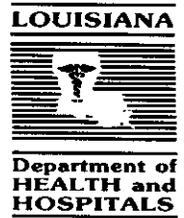




Kathleen Babineaux Blanco  
GOVERNOR

STATE OF LOUISIANA  
DEPARTMENT OF HEALTH AND HOSPITALS



Frederick P. Cerise, M.D., M.P.H.  
SECRETARY

March 28, 2005

Administrators of Nursing Facilities

Re: Requirements for Census Records

Nursing home audit findings reflect that many providers are not reporting correct census numbers on their cost reports and are not maintaining adequate documentation to support the reported census days. All providers should maintain affirmative, detailed daily census records to support billings and reported resident days. The daily census should list each resident individually. Separate pages/sections/totals should be maintained for each payor type: Medicaid, Private/Other and Medicare residents. Also, if the provider has specialized services (ID, TDC or NRTP), those days need to be accumulated separately. The provider should document the status of the resident each day with specific codes such as: present (P), admission (A), home leave (HOM), hospital leave (HSP), discharge (D), expired (E), paid bed hold day (PBH), and unpaid bed hold day (UBH). Other census occurrence codes may include transfer (T) or change (C) for a change from one payor type or level of care (specialized services - ID or TDC). See the attached example census form.

All pages of the census document should include totals by resident and grand totals by payor type (and level of care, if specialized services are provided). The sum of the twelve monthly census reports should agree, by payor type (and level of care, if specialized services are provided), to the census days reported on Worksheet S-3, part I on the Form 2540-96 of the Medicare cost report and page 3 of the supplemental cost report.

In addition, to the census document, the provider should maintain detail documentation of each type of census occurrence. For admissions, the provider should have an admissions document and related nurses' notes, etc., that document the date of admission. For discharges, the provider should have a discharge summary and related nurses' notes, etc. that document the date of discharge. For deaths, a death certificate should be maintained in the provider's records along with related nurses' notes. For home and hospital leaves, the provider should maintain records such as leave logs or nurses' notes that document both the date and time the resident left the facility and the date and time returned.

Each day that a resident is in the facility should be counted as a census day, whether or not the facility was paid for that day. Home and hospital leave days paid by Medicaid should be counted as allowable leave days. These days are NOT considered to be paid bed hold days. Paid bed hold days for Medicaid residents are days during which the resident is not in the home and has exhausted the allowable Medicaid leave days, but the provider is receiving some payment from another source such as patient liability, family, insurance, etc. Paid bed hold days for non-Medicaid residents include all days during which the resident is not in the home, but the facility is receiving payment from some source. Paid bed hold days are NOT counted as census days for cost reporting purposes, but are counted for provider fee purposes. Unpaid bed hold days are any days during which the resident is not in the home and the provider is not receiving any payment from any source for that resident. Unpaid bed hold days are NOT counted as census days or provider fee days.

The census document, or an attachment to the document, should indicate the times and dates for all leaves. The first day that should be counted as an allowable leave day is the date on which the resident has been absent from the home for twenty-four hours. The date the resident returns from leave may or may not be counted as a leave day, depending on the time of day the resident returns. If the resident returns at a time prior to the time the resident left the facility for the leave, then the date of return is NOT counted as a leave day. If the resident returns at a time subsequent to the time the resident left the facility for the leave, then the date of return IS counted as a leave day. For example, if a resident left the facility on January 3<sup>rd</sup> at 9 am and returned on January 10<sup>th</sup> at 8 am, the provider would report leave days for January 4<sup>th</sup> through January 9<sup>th</sup>. If however, the resident in the above example returned at 10 am on January 10<sup>th</sup>, the provider would report leave days for January 4<sup>th</sup> through January 10<sup>th</sup>.

If additional information is required, please contact me at (225) 342-6116.

Sincerely,



Kent Bordelon, Deputy Assistant Secretary  
Rate & Audit Review

KB:dbs

Attachment

## **Instructions for BHSF Rate and Audit Review Census Form for Nursing Facilities**

Facilities are required to maintain daily census records adequate to support billings and resident days reported on the cost report. Attached is a copy of the BHSF Rate and Audit Review Census Form for Nursing Facilities developed by the Department to aid providers in meeting the required standards for maintaining acceptable statistical data.

- **A separate census form/totals should be maintained for each payor type, (Medicaid, Private/Other, Medicare or specialized services - ID, TDC or NRTP) to support resident days reported on Worksheet S-3, part I on the Form 2540-96 of the Medicare cost report and page 3 of the supplemental cost report.**
- **An affirmative census should be taken each day. The provider must actually verify that each resident is present (looking at the resident) or absent and marking the appropriate status code listed on the bottom of the census form.**
- **Residents leaving during the day and not returning within 24 hours should be coded on leave according to the codes on the census form. A separate form documenting time out and time in must be maintained to support the census form and the billing form.**
- **The following documentation must be maintained for each type of census occurrence:**

**Admission - an admission form and related nurses' notes, etc., that support the date of admission.**

**Discharge - a discharge summary and related nurses' notes, etc., that support the date of discharge.**

**Deaths - a death certificate and related nurses' notes.**

**Home and hospital leaves - leave logs or nurses' notes that document both the date and time the resident left the facility and the date and time returned.**

**Complete the census form as follows:**

1. Fill in facility name, month and year. Complete a separate census form for each payor type (Medicaid, Private/Other, Medicare or specialized services - ID, TDC or NRTP), or ensure that a computerized census form summarizes the days by payor type and level of care.
2. Record names of residents.
3. Code resident status as indicated on the bottom of the census form.
4. Count census days as indicated below:

Admission	Count as a census day
Present	Count as a census day
Home Leave	Count as an allowable leave day
Hospital Leave	Count as an allowable leave day
Discharge	Do <u>not</u> count as a census day
Expired (Death)	Count as a census day (or as an allowable leave day if expiration occurred while on hospital or home leave)
Paid Bed Hold Day	Do <u>not</u> count as a census day (count only as paid bed hold day)
Unpaid Bed Hold Day	Do <u>not</u> count as census or paid bed hold day

Definition of bed hold days:

Bed Hold Day	A day when the resident is not in the facility, has exhausted the allowable Medicaid leave days and the facility holds the bed for their return.
Paid Bed Hold Day	A day when the resident is not in the facility, has exhausted the allowable Medicaid leave days and the facility receives non-Medicaid payment (patient liability, family, insurance, etc.) for holding the bed.
Unpaid Bed Hold Day	A day when the resident is not in the facility,

has exhausted Medicaid leave days and the facility holds the bed for their return without receiving payment from any source.

Note: Each day that a resident is in the facility should be counted as a census day, whether or not the facility was paid for that day.

5. Number pages as indicated on the census form.
6. All pages of the census document should include totals by resident and grand totals by payor type (and level of care, if specialized services - ID, TDC or NRTP are provided). The sum of the twelve monthly census reports should agree, by payor type (and level of care, if specialized services are provided), to the census days reported on Worksheet S-3, part I on the Form 2540-96 of the Medicare cost report and page 3 of the supplemental cost report.
7. Provider fees are to be paid for all paid and/or occupied bed days.
8. Count census days according to Unisys' instructions. Census forms must support the billing forms.
9. If you choose to use a computerized census program, it should include all of the same data elements required above.
10. See attached example of a completed census form for one month.













