

LTC™ CBISA Online™ Occurrence Form

Occurrence Form for _____
(Activity Title)

Date ____/____/____ Description _____

Department _____

Hours: Staff _____ Volunteer _____ Other _____

Outputs: Persons Served _____ Other _____ Other _____

Expenses: (Enter dollars in whole numbers)

Salary Expense

(A) Dollars reported \$ _____ (B) Department hours _____

Average rate 1 hours _____

Average rate 2 hours _____

Average rate 3 hours _____

Average rate 4 hours _____

Other Expenses

Purchased services \$ _____

Supplies \$ _____

Other direct expenses \$ _____

Indirect expenses

- None
- Direct Entry \$ _____
- In Unit
- In Community
- Special

Offsets: (Enter dollars in whole numbers)

Fees \$ _____

Foundation/Fundraising* \$ _____

Grants/Support* \$ _____

Other \$ _____

*Dollar amounts entered here will offset any expenses

Category B (additional offsets)

Direct Medicare reimbursement for GME	\$ _____
Direct Medicaid reimbursement for GME	\$ _____
Continuing health profession education (reimbursement/tuition fees)	\$ _____
Prior year revenue, if any	\$ _____
Other	\$ _____

Category C (additional offsets)

Net Medicaid (counted elsewhere)	\$ _____
Net other means-tested programs (counted elsewhere)	\$ _____
Net charity care (counted elsewhere)	\$ _____
Net bad debt (counted elsewhere)	\$ _____

Memo fields: (not to be included as an offset)

Restricted grants/support	\$ _____
Medicare costs	\$ _____
Medicare revenue	\$ _____

} Category C only

Notes:

User defined codes:

<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____