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INSTRUCTIONS
DHS 1137 (Rev. 07/2021)

Medicaid Certified Nursing Facility CENSUS REPORT

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PURPOSE:

The DHS 1137, Medicaid Certified Nursing Facility Census Report form, shall be used by a Medicaid Certified Nursing Facility in reporting all admissions and readmissions.

GENERAL INSTRUCTIONS:

1. Facility Name: PRINT/TYPE facility name.

2. Type of Report: Prefilled: Monthly.

3. Period Covered: Enter *Start Date* and *End Date* of the period covered in MM/DD/YY format. The start and end dates should align with the beginning and end of the prior month (e.g., 09/01/17—09/30/17). **Dates must be on or before the date the form is submitted.**

4. Name of All Residents: In alphabetical order, enter legibly last name, first name. Excel form can be sorted.

5. Medicaid ID Number (If none, put N/A): Ten (10) digits. Example: 0000999999.

6. Date of Birth: Put resident's date of birth in MM/DD/YYYY format.

7. Admission Date: Date resident was admitted to facility regardless of payment source in MM/DD/YY format.

8. Comments: As appropriate.

9. Submitter: Enter submitter's name and submitter's title.

10. Submittal Date: Enter submission date. This report shall be submitted monthly by the 15th of the following month.

FILING/DISTRIBUTION INSTRUCTIONS:

Original to HCSB.