of times that another nursing facility admits a resident into the facility during the period from January 1<sup>st</sup>, 2005 until December 31<sup>st</sup>, 2005.
- **Other:**  
Enter the total number of times that any other admission source type was utilized during the period from January 1<sup>st</sup>, 2005 until December 31<sup>st</sup>, 2005.

**Data Table Eight**

<b>Admissions by Referral Source From January 1, 2005-December 31, 2005</b>	
<b>Admission Source Type</b>	<b>Total Number of Residents</b>
<b>Independent/Self Care</b>	Enter Data
<b>Family</b>	Enter Data
<b>Hospital</b>	Enter Data
<b>Mental Health Center</b>	Enter Data
<b>Home Health Agency</b>	Enter Data
<b>Another Nursing Facility</b>	Enter Data
<b>Other</b>	Enter Data

**Data Table Nine: Facility Discharges by Types from January 1<sup>st</sup>, 2005 until December 31<sup>st</sup>, 2005**

The ninth data table seeks information on facility discharges for residents discharged during the period from January 1<sup>st</sup>, 2005 until December 31<sup>st</sup>, 2005. Directions and definitions for the fields required for completion in this data table are listed and defined below.

- **Discharged to Self-Care**  
Enter the total number of times that a resident was discharged to care for themselves during the period from January 1<sup>st</sup>, 2005 until December 31<sup>st</sup>, 2005.
- **Discharged to Family**  
Enter the total number of times that a resident was discharged to be cared for by their facility during the period from January 1<sup>st</sup>, 2005 until December 31<sup>st</sup>, 2005.
- **Discharged to Hospital**  
Enter the total number of times that a resident was discharged to be cared for by a hospital or another health care facility during the period from January 1<sup>st</sup>, 2005 until December 31<sup>st</sup>, 2005.
- **Discharged to Mental Health Facility**  
Enter the total number of times that a resident was discharged to be cared for by a mental health facility during the period from January 1<sup>st</sup>, 2005 until December 31<sup>st</sup>, 2005.
- **Discharged to Another Nursing Facility**  
Enter the total number of times that a resident was discharged to be cared for by another nursing facility during the period from January 1<sup>st</sup>, 2005 until December 31<sup>st</sup>, 2005.
- **Death**  
Enter the total number of times that a resident died in the facility during the period from January 1<sup>st</sup>, 2005 until December 31<sup>st</sup>, 2005.
- **Other Discharges**  
Enter the total number of times that a resident was discharged for any other reason during the period from January 1<sup>st</sup>, 2005 until December 31<sup>st</sup>, 2005.

**Data Table Nine**

<b>Discharges by Type From January 1, 2005-December 31, 2005</b>	
<b>Discharge Type</b>	<b>Total Number of Residents</b>
<b>Discharged to Self-Care</b>	Enter Data
<b>Discharged to Family</b>	Enter Data
<b>Discharged to Hospital</b>	Enter Data
<b>Discharged to Mental Health</b>	Enter Data
<b>Discharged to Nursing Facility</b>	Enter Data
<b>Death</b>	Enter Data
<b>Other Discharges</b>	Enter Data

### Annual Report Questionnaire (Microsoft Word Format)

In accordance with 410 IAC 16.2-3.1-13 (o), each health facility must submit an annual statistical report to the Indiana State Department of Health. The Annual Report Questionnaire can be found below. The Annual Report Instructions packet contains the instructions for completing and submitting the Annual Report Questionnaire. Please follow these instructions carefully.

Complete the Annual Report Questionnaire and return to the Indiana State Department of Health via mail or email by December 15, 2006. Any questions regarding the annual report may be addressed to the Program Director-Provider Services at 317-233-7794.

Facility Information	
Medicare Provider Number	
Facility Name	
Street Address	
City	
Zip Code	
County	

Type of Specialized Units		
	Number of Beds as of December 31, 2005	Bed Census as of December 31 <sup>st</sup> , 2005
AIDS Unit		
Dementia Special Care Unit		
Head Trauma Unit		
Pediatric Unit		
Ventilator Unit		

Bed Census by Type	
	Bed Census as of December 31 <sup>st</sup> , 2005
Medicare/Medicaid Certified	
Medicare Only	
Medicaid Only	
Non-Certified Comprehensive	
Residential	
Total Certified Beds	
Total Licenses Beds	

Total Number of Beds by Type	
	Bed Capacity as of December 31st, 2005
Medicare/Medicaid Certified	
Medicare Only	
Medicaid Only	
Non-Certified Comprehensive	
Residential	
Total Certified Beds	
Total Licenses Beds	

Resident Days by Bed Type	
	Number of Resident Days From January 1, 2005-December 31, 2005
Medicare/Medicaid Certified	
Medicare Only	
Medicaid Only	
Non-Certified Comprehensive	
Residential	
Total Certified Beds	
Total Licenses Beds	

Resident Days by Bed Type and Age From January 1, 2005-December 31, 2005					
	Under 65 Years	65-74 Years	75-84 Years	85+ Years	Total
Medicare/Medicaid Certified					
Medicare Only					
Medicaid Only					
Non-Certified Comprehensive					
Residential					
Total Certified Beds					
Total Licenses Beds					

Comprehensive Level Care Resident Demographics From January 1, 2005-December 31, 2005			
Age Group	Male	Female	Total
0-19 Years			
20-39 Years			
40-64 Years			
65-74 Years			
75-84 Years			
85+ Years			
Total			

Admissions by Referral Source From January 1, 2005-December 31, 2005	
Admission Source Type	Total Number of Residents
Independent/Self Care	
Family	
Hospital	
Mental Health Center	
Home Health Agency	
Another Nursing Facility	
Other	

Discharges by Type From January 1, 2005-December 31, 2005	
Discharge Type	Total Number of Residents
Discharged to Self-Care	
Discharged to Family	
Discharged to Hospital	
Discharged to Mental Health	
Discharged to Nursing Facility	
Death	
Other Discharges	

Thank you completing the Annual Report Questionnaire. If the facility has decided to complete the paper copy, please submit a copy of the completed form via mail to:

Indiana State Department of Health  
 Attn: Program Director-Provider Services  
 Section 4B  
 2 N Meridian  
 Indianapolis, IN 46204