



CLAIM FOR PAYMENT FOR NURSING HOME CARE PROVIDED TO VETERANS AWARDED RETROACTIVE SERVICE CONNECTION

GENERAL INFORMATION

1. VISN	2. STATION NUMBER	3. FOR MONTH ENDING	4. REPORT QUARTER	5. FISCAL YEAR
6. TO <i>(Enter VA Facility)</i>			7. FROM <i>(Enter Name & Address of State Home)</i>	
8. PAY TO				

RETROACTIVE CLAIM INFORMATION

9. Name and Last 4 of SSN (a)	10. Month and Year (b)	11. Days of Care Claimed (c)	12. Basic Per Diem Rate Paid (d)	13. Total Amount Claimed (e)	14. Daily Cost of Care Claimed (f)	15. FY Prevailing Per Diem Rate (g)	16. Amount Claimed at the Service Connected Rate (h)	17. Amount Due (i)
18. Total Per Diem Claimed								

19. REMARKS

I certify that this report is correct, that all residents included in the report were physically present during the period for which Federal Aid is claimed, except for authorized absences for which the VA paid per diem.

20. SIGNATURE OF SVH ADMINISTRATOR	PRINTED NAME AND TITLE: SIGNATURE: _____ DATE: _____
21. SIGNATURE OF SVH EMPLOYEE WHEN APPLICABLE	PRINTED NAME AND TITLE: SIGNATURE: _____ DATE: _____

TOTAL AMOUNT APPROVED BY VA FOR RETROACTIVE PAYMENT

22. SIGNATURE OF VA STATE HOME APPROVING OFFICIAL	PRINTED NAME AND TITLE: SIGNATURE: _____ DATE: _____
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ACCOUNTING CERTIFICATION - AUDIT BLOCK

23. CONTROL NUMBER	24. AMOUNT DUE	25. DATE
26. SIGNATURE OF AUDITOR	PRINTED NAME AND TITLE: SIGNATURE: _____ DATE: _____	

VETERAN INFORMATION

All Veterans under VA contract with SVHs are not authorized for retroactive Per Diem payment

27. Name of Veteran (a)	28. Last 4-Digit of SSN (b)	29. SC Award Effective Date (c)	30. SC Disability (d)	31. SC Rating (e)

PAPERWORK REDUCTION ACT OF 1995 AND PRIVACY ACT STATEMENT

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 20 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. Although completion of this form is voluntary, VA will be unable to provide reimbursement for services rendered without a completed form. Failure to complete the form will have no effect on any other benefits to which you may be entitled. This information is collected under the authority Of Title 38 CFR Parts 51 and 52. The information requested on this form is solicited under the authority of Title 38, U.S.C., Sections 1741, 1742 and 1743. It is being collected to enable us to determine your eligibility for medical benefits in the State Home Program and will be used for that purpose. The income and eligibility you supply may be verified through a computer matching program at any time and information may be disclosed outside the VA as permitted by law; possible disclosures include those described in the "routine uses" identified in the VA system of records 24VA136, Patient Medical Record-VA, published in the Federal Register in accordance with the Privacy Act of 1974. Disclosure is voluntary; however, the information is required in order for us to determine your eligibility for the medical benefit for which you have applied. Failure to furnish the information will have no adverse affect on any other benefits to which you may be entitled. Disclosure of Social Security number(s) of those for whom benefits are claimed is requested under the authority of Title 38, U.S.C., and is voluntary. Social Security numbers will be used in the administration of veterans benefits, in the identification of veterans or persons claiming or receiving VA benefits and their records and may be used for other purposes where authorized by Title 38, U.S.C., and the Privacy Act of 1974 (5 U.S.C. 552a) or where required by other statute.

INSTRUCTION SHEET: VA FORM 10-5588A
CLAIM FOR PAYMENT FOR NURSING HOME CARE PROVIDED TO VETERANS AWARDED RETROACTIVE SERVICE CONNECTION

Completion of this form is optional and intended to reduce burden hours for State Homes claiming retroactive State Home Per Diem payments.

