Staffing Reports

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.** Use the online form at https://mt.accessgov.com/dphhs/Forms/Page/sltc/nursinghomestaffingreport/0.

Hours/Employee Information

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 FTEs (Full Time Equivalents).
2. If a facility uses contract staff (. e.g., pool staff, travelers, temporary agency staff), those hours and people should also be reported 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: Skilled Nursing Facility (SNF) meets Medicare requirements for skilled care.
    a. **Medicare**: days should be reported on the SNF line unless they are exceptions to the skilled criteria (such as hospice).
    b. **Medicaid**: days meeting the requirements for billing Medicaid and are either skilled care (SNF) or intermediate care (NF, Nursing Care) or **approved** billable hold days (Bed Holds) or (Hospice). These days are paid by the hospice provider for Medicaid-eligible residents. Use the "Other" column for non-billable, but unavailable, bed days (such as hospital hold days when facility is **NOT** full with a waiting list.)

    ***Only* bed hold days that were *APPROVED* are allowed to be recorded in Bed Hold Days columns (i.e., THV visits and *AUTHORIZED* holds by the Department).**
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 compensation insurance).
3. Please do not double report bed days in the first 5 lines. Choose the most appropriate category and use that.
    a. If a resident is dually eligible and Medicaid is being billed for co-pay days, enter the days under **Medicare** and in the **Medicaid column/Medicare Co-Insurance row**.
    b. 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). 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. There is no need to revise previously submitted forms. If you make a mistake, resubmit your form and the newest line will be used for your submission. If you have any questions, please contact Jenifer Thompson at (406) 444-3997.