

**This is a SAMPLE of the Monthly Nursing Home STAFFING REPORT found online at**

Instructions can be found online [HERE](#) or at:

<http://medicaidprovider.mt.gov/Portals/68/docs/nursingfacility/nursingfacilityonlinestaffingreportinstructions.pdf>

Access the online staffing report at <http://dphhs.mt.gov/SLTC/nursinghomestaffingreport> .

**TIME LINE: This form is to be submitted to the department within 10 days following the end of each calendar month.**

**MONTHLY NURSING HOME STAFFING REPORT**

**MONTANA STATE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES  
Nursing Facility Services Bureau**

**FACILITY NAME:** \_\_\_\_\_

**FACILITY NPI 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	NUMBER OF FACILITY EMPLOYEES	NUMBER OF CONTRACT STAFF	TOTAL NUMBER OF RN, LPN, CNA
<b>RN'S</b>						
<b>LPN'S</b>						
<b>CNA/AIDES:</b>						
<b>TOTAL</b>						

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							
<b>TOTAL (5 rows)</b>							
Medicare Co-Insurance Payments (duplicated )							