

**VSHP Private Duty Nursing Missed Shift Report**  
*Completed fax should be sent to the appropriate Case Manager*

**Fax Numbers:**  
**East Tennessee 800-292-5311**  
**West Tennessee 901-544-2490**

Member Information		
Member Name:	Member ID Number:	
Provider Information		
Provider Name:	Phone Number:	Fax Number:
Provider Number:	National Provider Identifier:	Tennessee Medicaid Number:
Document missed shifts greater than two hours		
Duration of Shift (ex: 7a – 7p, 3p – 11p):		
Hours missed per shift (two hours or more):		
Type of Service	Reason for missed shift	
<input type="checkbox"/> Skilled Nurse	<input type="checkbox"/> No staff available	
<input type="checkbox"/> Medical Social Services	<input type="checkbox"/> Staff cancellation/Staff unable to complete assigned shift/hours	
<input type="checkbox"/> Hourly Home Health Aide	<input type="checkbox"/> Patient/Family cancelled	
<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Patient hospitalized	
<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Patient not at home	
<input type="checkbox"/> Physical Therapy		
<input type="checkbox"/> Other – Please Specify		
Date of missed shift:		
Documentation why shift/hours were not staffed:		
What efforts were made to staff shift/hours?		
Who provided care to the patient?		
Ordering MD notified (name):	Date:	
CM notified:	Date:	