



## STATE HOME REPORT AND STATEMENT OF FEDERAL AID CLAIMED

### SECTION 1. GENERAL INFORMATION

1. STATION NUMBER <i>(Required)</i>	2. VISN <i>(Required)</i>	3. MONTH/YEAR <i>(MM/YYYY)</i>	4. REPORT QUARTER <i>(1st, 2nd, 3rd, 4th)</i>
5. TO:		6. FROM:	
7. PAY TO:			

### SECTION 2. CHANGE IN RESIDENCY FOR THE MONTH

LINE NO	ITEM	DOMICILIARY (A)	NURSING HOME CARE (B)	ADULT DAY HEALTH CARE (C)
8.	TOTAL VETERAN RESIDENTS PRESENT IN FACILITY AT END OF PRIOR MONTH			
9.	GAINS	ADMISSIONS (Change of Status)		
10.		ADMISSIONS (Other)		
11.		RETURN FROM LEAVE OF ABSENCE		
12.	LOSSES	DISCHARGES (Change of Status)		
13.		DISCHARGES (Other)		
14.		DEATH		
15.		LEAVE OF ABSENCE		
16.	TOTAL VETERAN RESIDENTS PRESENT AT END OF THE MONTH			

### SECTION 3. STATUS AT THE END OF THE MONTH

LINE NO	ITEM	DOMICILIARY (A)	NURSING HOME CARE (B)	ADULT DAY HEALTH CARE (C)
17.	TOTAL NON-ELIGIBLE VETERAN AND CIVILIAN RESIDENTS REMAINING AT THE END OF THE MONTH			
18.	TOTAL VETS THAT ARE 70%-100% SC; OR HAS RATING OF TDIU; OR ARE IN NEED OF NHC/ADHC FOR SC DISABILTY			
19.	FEMALE VETERAN RESIDENTS REMAINING AT THE END OF THE MONTH			

### SECTION 4. TOTAL DAYS FURNISHED TO NON ELIGIBLE VETERANS AND CIVILIANS FOR THE MONTH

LINE NO	ITEM	DOMICILIARY (A)	NURSING HOME CARE (B)	ADULT DAY HEALTH CARE (C)
20.	TOTAL DAYS OF CARE FURNISHED TO NON ELIGIBLE VETERANS AND CIVILIANS (including Medicare Days, if applicable)			

### SECTION 5. CLAIM FOR BASIC PER DIEM PAYMENTS FOR ELIGIBLE VETERANS

LINE NO	FEDERAL AID CLAIMED UNDER SEC 1741, TITLE 38, U.S.C., AS AMENDED	DAYS OF CARE (A)	AVERAGE DAILY CENSUS (B)	DIRECT AND INDIRECT COST (C)	DAILY COST OF CARE FOR THE MONTH (D)	PER DIEM CLAIMED (E)	TOTAL AMOUNT CLAIMED (F)
21.	DOMICILIARY CARE						
22.	NURSING HOME CARE						
23.	ADULT DAY HEALTH CARE						
24.	TOTAL AMOUNT CLAIMED						

### SECTION 6. CLAIM FOR SC PER DIEM PAYMENTS FOR ELIGIBLE VETERANS

LINE NO	VETERAN CATEGORY	DAYS OF CARE (A)	AVERAGE DAILY CENSUS (B)	PREVAILING RATE (C)	TOTAL AMOUNT CLAIMED (D)
25.	HAS SINGULAR OR COMBINED RATING OF 70% -100% SC; OR HAS RATING OF TDIU; OR ARE IN NEED OF NHC FOR SC DISABILITY				
26.	HAS SINGULAR OR COMBINED RATING OF 70% -100% SC; OR HAS RATING OF TDIU; OR ARE IN NEED OF ADHC FOR SC DISABILITY				
27.	TOTAL AMOUNT CLAIMED				

The daily cost of care is the direct cost plus the indirect cost for the month, divided by the total days of care of all enrollees or residents present in the facility during the month regardless of the payer source. Compute the cost in accordance with the Federal Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards specified in 2 CFR 200.400 - 200.475.

**SECTION 7. RECOGNIZED CAPACITY APPROVED BY THE VA**

28. DOM	29. NHC	30. ADHC

**SECTION 8. STATE HOME REPORT AND STATEMENT OF FEDERAL AID CLAIMED CONTINUED**

I certify that this report is correct based on the documentation provided to the VA and that the recognized beds approved by the VA is correct and all residents included in the report were physically present during the period for which Federal aid is claimed, except for authorized absences for which the VA paid per diem, and the facility management has complied with all provisions of Title VI, Public Law 88-352, entitled Civil Rights Act of 1964.

