Centers for Medicare &
Medicaid Services

Electronic Staffing Data Submission
Payroll-Based Journal

Long-Term Care Facility
Policy Manual

Version 2.6

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Note: Changes from the previous version of this policy manual are identified in red/italics.

CHAPTER 1: Overview

1.1 Introduction

The Centers for Medicare and Medicaid Services (CMS) has long identified staffing as one of the vital components of a nursing home's ability to provide quality care. Over time, CMS has utilized staffing data for a myriad of purposes in an effort to more accurately and effectively gauge its impact on quality of care in nursing homes. Staffing information is also posted on the *CMS Nursing Home Compare* website, and it is used in the *Nursing Home Five Star Quality Rating System* to help consumers understand the level and differences of staffing in nursing homes.

Section 6106 of the Affordable Care Act requires facilities to electronically submit direct care staffing information (including agency and contract staff) based on payroll and other auditable data. The data, when combined with census information, can then be used to not only report on the level of staff in each nursing home, but also to report on employee turnover and tenure, which can impact the quality of care delivered.

A final rule implementing the requirement for long-term care facilities to submit staffing data was published August 4, 2015. This rule amended 42 CFR §483.75 by adding the following section:

(u) Mandatory submission of staffing information based on payroll data in a uniform format. Long-term care facilities must electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS.

(1) Direct Care Staff. Direct Care Staff are those individuals who, through interpersonal contact with residents or resident care management, provide care and services to allow residents to attain or maintain the highest practicable physical, mental, and psychosocial well-being. Direct care staff does not include individuals whose primary duty is maintaining the physical environment of the long term care facility (for example, housekeeping).

(2) Submission requirements. The facility must electronically submit to CMS complete and accurate direct care staffing information, including the following:

(i) The category of work for each person on direct care staff (including, but not limited to, whether the individual is a registered nurse, licensed practical nurse, licensed vocational nurse, certified nursing assistant, therapist, or other type of medical personnel as specified by CMS);

(ii) Resident census data; and

(iii) Information on direct care staff turnover and tenure, and on the hours of care provided by each category of staff per resident per day (including, but not limited to, start date, end date (as applicable), and hours worked for each individual).

(3) Distinguishing employee from agency and contract staff. When reporting information about direct care staff, the facility must specify whether the individual is an employee of the facility, or is engaged by the facility under contract or through an agency.

(4) Data format. The facility must submit direct care staffing information in the uniform format specified by CMS.

(5) Submission schedule. The facility must submit direct care staffing information on the schedule specified by CMS, but no less frequently than quarterly.

For more information, please see https://www.federalregister.gov/articles/2015/08/04/2015-18950/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities.

Therefore, CMS has developed a system for facilities to submit staffing and census information – Payroll-Based Journal (PBJ). This system will allow staffing information to be collected on a regular and more frequent basis than currently collected. It will also be auditable to ensure accuracy. Note: Only long-term care facilities that are subject to meeting the Requirements for Participation as specified in 42 CFR Part 483, Subpart B are subject to the PBJ reporting requirements. This requirement does not apply to swing beds.

This document provides basic information to be used for submitting staffing and census information through the PBJ system. Questions about this manual can be submitted to NHstaffing@cms.hhs.gov. There are additional materials that provide technical specifications and instructions on how to submit data manually or upload automatically from a payroll or time and attendance system. Information about where to find these materials is found below in section 1.4.

1.2 Submission Timeliness and Accuracy

Direct care staffing and census data will be collected quarterly, and is required to be timely and accurate. Please refer to Table 1 for a complete list of direct care staff that must be included.

Report Quarter: Staffing and census data will be collected for each fiscal quarter. Staffing data includes the number of hours paid to work by each staff member each day within a quarter. Census data includes the facility's census on the last day of each of the three months in a quarter. The fiscal quarters are as follows:

Fiscal Quarter	Date Range
1	October 1 – December 31
2	January 1 – March 31
3	April 1 – June 30
4	July 1 – September 30

Deadline: Submissions must be received by the end of the 45th calendar day (11:59 PM Eastern Time) after the last day in each fiscal quarter in order to be considered timely. Facilities may enter and submit data at any frequency throughout a quarter. The last accepted submission received before the deadline will be considered the facility's final submission. Facilities may view their data submitted through Certification and Survey Provider Enhanced Reports (CASPER) and via the PBJ Online System. Please note, once the final data file is uploaded, the facility must check their Final File Validation Report, which can be accessed in their CASPER folder, to verify that the data was successfully submitted. It may take up to 24 hours to receive the validation report, so facilities must allow for time to correct any errors and resubmit, if necessary. The PBJ system will not accept any submissions after the deadline.

Accuracy: Staffing information is required to be an accurate and complete submission of a facility's staffing records. *Facilities should run the staffing reports that are available in CASPER to verify the accuracy and completeness of their final submission prior to the submission deadline.* CMS will conduct audits to assess a facility's compliance related to this requirement.

Facilities that do not meet these requirements will be considered noncompliant and subject to enforcement actions by CMS. Note: If a facility uses a vendor to submit information on behalf of the nursing home, the nursing home is still ultimately responsible for meeting all the requirements.