Completed by: Veteran Affairs Employees

1. VISN-Enter the Veterans Integrated Service Networks (VISN)
2. Station Number-Enter the station number where the VA Medical Center of Jurisdiction is located.

Completed by: State Home Employees

3. Month Ending-Enter the month and year for the report e.g., Oct 2012.
4. Report Quarter-Enter the Federal fiscal quarter the report is for. The Federal fiscal year starts on October 1st, which is the first day of the 1st Quarter.

****A completed 10-5588A form is requested in addition to VA Form 10-5588 for eligible Veterans in the SVH for which a retroactive claim is being requested. Do not claim days of care for which the Veteran is not present in the facility unless the Veteran is on VA approved paid bed hold for overnight hospital stay or non-hospital leave. Do not claim days of care when the facility's daily occupancy rate is below 90 percent.**

****The VA recommends that the State Veteran home submit with the retroactive payment a letter indicating they have or will reimburse any payer sources they have collected from on behalf of the Veteran.**

5. Fiscal Year-The claim period is based on a Federal Fiscal year from September to October.
6. To-Enter the name and address of the VA Medical Center of Jurisdiction.
7. From-Enter the name of State Home and address.
8. Pay to-Enter the name and address where the payment is to be sent

RETROACTIVE CLAIM INFORMATION

9. Name and last four, column (a) - enter the first initial of the last name and the last four digits of the Veteran's social security number.
10. Month and Year of Claim, column (b) - enter the month and fiscal year for the month being claimed.
11. Days of Care Claimed, column (c) - enter the number of days of care per diem is being claimed.
12. Fiscal Year Basic Per Diem Rate Paid, column (d) - enter the basic per diem rate claimed on 15(h) on the original 10-5588 claim.
13. Total Fiscal Year Basic Rate Claimed, column (e) - Multiply column (c) times column (d).
14. Daily Cost of Care Claimed, column (f) - enter the daily cost of care reported on the original 10-5588. If the SVH used an average daily cost of care or allowable cost from the prior year in the original 10-5588 claim when completing this retroactive form, enter the actual daily cost of care and provide supporting documentation to support this claim. If filing for a retroactive payment for periods after February 1, 2013 leave this block blank as the prevailing rate will be paid rather than the lesser of either the daily cost of care or prevailing rate.
15. Fiscal Year Prevailing Rate, column (g) - enter the prevailing rate for the Fiscal year for which the retroactive claim is being requested.
16. Amount Claimed at the Service Connected Rate, column (h) - If the retroactive claim is for a period prior to February 2, 2013, multiply column (c) (days of care) by the lesser of either columns (f) (daily cost of care claimed) or (g) (prevailing per diem rate). For retroactive claims from February 2, 2013 forward, leave column (f) (daily cost of care) blank and multiply column (c) (days of care) by column (g) (prevailing per diem rate). Note: All per diem paid after February 2, 2013 should be the prevailing rate times the days of care.
17. Amount Due - Subtract column (e) (total amount claimed) from column (h). (amount claimed at the service connected rate)
18. Total Amount - Add column (i)
19. Remarks- provide any supporting comments regarding the claims above

CERTIFICATION OF STATE HOME PERSONNEL

20. Signature of State Veteran Home Administrator
21. Signature of State Veteran Home Employee when Applicable

CERTIFICATION BY CONTRACTING OFFICER OR AGREEMENT COORDINATOR

22. Signature of VA State Home Approving Official
23. Control Number
24. Amount Due

VETERAN INFORMATION

27. Name of Veteran- Enter the last name, first name and middle initial.
28. SSN - enter the last four digit of Social Security Number of the Veteran.
29. Service Connected Award Date - enter the effective date of service connected rating.
30. Service Connected (SC) Disability - enter the medical condition for the increase in SC.
31. Service Connected Rating - enter the new SC awarded.