

Bed Count Module

Webinar September 2015



Bed Count Module Updates

- Overview of Bed Count Data Submission
- Data Required: Revisions and Additions
- Retroactive Data
- Reporting Times
- Frequency of Reporting



Data Main Page

https://cfchsdata.org

File Edit View Favorites Tools Help		
Central Florida Cares Health System		
	User Name: Username@email.org Password: Password: New User / forgot password News & Events Waitlist Attestation for September 2015 must be submitted between October 1 and October 10, 2015 Next Data Deadline: Saturday, October 10, 2015 Next Dayment Cycle: Invoice processing begins October 11, 2015 for September 2015 Services.	Central Florida Cares Health System, Inc. (CFCHS) is the managing entity contracted by the Department of Children and Families to oversee state-funded mental health and substance abuse treatment services in Brevard, Orange, Osceela, and Seminole counties. <i>Our Mission</i> Central Florida Cares Health System is a resource center that utilizes state, federal and innovative funding sources, promising practices, and/or pilot programs to support our providers as they address identified behavioral health needs of the community. <i>Our Vision</i> Achieve a comprehensive and seamless behavioral health system promoting recovery and resiliency. The materials contained in this portal are private and may contain Protected Health Information made available for treatment, payment, and/or health cares operations purposes only. By using this portal, you will be held responsible for the use and security related to the information of the Health Information the use and security related to the information of the Health Information of the advised that any may result in the imposition of penaldes. If you are not the intended or authorized recipient of the information, be advised that any prohibited.
	For assistance, please contact:	



Direct Data Entry







Central Florida Cares Health System Home Clinical Management Reports Resources Sign Out Bed Tracker Enter Daily Bed Counts As a managing entity we are a behavioral health administrative and management organization, and our primary focus is to promote a comprehensive, seamless system of recovery and resiliency to those individuals in our community who are in need of these Wait List Bed Tracker Summary Vision Clinical Management Reports Achieve a comprehensive and amless behavioral health system comoting recovery and resiliency. MH Bed Summary services. SA Bed Summary **Guiding Principles** Cuiding Principles To promote evidence-based practices in service defivery across To im the system of care meeded services evidence of the system of care the system of the system of the system evidence of the system of the system the system of the system of the system of the system the system of the system of the system of the system the system of the system of the system of the system the system of the syst Florida Administrative Code CFCHS Resources 65E-14, F.A.C. "The Financial Rule" CFCHS Website DCF Resources For SAMH Providers 2014 Managing Entity Requirements





Central Florida Cares

SAMH

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Detox		Res	5 1	Res 2		R	es 3	Re	s 4	RB1	F	RB2		RB3	
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Medicaid

			A	dult I	Mental	He	alth				
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			Ad	ult Su	ibstan	ce /	Abuse				
Detox	Re	s 1	Res 2	R	es 3	Re	es 4	RB1	RB:	2	RB3
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			C	hild I	1ental	He	alth				
CSU	Res 1	Res 2	Res 3	Res 4	Inpati	ent	Short Res	Term	RB1	RB2	RB3
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Medicaid HMO

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Central Florida Cares Health System Home Clinical Management Reports Resources Sign Out																						-	
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	32.2 75 32.2 CSU	N/	A 0 A 6.8	N/A N/A 2 Res 3	N/A N/A Chile	N/A N/A d Mental Inpatient	0 27.78 Health	N/A N/A	0 6.87	0 23.2 RB3	Total Open Beds	32 29.56 Detox	N/A N/A Res 1	85 53.74 1 Child Su Res 2 R	10 1.17 ubstar es 3 F	N/A N, N/A N, nce Abu: tes 4 RB	(A N/A (A N/A se 1 RB2	A N/A					
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	32.2 75 32.2 CSU 30	Res N/4	A 0 A 6.8 I Res : A N/A A N/A	2 Res 3 N/A	N/A N/A Child Res 4 N/A N/A	N/A N/A d Mental Inpatient N/A	0 27.78 Health Short Term Res	 N/A N/A N/A RB1 N/A N/A 	0 6.87 RB2 N/A	0 23.2 RB3 N/A N/A	Total Open Beds CFCHS Open Beds Licensed Beds	32 29.56 Detox N/A 3.35	N/A N/A Res 1 N/A N/A	85 53.74 1 Child Si Res 2 R 165 1 15.32 1	10 1.17 ubstar es 3 F N/A	N/A N, N/A N, nce Abu: kes 4 RB N/A N, N/A N,	(A N/) (A N/) (A N/) (A N/) (A N/) (A N/)	 N/A N/A N/A RB3 N/A 					