1.3 Registration

Submission of staffing information through PBJ will be accessed through the Quality Improvement & Evaluation System (QIES). To connect to PBJ through QIES you must have a CMSnet user ID. Most long-term care facilities will already have connectivity to QIES and CMSNet through submitting minimum data set (MDS) or other CMS data.

Individuals at facilities, vendors (e.g., payroll vendors), and/or corporate staff will need to register to submit data into the PBJ system. This is very similar to the process that has been in place with MDS data for years, and was recently updated to support both electronic plan of correct (ePOC) and hospice data submissions.

Registration information for the PBJ system through QIES is available through the following websites:

- https://www.qtso.com/cmsnet.html
- https://mds.qiesnet.org/mds_home.html
- https://www.qtso.com/webex/qiesclasses.php

1.4 Methods of Submission

The PBJ system has been designed to accept two primary submission methods – 1) Manual data entry, and 2) Uploaded data from an automated payroll or time and attendance system (XML format only). In addition, users can use either methods, or combinations of these methods, for submitting data as needed or desired.

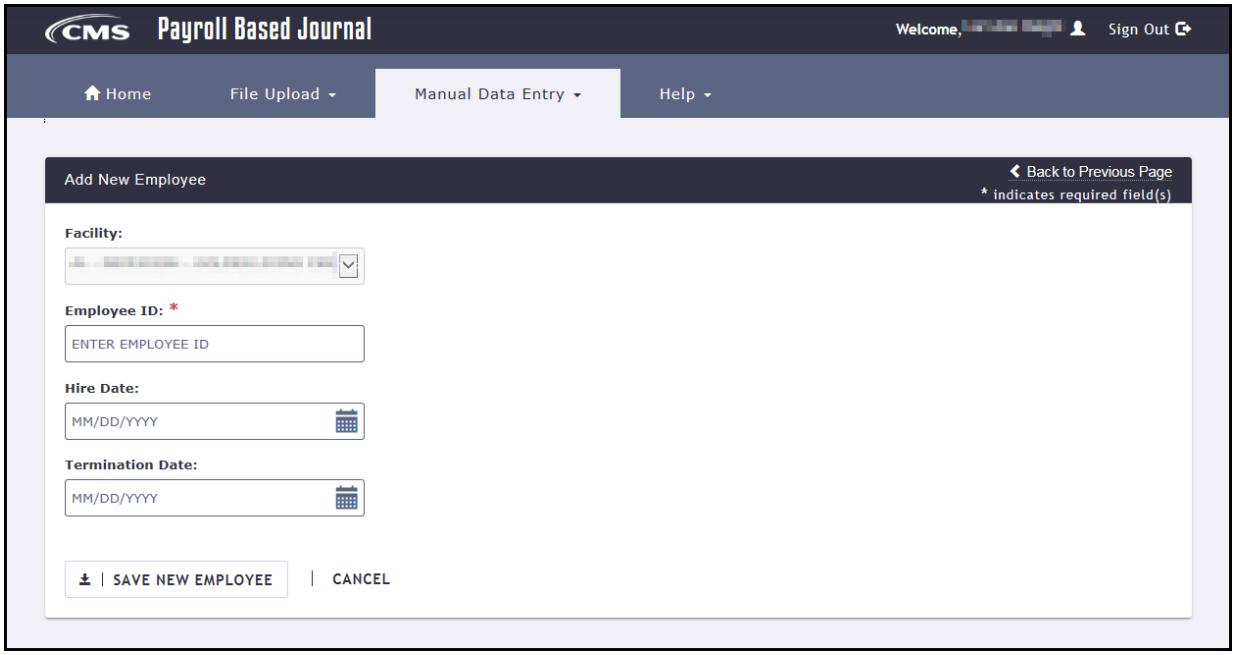
1) Entering information manually will require an individual(s) at a facility to key in information about employees, hours paid to work, and census information directly into the PBJ User Interface. The system has been designed to be user-friendly and intuitively guide users to successfully complete the process. Sample screens of the user interface are included below.

2) Uploading data directly from an automated payroll or time and attendance system will function very similarly to how MDS data are submitted currently. The data will be required to meet very specific technical specifications in order to be successfully submitted. These requirements can be found at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html. Additionally, technical questions from vendors or software developers related to the PBJ Data Submission Specifications should be sent to iqies@cms.hhs.gov.

CHAPTER 2: Definitions

2.1 Employee Record

Figure 1: Sample Employee Entry Screen



a) Employee ID

All staff (direct employees and contract staff) must be entered into the system by assigning each staff member an Employee ID. Employee names and any personally identifiable information (PII) will not be stored in the system. The ID must be a unique identifier and not duplicated with any other current or previous staff. This ID shall also not contain any PII, such as a Social Security Number (SSN).

For example (employee named Dylan Smith):

Employee ID: 54bgs714
Hire Date: June 20, 2013
Termination Date: February 19, 2016

No other staff can be assigned the Employee ID of 54bgs714. Also, Dylan's ID shall not change during his employment. However, if the facility or provider's business process or

system allows for reuse of an employee ID, when an individual leaves (terminated) and then returns to valid employment, the previous ID can be reused.

