



INSTRUCTIONS FOR STATE HOME REPORT AND STATEMENT OF FEDERAL AID CLAIMED

1. USE OF VA FORM 10-5588, STATE HOME REPORT AND STATEMENT OF FEDERAL AID CLAIMED

The VA Form 10-5588 consists of several parts. This report is a monthly statement of gains and losses, days of care, average daily census, total per diem cost, per diem claimed and total amount claimed for hospital, nursing home, domiciliary, and adult day health care. The State home will be paid monthly. Payments will be made only after the State submits a completed VA Form 10-5588.

- a. Three copies of the monthly statement of account will be submitted by each State home to VA medical center of jurisdiction by the end of the 5th workday after the close of each monthly report period.
- b. VA medical center of jurisdiction staff will review each monthly report for accuracy, resolve any discrepancies with the State home, make payment by electronic fund transfer and file the report. A report should not be accepted by a VA medical center staff if the report is incomplete (i.e., all appropriate blanks are complete and report is signed by the State home administrator and State employee when under management contract arrangement).
- c. The original monthly statement will be verified and signed by the VA medical center staff person assigned as the point of contact for oversight of the State Home Program and forwarded in duplicate to the Business Office for audit and payment. On completion of VA accounting certification, one copy of each report will be sent to VA Headquarters, not later than the 15th workday after the month ends. This information is used to prepare the quarterly program reports of expenditures that are the basis for long range budget projections. The VA Headquarters copy will be addressed to: Chief Consultant/Chief State Home Per Diem Program, Geriatrics and Extended Care Strategic Healthcare Group (SHG) (114), VA Headquarters, 810 Vermont Avenue, NW, Washington, DC 20420.

2. GENERAL INSTRUCTIONS

- a. Enter the last day of the calendar month covered by the report in the box labeled "For Month Ending."
- b. Enter line entries for domiciliary, column A; nursing home, column B; hospital, column C; or adult day health care, column D in appropriate columns.
- c. Lines 1 through 12 are to be completed for each level of care. Lines 13, 14, 15 and 16 will be completed as a monthly summary report. The sum of lines 1 through 4 must equal the sum of lines 5 through 9 in all columns.
 - (1) Line 1, Total Veteran Residents Remaining End of Prior Month. Enter the number of veteran eligible residents present and remaining on the rolls of the State home as of midnight on the last day of the prior month. Entries on this line will be the same as those shown on line 9 for the prior month.
 - (2) Line 2, Admissions (Change of Status). Enter the number of eligible veterans whose status was changed by transfer from one level of care to another.
 - (3) Line 3, Admissions (Other). Enter the number of eligible veterans admitted to the State home during the report month.
 - (4) Line 4, Return From Leave of Absence of More Than 96 Hours. Enter the number of eligible veterans who returned from a leave of absence of more than 96 hours.
 - (5) Line 5, Discharges (Change of Status). Enter the number of eligible veterans whose status was changed by transfer to another level of care in the State home. The total entries on line 2 and 5 for the month will be the same.
 - (6) Line 6, Discharges (Others). Enter the number of eligible veterans who were discharged from the State home or dropped from the rolls, except for deaths.
 - (7) Line 7, Deaths. Enter the number of eligible veterans who died during the report month. Attach a separate sheet identifying deaths by name.
 - (8) Line 8, Leave of Absence of More Than 96 Hours. Enter in the appropriate column the number of eligible veterans who departed on an absence of more than 96 hours or who were absent during the month for more than 96 hours. If an individual's absence of more than 96 hours spans beyond the end of the month or falls between (two months) the end of one month and the beginning of the next month, State home management is required to reconcile the accuracy of the report within the next month. Per diem will be paid only for the days that the veteran is a resident at the facility. For purposes of paying per diem, VA will consider a veteran to be a resident at the facility during each full day that the veteran is receiving care at the facility. VA will not deem the veteran to be a resident at the facility if the veteran is receiving care outside the State home facility at VA expense. Otherwise, VA will deem the veteran to be a resident at the facility during any absence from the facility that lasts for no more than 96 consecutive hours. This absence will be considered to have ended when the veteran returns as a resident if the veteran stay is for at least a continuous 24-hour period.



CONTINUED INSTRUCTIONS FOR STATE HOME REPORT AND STATEMENT OF FEDERAL AID

(9) Line 9, Total Veteran Residents Remaining End of Month. Enter the number of eligible male and female veterans present and remaining as of midnight on the last day of the report month. This entry will be equal to the sum of lines 1, 2, 3 and 4 minus lines 5, 6, 7 and 8.

(10) Line 10, Total Veteran Days of Care Provided. Enter total number of days of care provided, including days of care for eligible veterans absent 96 hours or less. One day of care may be counted for a veteran on the day the veteran is admitted. A day of care is not counted on the day of discharge. A gain and a loss on the same day will be reported as one day of care.

(11) Line 11, Female Veteran Residents Remaining End of Month (included in Line 9). Enter eligible female veterans included on line 9, present on the last day of the report month.

(12) Line 12, Non-Veteran Residents Remaining End of Month. Enter number of residents not eligible for reimbursement by VA that are present on the last day of the report month. DO NOT REPORT eligible veteran residents in this cell.

