DPHHS-SLTC-015
(Rev. 11 / 04)

MONTHLY NURSING HOME STAFFING REPORT

MONTANA STATE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

Nursing Facility Services Bureau
PO Box 4210
Helena, MT 59604-4210
Phone 406-444-4077 FAX 406-444-7743

FACILITY NAME: _____

FACILITY PROVIDER NUMBER: _____

MONTH ENDING: _____

STAFFING REQUIREMENT: Facilities must provide staffing at levels which are adequate to meet federal law, regulations and requirements.

HOURS/EMPLOYEES DURING REPORTING PERIOD:
Please list the total number of hours worked and number of employees in each of the listed categories for the month:

	TOTAL EMPLOYEE HOURS	TOTAL CONTRACT HOURS	TOTAL HOURS WORKED
RN'S			
LPN'S			
CNA / AIDES:			
TOTAL			

	NUMBER OF FACILITY EMPLOYEES	NUMBER OF CONTRACT STAFF	TOTAL NUMBER OF RN, LPN, CNA
RN'S			
LPN'S			
CNA / AIDES:			
TOTAL			

Note: Include all RN, LPN and AIDE hours for direct care staff. Director of Nursing hours may be included if spent dispensing meds, on rounds or charting - do not include administrative hours. Do not include time spent on in-service training, time for laundry or maintenance staff even if they are certified as aides or other non-direct care staff. Contract employees / hours are direct care hours provided by agency staff, temp. service staff, etc. who are not employees of the facility.

PATIENT DAYS:
Please list the total number of occupied days by each category for the month:

LEVEL OF CARE	MEDICAID	MEDICARE	LONG TERM CARE INSURANCE	VETERANS	PRIVATE PAY	OTHER (Work Comp Ins., Auto Ins, Medigap Ins, etc)	TOTAL
Skilled Care (SNF)							
Nursing Care (NF)							
Hospice							
Billable Bed Holds							
Other							
TOTAL (5 rows)							
Medicare Co-Insurance Payments (duplicated)							

CERTIFICATION:
I certify that this information, to the best of my knowledge, is true, accurate, and complete:

Signed: _____ Title: _____

Date: _____
MAIL THIS FORM TO: SENIOR AND LONG TERM CARE DIVISION, PO BOX 4210, HELENA, MT 59604-4210
TIME LINE: This form is to be submitted to the department within 10 days following the end of each calendar month.

STAFFING REPORTS (DPHHS-SLTC-015):
Staffing Report information is used to document occupancy levels for budget projections. It is very important that it be filled out accurately and submitted by the 10th of the month*. Please mail or FAX completed forms to the Senior & Long Term Care Division using information on the top of the form.*

Hours/Employee Info:
The information on nursing staff hours and numbers of employees is being collected for statistical purposes. However, if staffing level information or reporting should ever become mandated, this is the documentation that will be used to track compliance with staffing minimums.

1. The staffing hours that should be reported are direct patient care hours as described on the form. Under number of employees we want actual numbers of people providing the service not FTE's (Full Time Equivalent).

2. If a facility uses contract staff (i.e. pool staff, travelers, temporary agency staff, etc.), those hours and people should be reported as well since they contribute to patient care. The facility should list these hours and individuals under contract hours and staff, in the category of employee that is being contracted for.

3. When the data is compiled an FTE calculation will be made. Occasionally there may be overtime situations where the FTE will be greater than the number of employees. If the FTE calculation is significantly more than the number of employees reported we will ask the facility to double check the figures for accuracy.

The 'Patient Days' section:
Tracks census days by payee classification. Payer source is across the top and level of care is down the side.

1) Level of care: SNF (Skilled Nursing Facility) meets the Medicare requirements for skilled care.
- Medicare days should be reported on the SNF line unless they are exceptions to the skilled criteria (such as hospice).
- Medicaid days meet the requirements for billing Medicaid and are either skilled care (SNF) or intermediate care (NF) or billable hold days (Bed Hold), (Hospice) these days are paid by the hospice provider for Medicaid eligible residents. Use (other) for non-billable but unavailable bed days (such as hospital hold days when facility is not full with a waiting list)

2) Payer source: Medicaid, Medicare, Long Term Care Insurance, Veterans, Private Pay or Other. The 'Other' category includes all payer sources not individually listed (i.e. auto insurance, workers comp. insurance, etc.)
- Please do not double report bed days in the first 5 lines - choose the most appropriate category and use that. (i.e. the primary payer)
- If a resident is dually eligible and Medicaid is being billed for co-pay days, enter the days under Medicare and on line 7(Medicare Co-Insurance row), in the Medicaid column. If the resident is Medicare with private pay or private insurance then enter the days under Medicare and the co-insurance in the appropriate payer column / Medicare co-insurance row.
- Do not report co-pays or non-covered services under private pay.
- The total bed days, reported in the first five (5) lines, will be divided by the number of days in the month for an average occupancy and compared to your facility's licensed beds.

Please use these criteria for filling out the staffing report from now on. There is no need to revise previously submitted forms. If you have any questions please feel free to contact SLTC (see key contacts in this manual).