In situations where a facility switches vendors, the facility shall do everything possible to retain the same employee ID numbers. However, if it is not possible, facilities have the capability to link an old employee ID with a new one. *In order to maintain the reporting of an employee's hours through an employee ID change, CMS added a method that facilities MUST use to link an old employee's ID to a new one. This feature was implemented on November 20, 2017.*

The method in which this was implemented in PBJ is through a Linking table. The PBJ system will assign a system generated ID to each employee ID. When a facility links a new employee ID to an old employee ID, the system will link both of these IDs to the same system ID. Therefore, the two or more individual Employee IDs each can have hours logged to it, and both will be tied to the same system ID.

Employee IDs are used to calculate each facility's staff turnover measures by identifying when each employee starts and stops working at a facility. If a facility changes an employee's ID, that event is viewed the same as an employee ending their work at a facility. Therefore, it is essential that facilities link old and new employee IDs together when they change. If a facility does not do this, it will artificially increase its staff turnover measures (i.e., viewed as worse performance). Employee IDs must be linked in the same quarter they are updated to provide the most accurate reporting for each facility.

NOTE: For purposes of existing PBJ Reports and screens, the individual Employee IDs will continue to appear on the reports as two or more Employee IDs assigned by the facility. The new field, System Employee ID, is being added, which will show the individual Employee IDs together on reports under one System Employee ID, if this option is selected.

The process for creating and submitting the employee ID linking file is the same as all the other XML submissions.

- *The technical submission XML file template and instructions to create linked IDs is located here: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/PBJ-Admin-Excel-to-XML-Template-V-1-00-0.zip*

  Depending on your machine settings, this may open as a download, and not in Excel directly.

- *An XML Schema Definition (XSD) file can be located here: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/PBJ-XSD-Admin-file-V1-00-0.zip*

  The XSD defines the layout of the XML document, acting as a "data contract" so those providing the XML know what format is to be expected.

- *Detailed instructions for submitting the XML file are located in section 4 of the PBJ Provider User's Guide located here: https://qtso.cms.gov/providers/nursing-home-mdsswing-bed-providers/reference-manuals*

NOTE: Linking Employee Identifiers (ID) is ESSENTIAL for accurate tenure and turnover quarterly reporting.

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b) Hire Date (Optional)

The first date of a staff member's employment and is paid for services delivered, either through direct employment or under contract. For contract staff, the start date is the first date worked and billed for at the facility. If staff transfer to a new facility, their hire date shall be the first date that they provide services at the new facility.

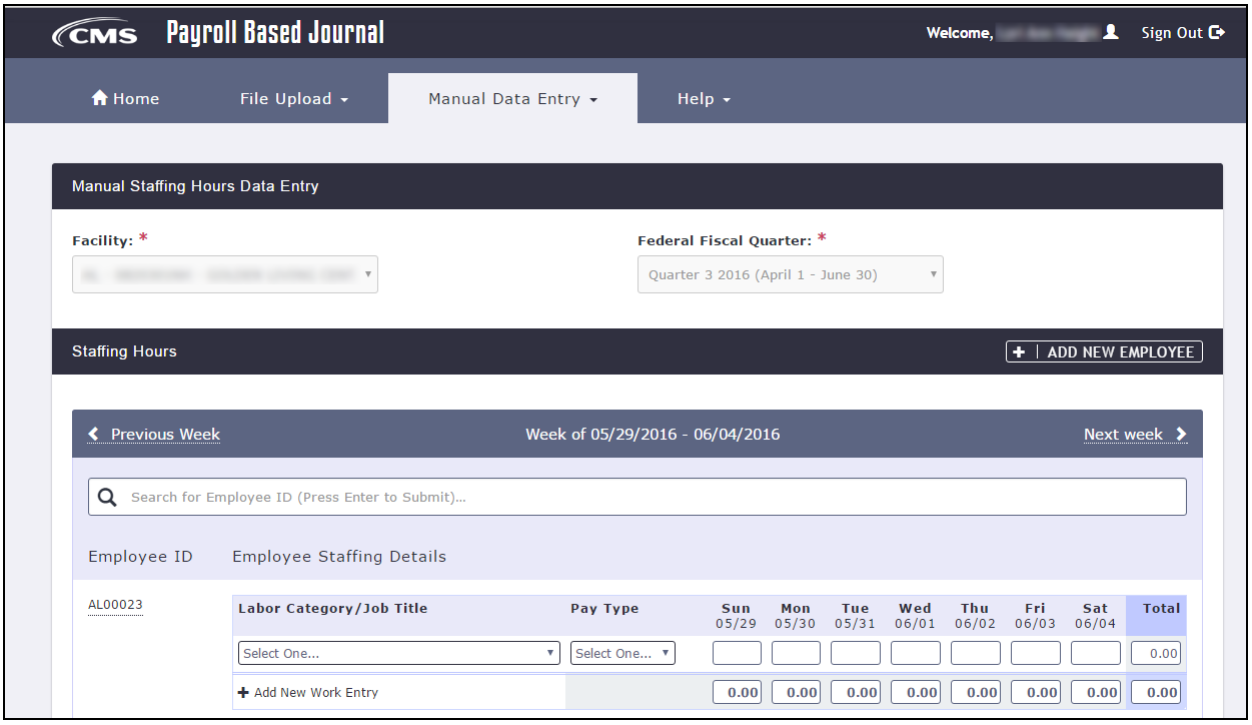
c) Termination date (Optional)

The last date of a staff member's employment and is paid for services delivered, either through direct employment or under contract. For contract staff, the end date is the date the facility or the agency communicates that the contract individual will no longer be providing services at that facility (either voluntary or involuntary).