31. SIGNATURE OF SVH ADMINISTRATOR	Printed Name & Title:	Date
	Signature:	(MM/DD/YYYY):

*(NOTE: 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, on site basis. This State employee must also certify that the information in the report is correct by signing and dating the report. If the facility is under contract, the signature of the SVH Administrator is not required.)*

32. SIGNATURE OF STATE EMPLOYEE WHEN APPLICABLE	Printed Name & Title:	Date
	Signature:	(MM/DD/YYYY):

33. REMARKS:

**SECTION 9. RECEIVING REPORT (FOR VA USE ONLY)**

Services authorized under provisions of section 1741, 1742, 1743, and 1745, Title 38, U.S.C., have been rendered in the quantity claimed and payment is recommended except as follows.

34. TOTAL AMOUNT APPROVED BY VA FOR PAYMENT (add blocks 24(F) and 27(D)):

35. SIGNATURE OF VA APPROVING OFFICIAL	Printed Name & Title:	Date
	Signature:	(MM/DD/YYYY):

36. ACCOUNTING CERTIFICATION - AUDIT BLOCK		Obligation Number (A)	* Amount Due (B)
	ADHC		
	DOM		
	NHC BASIC		
	NHC PREVAILING RATE		
	ADHC PREVAILING RATE		
	<b>TOTAL AMOUNT DUE</b>		

37. SIGNATURE OF AUDITOR	Printed Name & Title:	Date
	Signature:	(MM/DD/YYYY):

**PAPERWORK REDUCTION ACT OF 1995 AND PRIVACY ACT STATEMENT**

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. The information requested on this form is solicited under the authority of Title 38, U.S.C., Sections 1741, 1742, 1743, and 1745. It is being collected to enable us to determine your eligibility for medical benefits in the State Home Program and will be used for that purpose. The income and eligibility you supply may be verified through a computer matching program at any time and information may be disclosed outside the VA as permitted by law; possible disclosures include those described in the "routine uses" identified in the VA system of records 24VA136, Patient Medical Record-VA, published in the Federal Register in accordance with the Privacy Act of 1974. Disclosure is voluntary; however, the information is required in order for us to determine your eligibility for the medical benefit for which you have applied. Failure to furnish the information will have no adverse effect on any other benefits to which you may be entitled. Disclosure of Social Security number(s) of those for whom benefits are claimed is requested under the authority of Title 38, U.S.C., and is voluntary. Social Security numbers will be used in the administration of veterans' benefits, in the identification of veterans or persons claiming or receiving VA benefits and their records and may be used for other purposes where authorized by Title 38, U.S.C., and the Privacy Act of 1974 (5 U.S.C. 552a) or where required by other statute.

**INSTRUCTIONS FOR 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, allowable cost, total per diem cost, per diem claimed and total amount claimed for nursing home, domiciliary, and adult day health care. Monthly payments will be made to the State Home only after the State submits a completed VA Form 10-5588 and required supporting documentation.

**SECTION 1. GENERAL INSTRUCTIONS**

1. Station Number: Enter the station number where the VA Medical Center of jurisdiction is located.
2. VISN: Enter the Veteran Integrated Service Network (VISN) number where the VA Medical Center of jurisdiction is located.
3. Month/Year: Enter the calendar month and year covered by the report. (for example: 05/2020).
4. Report Quarter: Enter the number for the fiscal quarter report is claimed (for example: enter 1 for October to December; enter 2 for January to March; enter 3 for April to June; enter 4 for July to September).
5. To: Enter Name, City, and State of the VA Medical Center of Jurisdiction (not the Health Care System).
6. From: Enter Level of Care, State Home Name, City, and State. For example: Level of Care for Nursing Home Care, use abbreviation "NHC."
7. Pay To: Enter the Name, City, and State where the payment is to be sent.

**SECTION 2. CHANGE IN RESIDENCY FOR THE MONTH**

8. Enter the Total Veteran Residents Present in the Facility at the end of the prior month.

Column A. Domiciliary: Enter the number of eligible domiciliary Veteran residents present and remaining on the rolls as of midnight on the last day of the prior month. When a Veteran overstays an approved absence of 96 hours, no portion of the leave may be claimed for VA payment. (*Note: Present means any eligible Veteran that is physically in the SVH facility at midnight or on an approved paid VA leave of absence.*)

Column B. Nursing Home: Enter the number of eligible nursing home Veteran residents present and remaining on the rolls as of midnight on the last day of the prior month. (*Note: Present means any eligible Veteran that is physically in the SVH facility at midnight or on an VA approved absence. See instructions for 15 regarding absences.*)

Column C. Adult Day Health Care: Enter the number of eligible adult day health care occupants on the rolls for receiving adult day health care services as of midnight the last day of the prior month. Per diem will be paid only for a day that the Veteran is under the care of the facility at least six hours. For purposes of this paragraph a day means six hours or more in one calendar day or any two periods of at least 3 hours each (but each less than six hours) in any two calendar days in a calendar month.

