



Long-Term Care (LTC) – Rounds

INSTRUCTIONS

1. Please print clearly, or type in all of the fields below.
2. Please email the completed form to the Alliance Long-Term Care (LTC) Department at LTCHCS@alamedaalliance.org.

For questions, please call the Alliance LTC Department at **1.510.747.4516**.

Facility Name:

Date:

CENSUS		
Census		
# of Straight Medi-Cal:	# of Duals:	
# of Authorizations Due This Month for Reassessments:		
Room & Board		
# of Members Receiving Hospice:		
ADMISSION FROM HOSPITAL OR SKILLED		
# of Admissions:		
Name		
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
MEMBERS READMITTED TO THE HOSPITAL		
# of Readmissions:		
Name	Reason for Readmission	Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

BED HOLDS/LEAVES OF ABSENCE (LOA)

# of Active Bed Holds or LOAs:	# of Bed Holds or LOAs Pending Authorizations:
Name	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

DISCHARGES ANTICIPATED

# This Week:	# In Two (2) Weeks:	# In One (1) Month:
Name	Anticipated Discharge Date	Discharge Needs
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

IDT MEETINGS

Any scheduled meetings in the next two (2) weeks for our members? Yes No

Meeting Name	Meeting Date and Time
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

BILLING CONCERNS

Unpaid Claims:	Volume:	Type:
----------------	---------	-------

QUALITY CONCERNS/POSSIBLE COMPLEX CASE MANAGEMENT

Name	Event	Comments
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

QUALITY: CRITICAL INCIDENT REPORTING/CDPH/OMBUDSMAN

Event
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

TRANSPORTATION

Missed Appointment	Reason
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Issues

Specify:

STAFFING/BEDS AVAILABLE

Staffing Shortage? Yes No

Medi-Cal Beds Available: _____ Male: _____ Female: _____