Note: Hire and termination dates are reported at the facility level, not the company level. These dates must reflect the time each staff member worked at an individual facility, and not the dates hired and terminated at a company. Entering dates in the Hire Date and Termination Date fields are now optional; however, if facilities still want to enter dates in these fields, please refer to 2.1.b and 2.1.c above for further instructions.

2.2 Staffing Hours Record

Figure 2: Sample Staffing Hours Entry Screen



a) Time

Time entered is calculated in fractions, not as direct hours and minutes. Users will need to round to the nearest 10th when converting minutes to fractions. When entering an employee's hours enter them using the following conversions:

01 to 06 Minutes = 0.1
07 to 12 Minutes = 0.2
13 to 18 Minutes = 0.3
19 to 24 Minutes = 0.4
25 to 30 Minutes = 0.5
31 to 36 Minutes = 0.6
37 to 42 Minutes = 0.7
43 to 48 Minutes = 0.8
49 to 54 Minutes = 0.9
55 to 60 Minutes = 1.0

Facilities may opt to round to the nearest 100th when entering hours. Please note, actual minutes worked shall not be reported. For example, if an employee works 7 hours and 33 minutes, 7.33 shall not be reported. The correct time to report would be 7.6 hours or 7.55 hours.

b) Work Day, Date

The day and date associated with the number of hours paid to work. When reporting hours per day, hours reported shall be by the calendar day. Midnight is the cutoff for each day reported. For example, if an employee works a shift which starts at 11:00 PM on 4/5/2016 and ends at 7:00 AM on 4/6/2016, 1 hour would be recorded for 4/5/2016 and 7 hours for 4/6/2016.

c) Hours

Facilities must submit the number of hours each staff member (including agency and contract staff) is paid to deliver services for each day worked. Do not count meal break hours (see Meal Break Policy below) or hours paid for any type of leave or non-work-related absence from the facility or for any unpaid time worked. For example, if a salaried employee works 10 hours but is only paid for 8 hours, only 8 hours shall be reported. If a facility is paying a salaried employee a bonus for additional hours worked, those hours shall be reported under the following conditions: The payment must be directly correlated to the hours worked and must be distinguishable from other payments. (e.g., cannot be a performance-based or holiday bonus). Additionally, the bonus payment must be reasonable compensation for the services provided.

Meal Break Policy

Meal times, paid or unpaid, shall not be reported for all staff (exempt, nonexempt, and contract). Facilities must deduct the time allotted for meals from each employee's daily hours. For each full shift that staff (exempt, non-exempt, or contract) are paid to work, a 30-minute meal break must be deducted from their shift (whether or not the employee actually takes a meal break). For example:

For staff with **unpaid** meal-times, who work:

- Shifts of 8 hours and are paid to work 7.5 hours (with a 30-minute unpaid meal-break), then 7.5 hours shall be reported.
- Shifts of 8.5 hours and are paid to work 8 hours (with a 30-minute unpaid meal-break), then 8 hours shall be reported.
- Shifts of 12 hours and are paid to work 11.5 hours (with a 30-minute unpaid meal-break), then 11.5 hours shall be reported.

- Shifts of 16 hours (two 8-hour shifts) and are paid to work 15 hours (with two 30-minute unpaid meal-breaks), then 15 hours shall be reported.
- Shifts of 17 hours (two 8.5-hour shifts) and are paid to work 16 hours (with two 30-minute unpaid meal-breaks), then 16 hours shall be reported.

For staff with **paid** meal-times, who work:

- Shifts of 8 hours and are paid to work 8 hours (including a 30-minute paid meal-break), then 7.5 hours shall be reported.
- Shifts of 8.5 hours and are paid to work 8.5 hours (including a 30-minute paid meal-break), then 8 hours shall be reported.
- Shifts of 12 hours and are paid to work 12 hours (including a 30-minute paid meal-break), then 11.5 hours shall be reported.
- Shifts of 16 hours (two 8-hour shifts) and are paid to work 16 hours (including two 30-minute paid meal- breaks), then 15 hours shall be reported.
- Shifts of 17 hours (two 8.5-hour shifts) and are paid to work 17 hours (including two 30-minute paid meal- breaks), then 16 hours shall be reported.

