



Nursing Facility Census Data Collection Form

When completed, please e-mail this form to this address: NFcensus@state.ma.us

Indicate census date: ☐ January 1st ☐ April 1st ☐ July 1st ☐ October 1st

Nursing facility name:	
MassHealth provider number:	
City or town:	Zip code:
Total number of nursing facility licensed beds:	
Total number of Medicare licensed beds:	
Number of Medicaid fee-for-service (FFS) residents:	
Number of Medicaid Senior Care Organization (SCO) residents:	
Number of Medicaid Program for All-inclusive Care of the Elderly (PACE) residents:	
Number of residents on medical leave of absence (MLOA):	
Medicare census data:	
Medicare HMO data:	
Hospice Medicaid data:	
Hospice Medicare data:	
Hospice private data:	
Total empty beds:	
Other census data:	
Number of out-of-state residents:	
Indicate state of primary residence:	
Explanation of nursing facility empty beds: (Please code this row if appropriate as follows.) 1 = Beds out of service 2 = Low census 3 = Construction 4 = Staffing issues	
Total rest home licensed beds:	
Total rest home census:	
Total rest home empty beds:	