3. INSTRUCTIONS FOR MONTHLY SUMMARY STATEMENT ACCOUNT.

a. Column J, Days of Care, Lines 13, 14, 15 and 16. Enter from line 10 the data in columns A for domiciliary, B for nursing home care, C for hospital care and D for adult day health care to show the total number of days for each level of care for the month.

b. Column K, Average Daily Census, Lines 13, 14, 15 and 16. Enter the average daily census computed by dividing the appropriate entry in column J by the number of calendar days in the month, carried to one decimal place.

c. Column L, Total Per Diem Cost, Lines 13, 14, 15 and 16. Enter on the appropriate line the total per diem costs for the month computed in accordance with relevant cost principles set forth in the Office of Management and Budget(OMB) Circular number A-87, dated May 4, 1995, "Cost Principles for State, Local, and Indian Tribal Governments." The total per diem cost will include the direct and indirect costs appropriate for each level of care.

d. Column M, Per Diem Claimed, Lines 13, 14, 15 and 16. Enter the authorized (VA approved per diem rate for the Fiscal Year) per diem rate or one-half the amount shown in column L carried to two decimal places whichever is the lesser, for the appropriate level of care. VA will pay monthly one-half of the cost of each eligible veteran's care (domiciliary, nursing home, hospital or adult day health care) for each day the veteran is in a facility recognized as a State home, not to exceed the approved per diem rate for that level of care.

e. Column N, Total Amount Claimed.

(1) Lines 13, 14, 15 and 16. Enter the product of the entries in columns J and M.

(2) Line 17. Verify that the total amount claimed in line 17 does not exceed one-half the sum of products of entries in columns J and L, lines 13, 14, 15 and 16.

4. OPERATING BEDS

a. At the end of each month, State home management will enter the current operating bed capacities for domiciliary, nursing home, hospital or adult day health care in the appropriate spaces on Page 2 of the report form.

b. Also on Page 2, facility management will enter bed capacities approved by VA. The approved bed capacity and the operating beds should be the same number of beds. If operating beds are closed for any reason, facility management is required to provide the date of closure, expected date the beds will be operational, type of bed (domiciliary, nursing home, hospital, or adult day health care), and the reason for the closure. Please specify if these beds were constructed with federal funds. Information related to closed beds may be entered under "Remarks".

5. CERTIFICATION

a. The facility management must certify that the information in the report is correct by signing and dating the report.

b. If the facility is operated by an entity contracting with the State, the State must assign a State employee to monitor the operations of the facility on a full-time, onsite basis. This State employee must also certify that the information in the report is correct by signing and dating the report.



STATE HOME REPORT AND STATEMENT OF FEDERAL AID CLAIMED

TO	VA FACILITY	FROM	NAME AND ADDRESS OF STATE HOME
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PAY TO	FOR MONTH ENDING
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LINE NO.	ITEM	DOMICILIARY (A)	NURSING HOME CARE (B)	HOSPITAL (C)	ADULT DAY HEALTH CARE (D)
1	TOTAL VETERAN RESIDENTS REMAINING AT END OF PRIOR MONTH				
2	GAINS				
3		ADMISSIONS (<i>Change of status</i>)			
4		ADMISSIONS (<i>Other</i>)			
5	LOSSES	RETURNS FROM LEAVE OF ABSENCE OF MORE THAN 96 HOURS			
6		DISCHARGES (<i>Change of status</i>)			
7		DISCHARGES (<i>Other</i>)			
8		DEATHS			
9	LEAVES OF ABSENCE OF MORE THAN 96 HOURS				
9	TOTAL VETERAN RESIDENTS REMAINING AT END OF THE MONTH				
10	TOTAL VETERAN DAYS OF CARE FURNISHED				
11	FEMALE VETERAN RESIDENTS REMAINING AT END OF THE MONTH				
12	NON-VETERAN RESIDENTS REMAINING AT END OF THE MONTH				

MONTHLY STATEMENT OF ACCOUNT

LINE NO.	FEDERAL AID CLAIMED UNDER SEC.1741, TITLE 38, U.S.C., AS AMENDED	DAYS OF CARE (J)	AVERAGE DAILY CENSUS (K)	TOTAL PER DIEM COST (L)	PER DIEM CLAIMED (M)	TOTAL AMOUNT CLAIMED (N)
13	DOMICILIARY CARE			\$	\$	\$
14	NURSING HOME CARE			\$	\$	\$
15	HOSPITAL CARE			\$	\$	\$
16	ADULT DAY HEALTH CARE			\$	\$	\$
17	TOTAL AMOUNT CLAIMED					\$

FOR DEPARTMENT OF VETERANS AFFAIR USE ONLY

RECEIVING REPORT - Services authorized under provisions of Sec. 1741, 1742 and 1743, Title 38, U.S.C., have been rendered in the quantity claimed and payment is recommended except as follows:	SIGNATURE AND TITLE OF STATE HOME COORDINATOR	DATE
	ACCOUNTING CERTIFICATION - AUDIT BLOCK	
	AMOUNT DUE	DATE

STATE HOME REPORT AND STATEMENT OF FEDERAL AID CLAIMED CONTINUED

I certify that this report is correct, that all residents included in the report were physically present during the period for which Federal aid is claimed, except for authorized absences of 96 hours or less, and that facility management has complied with all provisions of Title VI, Public Law 88-352, entitled Civil Rights Act of 1964.

TOTAL STATE OPERATING BEDS AT END OF THE MONTH

DOMICILIARY CARE	NURSING HOME CARE	HOSPITAL CARE	ADULT DAY HEALTH CARE
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BED CAPACITY APPROVED BY VA

DOMICILIARY CARE	NURSING HOME CARE	HOSPITAL CARE	ADULT DAY HEALTH CARE
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SIGNATURE OF STATE HOME ADMINISTRATOR	DATE
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SIGNATURE OF STATE EMPLOYEE WHEN APPLICABLE	DATE
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REMARKS

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 30 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. Although completion of this form is voluntary, VA will be unable to provide reimbursement for services rendered without a completed form. Failure to complete the form will have no effect on any other benefits to which you may be entitled. This information is collected under the authority of Title 38 CFR Parts 51 and 52.