The above examples are the minimum requirements for deducting hours for meal breaks. If staff take a meal break that is **longer than 30 minutes** during a shift, the actual time of the meal break should be removed and only hours actually providing services should be reported. For example, if an employee works a shift of 8 hours and takes a 45-minute meal break, then 7.25 hours (7 hours and 15 minutes) shall be reported. Similarly, we expect facilities to deduct time for meal breaks for staff that work less than an 8-hour shift, and only report the hours that staff are paid to deliver services to residents.

Labor Classification/Job Title

Reporting shall be based on the employee's primary role and their official categorical title. It is understood that most roles have a variety of non-primary duties that are conducted throughout the day (e.g., helping out others when needed). Facilities shall still report just the total hours of that employee based on their primary role.

CMS recognizes that staff may completely shift primary roles in a given day. For example, a nurse who spends the first four hours of a shift as the unit manager, and the last four hours of a shift as a floor nurse. In these cases, facilities can change the designated job title and report four hours as a nurse with administrative duties, and four hours as a nurse (without administrative duties).

Medical Directors and Consultants

For medical directors, CMS understands it may be difficult to identify the exact hours a physician spends performing medical director activities versus primary care activities. Data reported shall be auditable and able to be verified through either payroll, invoices, and/or tied back to a contract. Facilities must use a reasonable methodology for calculating and reporting the number of hours spent conducting primary responsibilities. For example, if a medical director is contracted for a certain fee (e.g., per month) to participate in Quality Improvement meetings and review a certain number of medical records each month, the facility shall have a reasonable methodology for converting those activities into the number of hours paid to work.

For consultants, data reported shall be auditable and able to be verified through either payroll, invoices, and/or tied back to a contract. We understand it may be difficult to identify the exact hours a specialist contractor (e.g., non-agency nursing staff) provides services to residents. However, there shall be some expectation of accountability for services provided. Facilities must use a reasonable methodology for calculating and reporting the number of hours spent conducting primary responsibilities, based on payments made for those services. Reminder: Practitioner (e.g., physician, nursing practitioner) visits to residents billed to Medicare or another payer, hours for services provided by hospice staff and private duty nurses shall not be reported.

Physical, Occupational, Respiratory, and Speech Therapy

Hours for physical, occupational, respiratory, and speech therapy services, regardless of payer, shall be reported. If the therapist provides therapy to a nursing home resident from 1pm to 2pm, and then therapy to a resident from 2pm to 3pm, then 2 hours would be reported. If the therapy is being conducted concurrently or for a group, only the absolute hours shall be reported. For example, if two residents are receiving 60 minutes of therapy at the same time from 1pm to 2pm, only 1 hour shall be reported (not 2 hours for 120 minutes). Also, hours for services provided to non-nursing home residents shall not be reported. For example, hours for outpatient therapy services provided to community-based individuals shall not be reported.

Co-Located Facilities (e.g. Hospital-Based SNF)

Facilities need to report the hours that are allocated to the SNF/NF residents and shall not include hours for staff providing services to non SNF/NF residents. For example, for hospital-based facilities or assisted living communities that share staff with the nursing

home, only those hours of the staff that are dedicated to the residents of the nursing home shall be reported.

Corporate Staff

If someone from the corporate office is in the facility and is performing duties involving resident care, the hours spent performing that care can be reported, even though the person may be paid through the corporate payroll, rather than the facility's payroll. This would include instances when a corporate nurse is filling in for the Director of Nursing when she/he is on vacation. However, facilities shall not include hours that a corporate nurse spends performing monitoring tasks, such as helping the facility prepare for a survey or resident chart reviews. Additionally, only hours paid to work on-site shall be reported.

Staff in Training

Hours for staff (e.g. CNA) who are attending training (either onsite or offsite) and are not available to perform their primary role, such as providing resident care, shall not be reported. Also, if another staff member is called in to fill in for staff (e.g. nurse) that is participating in training, the hours for the called-in nurse shall be submitted. However, the hours for the nurse in training shall not be submitted.

Universal Care Workers

Some facilities use staff called, "universal care workers." These staff are typically CNAs that provide other non-CNA services, such as cleaning or cooking. For these staff, facilities must use a reasonable methodology to separate the time that the universal care worker spends performing their primary role, from their time that is spent performing other activities. For example, assume a universal care worker is paid to work 7.5 hours each day (excluding a 30-minute meal-time). Of the 7.5 hours, 5.5 hours are spent performing CNA-related duties, one hour is spent providing cooking services, and one hour is spent providing cleaning services. In this situation, the facility shall only report 5.5 hours of CNA time. Additionally, the facility may report one hour of housekeeping time, and one hour of "other services" time, however, reporting of these categories is optional (see Table 1 below).

d) Job Title Code

A code identifying the CMS defined Job Title(s) that matches the role(s) of the staff member for the associated number of hours that the role(s) was performed (see Table 1).

e) Labor Category Code

A code identifying the CMS defined labor category groupings of associated Job Titles (see Table 1). Note: the Labor Category Code is not needed for electronic uploads; only the Job Title Code is needed.

f) Pay Type Code

Classification of whether the staff member is a direct employee of the facility (exempt or non-exempt), or employed under contract paid by the facility.

