

SNF-BASED COMMUNITY MENTAL HEALTH CENTER AND OTHER OUTPATIENT REHABILITATION FACILITIES STATISTICAL DATA	PROVIDER CCN:  COMPONENT CCN:	PERIOD : FROM _____ TO _____	WORKSHEET S-6
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Check applicable box:  CMHC       CORF       OPT       OOT       OSP

Enter the number of hours in your normal workweek \_\_\_\_\_

NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)

		Staff	Contract	Total ( col. 1 + col. 2 )	
		1	2	3	
1	Administrator and Assistant Administrator(s)				1
2	Director(s) and Assistant Director(s)				2
3	Other Administrative Personnel				3
4	Direct Nursing Service				4
5	Nursing Supervisor				5
6	Physical Therapy Service				6
7	Physical Therapy Supervisor				7
8	Occupational Therapy Service				8
9	Occupational Therapy Supervisor				9
10	Speech Pathology Service				10
11	Speech Pathology Supervisor				11
12	Medical Social Service				12
13	Medical Social Service Supervisor				13
14	Respiratory Therapy Service				14
15	Respiratory Therapy Supervisor				15
16	Psychiatric/Psychological Service				16
17	Psychiatric/Psychological Service Supervisor				17
18	Other (specify)				18
19	Other (specify)				19