

DAYS OF CARE SCHEDULE (FCR 3FFA)

SUBMIT ONE FOR EACH PROGRAM FOR WHICH A RATE IS REQUESTED

AGENCY NAME	PROGRAM NUMBER	AGENCY FISCAL YEAR																						
PROGRAM NAME	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; height: 20px;"> </td> <td style="width:5%; text-align: center;">•</td> <td style="width:20%; height: 20px;"> </td> <td style="width:5%; text-align: center;">•</td> <td style="width:20%; height: 20px;"> </td> <td style="width:5%; text-align: center;"> </td> <td style="width:20%; height: 20px;"> </td> <td style="width:5%; text-align: center;"> </td> <td style="width:20%; height: 20px;"> </td> <td style="width:5%; text-align: center;"> </td> <td style="width:20%; height: 20px;"> </td> <td style="width:5%; text-align: center;"> </td> </tr> <tr> <td colspan="2" style="text-align: center;">Mo</td> <td colspan="2" style="text-align: center;">Yr</td> <td colspan="2" style="text-align: center;">-</td> <td colspan="2" style="text-align: center;">Mo</td> <td colspan="2" style="text-align: center;">Yr</td> </tr> </table>		•		•									Mo		Yr		-		Mo		Yr		
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Mo		Yr		-		Mo		Yr																

(1)	(2)												(3)	(4)
	JANUARY (31)	FEBRUARY (29)	MARCH (31)	APRIL (30)	MAY (31)	JUNE (30)	JULY (31)	AUGUST (31)	SEPTEMBER (30)	OCTOBER (31)	NOVEMBER (30)	DECEMBER (31)	Total	Actual Occupancy
1. Clients at Beginning of Month														
2. Admissions														
3. Discharges														
4. Actual Number of Client Days														

COMMENTS:

FCR 3FFA, DAYS OF CARE SCHEDULE

PURPOSE:

This form records the number of clients, by program, on a month-by-month basis. It is used to calculate the occupancy rate and develop allocation ratios.

Include all residents in the program regardless of funding source. The rate for AFDC-FC is set based on the per client cost of care.

INSTRUCTIONS FOR COMPLETION:

Submit one schedule per program.

Agency Name: Enter the name shown on the FCR 1FFA, Data and Certification Sheet.

Agency Fiscal Year: Data reported is the actual number of clients in each program during the most recent fiscal year. (First time providers will project this information). Enter the beginning and ending month and year for the period being reported, (e.g., 01/90 - 12/90).

Program: Enter the program name and number as shown on the FCR 1FFA, Data and Certification Sheet, for each program.

Column 2 – Line 1 – Clients at Beginning of Month: Enter the number of clients at the beginning of each month for the cost period. All clients in a given program are to be included, regardless of funding source.

Lines 2 and 3 – Admissions/Discharges: Enter the total number of clients admitted and discharged for each month.

Line 4 – Actual Number of Client Days: Enter the actual number of days of care provided. To calculate the actual number of days of care, multiply the number of clients who were in the program for the entire month by the number of days in the month. Add the number of days for other clients admitted or discharged during the month. The first day of care is counted; the last is not.

Example: Bryan and Tim were residents for the full month of July. Robert was admitted on July 10. James was discharged on July 21.

Calculation:

Bryan and Tim	62	(2 residents x 31 days)
Robert	22	(Count the first day)
James	20	(Do not count the last day)
	<hr/>	
	104	Actual number of client days for July.

Column 3 – Total – Enter the sum for client days.

Column 4 – Actual occupancy – Divide the total of client days in column 3 by the total number of days in the cost period.