Employees whose jobs are governed by the Fair Labor Standards Act (FLSA) are either "exempt" or "nonexempt." Non-exempt employees are entitled to overtime pay. Exempt employees are not.

Contract staff includes individuals under contract (e.g., a contracted physical therapist) as well as individuals who provide services through organizations that are under contract (e.g., an agency to provide nurses). All contract and agency staff must each have a unique Employee ID when entered into the system.

NOTE: Only staff that meet these criteria are to be recorded. For example, physicians that are salaried by the facility shall be recorded. Whereas physicians who provide services to many residents in a facility, but bill Medicare directly, shall not.

Pay Type Code	Pay Type Description
1	Exempt
2	Non-Exempt
3	Contract

2.3 Labor and Job Codes and Descriptions

Table 1 below provides the labor code, job code, and a description of the services associated with each type of staff to be recorded in the PBJ system.

Table 1: Labor and Job Codes and Descriptions

Labor Category Code	Job Title Code	Labor Description	Job Description	Description of Services
1	1	Administration Services	Administrator	*Administrators and Assistant Administrators, licensed by the state,* responsible for facility management as required under 483.*70*(d).
2	2	Physician Services	Medical Director	A physician designated as responsible for implementation of resident care policies and coordination of medical care in the facility in accordance with 483.*70(h)*.
2	3	Physician Services	Other Physician	A salaried physician, other than the medical director, who supervises the care of residents when the attending physician is unavailable, and/or a physician(s) available to provide emergency services 24 hours a day.
2	4	Physician Services	Physician Assistant	A graduate of an accredited educational program for physician assistants who provides healthcare services typically performed by a physician, under the supervision of a physician.
3	5	Nursing Services	Registered Nurse Director of Nursing	Professional registered nurse(s) administratively responsible for managing and supervising nursing services within the facility. Do not additionally reflect these hours in any other category.
3	6	Nursing Services	Registered Nurse with Administrative Duties	Nurses (RN) who, as either a facility employee or contractor, perform the Resident Assessment Instrument function in the facility and do not perform direct care functions. Also include other RNs whose principal duties are spent conducting administrative functions. For example, the Assistant Director of Nursing is conducting educational/in-service.
3	7	Nursing Services	Registered Nurse	Those persons licensed to practice as registered nurses in the State where the facility is located. Includes geriatric nurse practitioners and clinical nurse specialists who primarily perform nursing, not Physician-delegated tasks. Do not include Registered Nurses' hours reported elsewhere.

3	8	Nursing Services	Licensed Practical/Vocational Nurse with Administrative Duties	Those persons licensed to practice as licensed practical/vocational nurses in the State where the facility is located, and do not perform direct care functions. Also include other nurses whose principal duties are spent conducting administrative functions. For example, the LPN Charge Nurse is conducting educational/in-service, or other duties which are not considered to be direct care giving.
3	9	Nursing Services	Licensed Practical/Vocational Nurse	Those persons licensed to practice as licensed practical/vocational nurses in the State where the facility is located. Do not include those hours of LPN/LVNs reported elsewhere.
3	10	Nursing Services	Certified Nurse Aide	Individuals who have completed a State approved training and competency evaluation program, or competency evaluation program approved by the State, or have been determined competent as provided in 483.150 and who are providing nursing or nursing-related services to residents. Do not include volunteers.
3	11	Nursing Services	Nurse Aide in Training	Individuals who are in the first 4 months of employment and who are receiving training in a State approved Nurse Aide training and competency evaluation program and are providing nursing or Nursing related services for which they have been trained and are under the supervision of a licensed or registered nurse. Do not include volunteers.
3	12	Nursing Services	Medication Aide/Technician	Individuals, other than a licensed professional, who fulfill the State requirement for approval to administer medications to residents.
2	13	Physician Services	Nurse Practitioner	A registered nurse with specialized graduate education who is licensed by the state to diagnose and treat illness, independently or as part of a healthcare team.
3	14	Nursing Services	Clinical Nurse Specialist	A registered nurse with specialized graduate education who provides advanced nursing care.
4	15	Pharmacy Services	Pharmacist	The licensed pharmacist(s) who a facility is required to use for various purposes, including providing consultation on pharmacy services, establishing a system of records of controlled drugs, overseeing records and reconciling controlled drugs, and/or performing a monthly drug regimen review for each resident.
5	16	Dietary services	Dietitian	A person(s), employed full, part-time or on a consultant basis, who is either registered by the Commission of Dietetic Registration of the American Dietetic Association, or is qualified to be a dietitian on the basis of experience in identification of dietary needs, planning and implementation of dietary programs.

