

**PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY
MEDICAID MONTHLY CENSUS REPORT**

Psychiatric Residential Treatment Facilities (PRTFs) must submit a monthly census report to HSM indicating the current patients, new admits (including date) and discharges (including date). The report for the preceding month should be submitted to HSM no later than the last day of every month. Submit report to:

**HealthSystems of Mississippi
175 E. Capitol Street, Suite 250, Jackson, MS 39201
ATTN: PRTF Census Report
FAX (601) 352-6358**

PRTF Name: _____ **Provider Number:** _____
Phone Number: _____ **Fax Number:** _____
CENSUS MONTH: _____ **REPORT DATE:** _____

CURRENT PATIENTS						
Name	Medicaid Number	Admit Date	Current GAF	Planned D/C Date	Number of	
					Seclusion	Restraints

NEW ADMISSIONS							
Name	Medicaid Number	Admit Date	IQ	GAF	Planned D/C Date	Number of	
						Seclusion	Restraints

DISCHARGES				
Name	Medicaid Number	Admit Date	D/C Location	Discharge Date

REFERRALS				
Name	Medicaid Number	Referral Date	Status	Denial Reason

Submitted by: _____ **Date:** _____