Entries on this line will be the same as those shown on line 16 for the prior month.

9. *Admissions (Change of Status)*. Enter the number of eligible Veterans whose status was changed by transfer from one level of care to another within the State Home. Change in level of care is referring to transfers between domiciliary, nursing home, and adult day health care. The entries on lines 9 and 12 for the month will be the same.
10. *Admission (Other)*. Enter the number of eligible Veterans admitted to the State Home nursing home, domiciliary during the report month and/or enrolled in the adult day health care.
11. *Return From Leave of Absence*. Enter eligible Veterans returning from a non-VA paid overnight absence in a VA hospital or other hospital and for Veterans returning from an overnight absence for non-hospital leave and for domiciliary residents returning from absences of greater than 96 hours. Applicable when a Veteran is absent from the home on a non-VA paid absence and/or does not return to the home. DO NOT report leave of absence for which the VA paid per diem. (Not applicable to Adult Day Health Care.)
12. *Discharges (Change of Status)*. Enter the number of eligible Veterans whose status was changed by transfer to another level of care within the State Home. Change in level of care is referring to transfers between domiciliary, nursing home, and adult day health care. The entries on lines 9 and 12 for the month will be the same.
13. *Discharges (Other)*. Enter the number of eligible Veterans who were discharged from the State Home or dropped from the rolls, except for deaths. Do not count discharges for hospitalizations. Applicable when a Veteran on a VA-paid bed hold for overnight hospital stays or non-hospital leave, does not return to the nursing home. The effective date of discharge will be the date the home is notified the Veteran will not return.
14. *Deaths*. Enter the number of eligible Veterans who died while enrolled in the State Home Per Diem program during the report month.
15. *Leave of Absence*. For Nursing Home and Domiciliary Care beds, enter the number of eligible Veterans who have a non-VA per diem payment overnight stay in a hospital or who are absent for reasons other than hospital care. DO NOT report an authorized absence for which the VA paid per diem. For Domiciliary absences that are not interrupted by at least 24 hours of continuous residence in the State home are considered one continuous absence. See instructions for section 5 (Claim for Basic Per Diem Payments for Eligible Veterans) for paid days of care. (Not applicable to Adult Day Health Care.)
16. *Total Veteran Residents Present at End of Month*. Enter the number of eligible Veteran residents present as of midnight on the last day of the report month. Additionally, count eligible nursing home care Veterans who are on VA paid leave of absence for hospitalization and for non-hospital absences and count domiciliary Veterans who are absent from the facility on a VA paid pass of 96 hours or less. This entry will be equal to the sum of lines 8, 9, 10 and 11 minus lines 12, 13, 14 and 15 in each column.

**INSTRUCTIONS-CONTINUED FOR STATE HOME REPORT  
AND STATEMENT OF FEDERAL AID CLAIMED****SECTION 3. STATUS AS OF THE END OF THE MONTH**

17. *Non-Eligible Veterans And Civilians Remaining End Of Month.* Enter the number of nursing home, domiciliary residents, and adult day health care enrollees not eligible for payment from VA who was present on the last day of the report month. DO NOT REPORT eligible Veteran residents in this cell.
18. *Total Veterans that are 70%-100% SC; or has rating of TDIU; or are in need of NHC/ADHC for SC disability.* Enter the total number of eligible Veterans who are 70% to 100% Service Connected (SC); or has rating of Total Disability rating based upon Individual Unemployability (TDIU); or are in need of NHC for SC disability in column 18B and in column 18C for ADHC SC Veterans.
19. *Eligible Female Veteran Residents Remaining At The End Of The Month.* Enter the number of eligible female Veteran residents present and remaining in the facility at the end the month.

**SECTION 4. TOTAL DAYS FURNISHED TO NON ELIGIBLE VETERANS AND CIVILIANS FOR THE MONTH**

20. Total Days of Care Furnished to Non-Eligible Veterans and Civilians (including Medicare Days, if applicable). Enter all days of care provided to non-eligible Veterans and civilians for domiciliary care, nursing home care and adult day health care in blocks 20A, 20B, and 20C respectively. This includes Medicare Days paid for Veteran's stay in the Facility.

