

STAFFING REPORTS (DPHHS-SLTC-015): Instructions

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 complete and submit the staffing report form that is on the Senior and Long-Term Care Division website.*

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 Full Time Equivalent (FTEs).
2. If a facility uses contract staff (e.g., pool staff, travelers, temporary agency staff), 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.
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:

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 (e.g., auto insurance, workers comp. insurance)
 - Please do not double report bed days in the first 5 lines. Choose the most appropriate category (i.e., the primary payer) and use that.
 - If a resident is dually eligible and Medicaid is being billed for copay days, enter the days under Medicare and on Line 7 (Medicare coinsurance row), in the Medicaid column. If the resident is Medicare with private pay or private insurance, enter the days under Medicare and the coinsurance in the appropriate payer column / Medicare coinsurance row.
 - Do not report copayments 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. If you have any questions, please contact SLTC at (406) 444-4077.