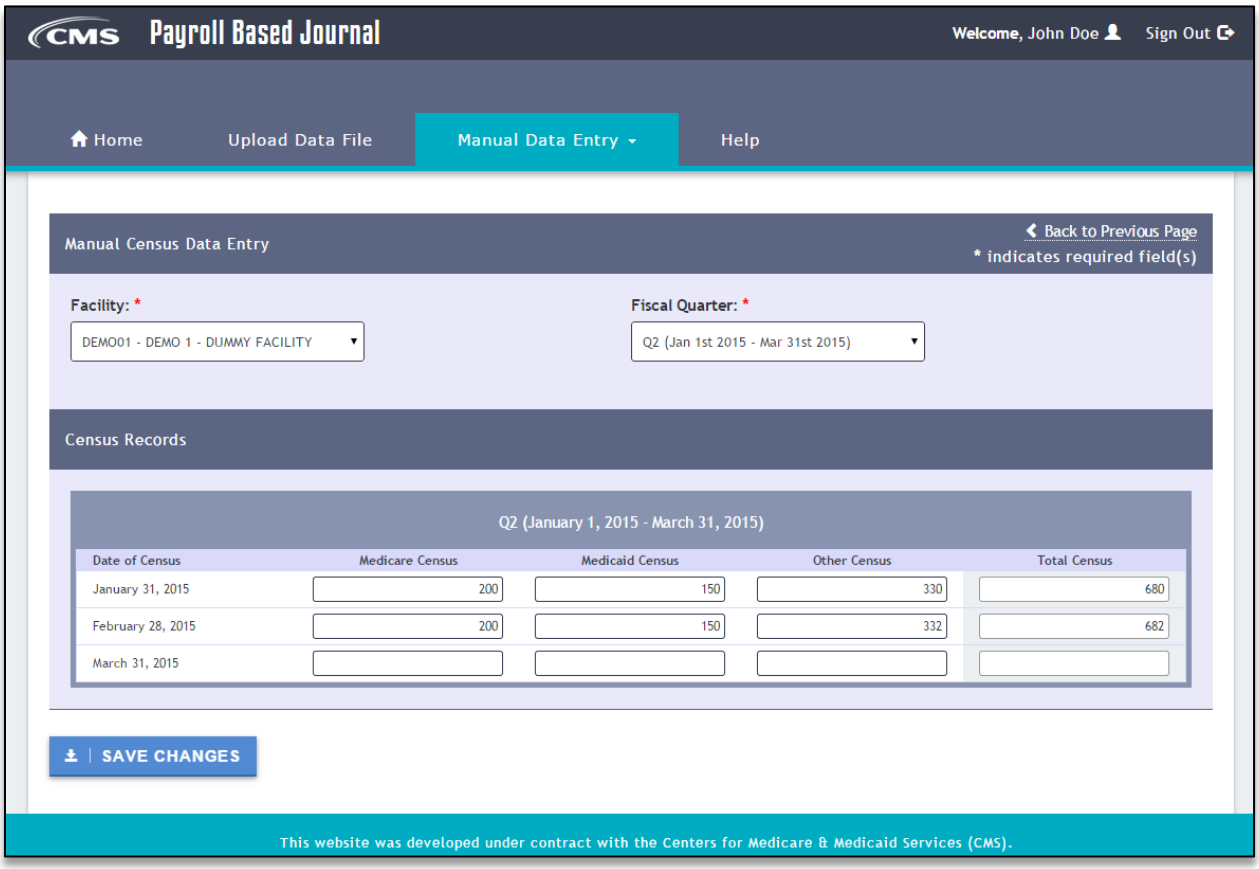
5	17	Dietary services	Paid Feeding Assistant	Person who meets the requirements specified in C.F.R. Section 483.60(h)(1)(i) and 483.60(h)(1)(ii) and who is paid to feed residents by a facility, or who is used under an arrangement with another agency or organization. Paid feeding assistants can only feed residents who do not have complicated feeding problems that would require the training of a nurse or nurse aide. Paid feeding assistants must not feed any residents with complicated feeding problems or perform any other nursing or nursing-related tasks. A feeding assistant must work under the supervision of an RN or an LPN.
6	18	Therapeutic Services	Occupational Therapist	Persons licensed/registered as occupational therapists according to State law in the State in which the facility is located. Include OTs who spend less than 50 percent of their time as activities therapists.
6	19	Therapeutic Services	Occupational Therapy Assistant	Person(s) who, in accord with State law, have licenses/certification and specialized training to assist a licensed/certified/registered Occupational Therapist (OT) to carry out the OT's comprehensive plan of care, without the direct supervision of the therapist. Include OT Assistants who spend less than 50 percent of their time as Activities Therapists.
6	20	Therapeutic Services	Occupational Therapy Aide	Person(s) who have specialized training to assist an OT to carry out the OT's comprehensive plan of care under the direct supervision of the therapist, in accord with State law.
6	21	Therapeutic Services	Physical Therapist	Persons licensed/registered as physical therapists, according to State law where the facility is located.
6	22	Therapeutic Services	Physical Therapy Assistant	Person(s) who, in accord with State law, have licenses/certification and specialized training to assist a licensed/certified/registered Physical Therapist (PT) to carry out the PT's comprehensive plan of care, without the direct supervision of the PT.
6	23	Therapeutic Services	Physical Therapy Aide	Person(s) who have specialized training to assist a PT to carry out the PT's comprehensive plan of care under the direct supervision of the therapist, in accordance with State law.
6	24	Therapeutic Services	Respiratory Therapist	Persons(s) who are licensed under state law (except in Alaska) as respiratory therapists.
6	25	Therapeutic Services	Respiratory Therapy Technician	Person(s) who provide respiratory care under the direction of respiratory therapists and physicians
6	26	Therapeutic Services	Speech/Language Pathologist	Persons licensed/registered, according to State law where the facility is located, to provide speech therapy and related services (e.g., teaching a resident to swallow).
6	27	Therapeutic Services	Therapeutic Recreation Specialist	Person(s) who, in accordance with State law, are licensed/registered and are eligible for certification as a therapeutic recreation specialist by a recognized accrediting body.