**SECTION 5. CLAIM FOR BASIC PER DIEM PAYMENTS FOR ELIGIBLE VETERANS**

Lines 21, 22, 23 and 24:

- Column A. Days of Care: A day of care for Domiciliary and Nursing Home is counted when an eligible Veteran has an overnight stay in the facility. Enter total domiciliary days of care on line 21, nursing home care on line 22 and adult day health care on line 23. For domiciliary: A day of care is counted when an eligible Veteran is present or on authorized absent from the facility up to 96 hours for purposes other than receiving hospital care at VA expense. If a Veteran is absent more than 96 hours, no portion of the absence is counted as a day of care. For nursing home: A day of care is counted when the VA pays per diem for an eligible Veteran resident on bed hold for 10 consecutive overnight hospital stays or non-hospital leave. For adult day health care, a day of care is credited when the Veteran is under the care of the facility to include transportation for at least six hours in one calendar day or any two periods of at least 3 hours each (but each less than six hours) in any two calendar days in a calendar month. The day of admission is counted as a day of care. For all three levels of care, an admission and loss on the same day is counted as a day of care; day of discharge (removed from the rolls) is not counted as a day of care.
- Column B. Average Daily Census: Enter the average daily census computed by dividing the days of care in column A by the number of calendar days in the month, carried to one decimal place for each level of care.
- Column C. Direct and Indirect Cost (Allowable Cost): Enter the total of direct and indirect cost (allowable cost) for providing care to all residents in the home for the month regardless of the payer source.
- Column D. Daily Cost of Care for the Month: The daily cost of care for the month is column C (direct and indirect cost), divided by ALL residents' days of care. Compute cost in accordance with cost principles set forth in the Office of Management and Budget (OMB), "Uniform Administrative Requirements, Cost Principles, and Audit Requirement in Federal Awards" (2 CFR Part 200.400 to 475 for cost principles). To calculate the daily cost of care, divide the direct and indirect cost for the month in column C by the sum of days of care for each level of care for all residents (line 20 non-eligible Veterans and Civilians, and columns A of 21 through 26). For Dom - add 20A and 21A; for NHC - add 20B, 22A, and 25A; and for ADHC - add 20C, 23A, and 26A to obtain the figure to divide the direct and indirect cost for the calculation of the daily cost of care for the month.
- Column E. Per Diem Claimed: Enter the current fiscal year per diem rate or one-half the daily cost of care shown in column D carried to two decimal places, whichever is the lesser, for each level of care. VA will pay monthly one-half of the cost of each eligible Veteran's care (domiciliary, nursing home, or adult day health care) for each day the Veteran is in a facility recognized as a State Veteran Home, not to exceed the approved per diem rate for that level of care.
- Column F. Total Amount Claimed: Enter the product of columns A and E for each level of care on lines 21, 22, and 23. On line 24, sum the totals for each level of care.



## INSTRUCTIONS-CONTINUED FOR STATE HOME REPORT AND STATEMENT OF FEDERAL AID CLAIMED

### SECTION 6. CLAIM FOR SC PER DIEM PAYMENTS FOR ELIGIBLE VETERANS

Items 25 and 26:

Column A. Enter the days of care for eligible Veteran residents who have a singular or combined SC disability rating of 70% to 100%; or has VA rating of TDIU; or are in need of NHC for SC disability. Days of care for NHC (line 25) follows the same rules as noted in 22A and on line 26, follow the rules for ADHC from line 23A.

Column B. Average Daily Census: Enter the average daily census computed by dividing the days of care in column A for each level of care by the number of calendar days in the month, carried to one decimal place.

Column C. Prevailing Rate: Enter the VA prevailing rate for Fiscal Year as published by SHPDP Office.

Column D. Total Amount Claimed: Using the VA prevailing rate methodology, multiply the days of care from line 25 and 26 in column A by the prevailing rate in column C.

Line 27(D) total amount claimed: sum lines 25 and 26.

### SECTION 7. RECOGNIZED CAPACITY APPROVED BY THE VA

At the end of each month, State home management will enter the recognized beds approved by the VA during the latest recognition survey for domiciliary, nursing home and adult day health care in blocks 28, 29 and 30 respectively.

### SECTION 8. STATE HOME REPORT AND STATEMENT OF FEDERAL AID CLAIMED CERTIFICATION

31. *Signature of SVH Administrator:* Print name and title of SVH Administrator, sign and date.

*(Note: 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, on site basis. This State employee must also certify that the information in the report is correct by signing and dating the report. If the facility is under contract, the signature of the SVH Administrator is not required.)*

32. *Signature of State Employee When Applicable:* If the facility is managed by a contractor, a State Employee must print name and title, sign and date. If the facility is under contract, the signature of the SVH Administrator is not required.

33. *Remarks:* Enter any information needed to clarify and support invoice data.

### SECTION 9. RECEIVING REPORT

34. *Total Amount Approved by VA for Payment:* Sum the totals of blocks 24 and 27.

35. *Signature of VA Approving Official - Print name and title of VA Approving Official, then sign and date.*

36. *Accounting Certification - Audit Block:* In column (A) enter obligation numbers for each level of payment claimed and in column (B) enter amount due for each level of payment claimed. Total Amount Due: Sum the amount due in column (B) and enter in the Total Amount Due. This sum should equal the amount entered on line 34.

37. *Signature of Auditor:* Print name and title of auditor, sign and date.

*(Note: If the receiving report is not completed in its entirety, it could result in an improper payment.)*