6	28	Therapeutic Services	Qualified Activities Professional	Person(s) who meet the definition of activities professional at 483.24(c)(2)(i) and 483.24 (c)(2)(ii) (A) or (B) or (C) or (D) and who are providing an on-going program of activities designed to meet residents' interests and physical, mental or psychosocial needs. Do not include hours reported as Therapeutic Recreation Specialist, Occupational Therapist, OT Assistant, or other categories listed above.
6	29	Therapeutic Services	Other Activities Staff	Persons providing an on-going program of activities designed to meet residents' needs and interests. Do not include volunteers or hours reported elsewhere.
6	30	Therapeutic Services	Qualified Social Worker	Person licensed to practice social work in the State where the facility is located, or if licensure is not required, persons with a bachelor's degree in social work, a bachelor's degree in a human services field including but not limited to sociology, special education, rehabilitation counseling and psychology, and one year of supervised social work experience in a health care setting working directly with elderly individuals.
6	31	Therapeutic Services	Other Social Worker	Person(s) other than the qualified social worker who are involved in providing medical social services to residents. Do not include volunteers.
7	32	Dental Services	Dentist **(NOT REQUIRED/OPTIONAL)**	Persons licensed as dentists, according to State law where the facility is located, to provide routine and emergency dental services.
8	33	Podiatry Services	Podiatrist **(NOT REQUIRED/OPTIONAL)**	Persons licensed/registered as podiatrists, according to State law where the facility is located, to provide podiatric care.
9	34	Mental Health Services	Mental Health Service Worker	Staff (excluding those included under therapeutic services) who provide programs of services targeted to residents' mental, emotional, psychological, or psychiatric well-being and which are intended to: • Diagnose, describe, or evaluate a resident's mental or emotional status; • Prevent deviations from mental or emotional well-being from developing; or • Treat the resident according to a planned regimen to assist him/her in regaining, maintaining, or increasing emotional abilities to function. Among the specific services included are psychotherapy and counseling, and administration and monitoring of psychotropic medications targeted to a psychiatric diagnosis.
10	35	Vocational Services	Vocational Service Worker **(NOT REQUIRED/OPTIONAL)**	Evaluation and training aimed at assisting the resident to enter, re-enter, or maintain employment in the labor force, including training for jobs in integrated settings (i.e., those which have both disabled and nondisabled workers) as well as in special settings such as sheltered workshops.

11	36	Clinical Laboratory Services	Clinical Laboratory Service Worker **(NOT REQUIRED/OPTIONAL)**	Entities that provide laboratory services and are approved by Medicare as independent laboratories or hospitals.
12	37	Diagnostic X-ray Services	Diagnostic X-ray Service Worker **(NOT REQUIRED/OPTIONAL)**	Radiology services, ordered by a physician, for diagnosis of a disease or other medical condition.
13	38	Administration & Storage of Blood Services	Blood Service Worker **(NOT REQUIRED/OPTIONAL)**	Blood bank and transfusion services.
14	39	Housekeeping Services	Housekeeping Service Worker **(NOT REQUIRED/OPTIONAL)**	Services, including those of the maintenance department, necessary to maintain the environment. Includes equipment kept in a clean, safe, functioning and sanitary condition. Includes housekeeping services supervisor and facility engineer.
15	40	Other Services	Other Service Worker **(NOT REQUIRED/OPTIONAL)**	Record total hours worked for all personnel not already recorded (For example, librarian).

2.4 Census Record

Figure 3: Sample Census Data Entry Screen



Entering resident census for the last day of each month is now optional. If facilities still want to enter census data, please refer to the information below for further instructions. CMS will use Minimum Data Set (MDS) data to calculate a daily resident census for each facility.

a) Month End Date:

Facilities may enter the resident census for the categories below for the last date of each month. For facilities entering census data manually, the Payroll-Based Journal system will list the last date of each month for facilities to enter the associated census. Facilities uploading data from another system will need to adhere to the requirements in the technical specifications. As with the staffing data (chapter 1.2 of this manual), the census information must be electronically uploaded or manually entered by the end of the 45th calendar day (11:59 PM Eastern Time) after the last day in each fiscal quarter in order to be considered timely.

b) **Medicaid:** Number of residents whose primary payer is Traditional Medicaid.

c) **Medicare:** Number of residents whose primary payer is Traditional Medicare.

d) **Other**: Number of residents whose primary payer is neither Medicaid nor Medicare. (This includes Medicare and Medicaid MCOs and HMOs.)