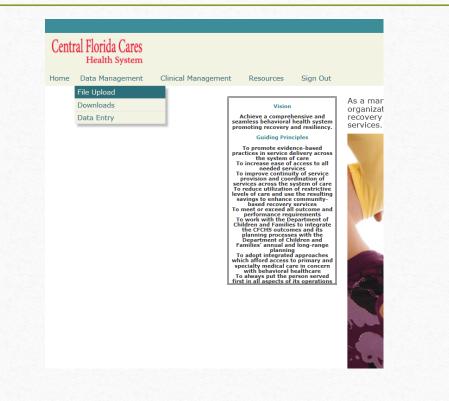


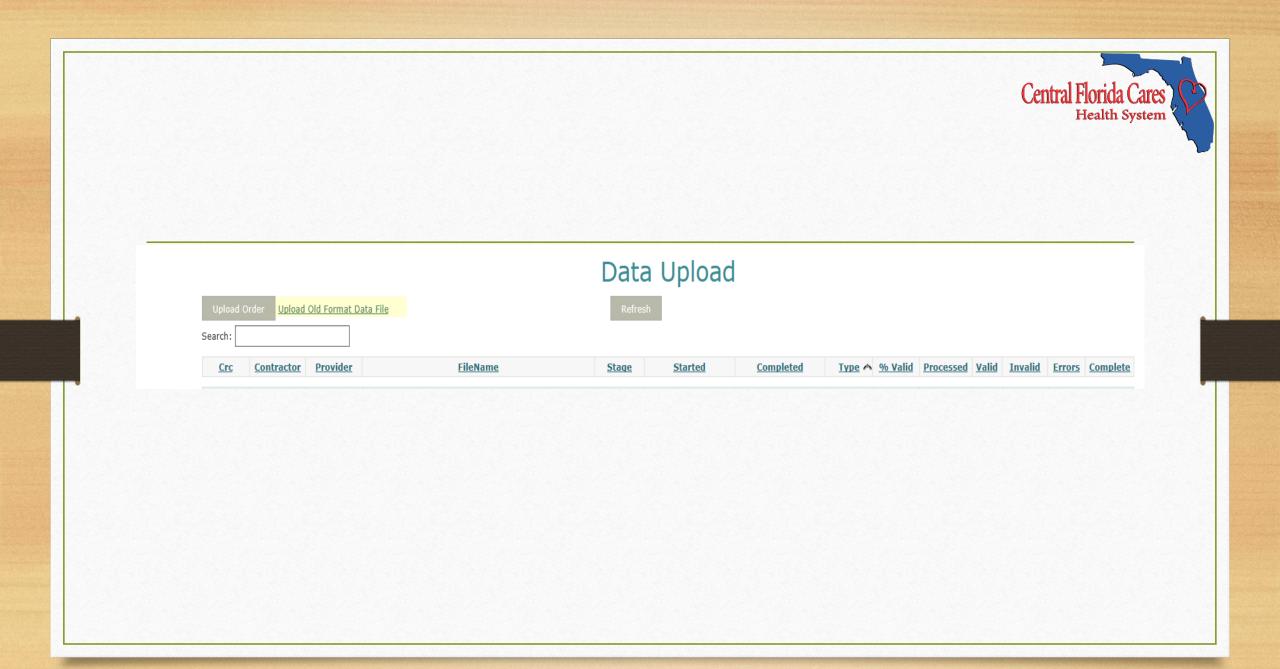
Add/Update Licensed Bed Counts	Mental Health Summary	Substance Abuse Summary	Refresh	Export	Edit	
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Uploading Bed Count Data









Data Upload File Type: \checkmark - select -Upload File: Browse... Upload File



File Type:

Demographics (DEMO) SSN Updates (SSNU) Asam Detox Admissions (OUTCA) Discharges (OUTCD) Performance (PERF) Child Assessment (CFARS) Adult Assessment (FARS) Event Service Events (SERV) Bed Count Wait List Wait List Remove Wait List Delete ASAM Delete CFARS Delete Detox Delete FARS Delete EVENT Delete PERF Delete SERV Delete OUTCA Delete OUTCD Delete Adult Consumer Satisfaction Survey Child Consumer Satisfaction Survey

Data Upload



Data Upload

Bed Count		\checkmark	
Upload File:			
	Browse		
Upload File			

			CHMENT I
			MH & SA
Field Name	Field Position	Field Type/Size	Edits and Validation
CONTRACTORID (key)	1	CHAR (10)	The format for contractor ID must be XX-XXXXXX Descriptions and Instructions: Contractor Id - The contractor id is the Federal Employer Identification Number of the entity which holds a contract with DCF.
PROVIDERID (key)	11	CHAR (10)	The format for provider ID must be XX-XXXXXXX Descriptions and Instructions: Provider Id - The PROVIDERID is the Federal Employer Identification Number of the entity which provides the service to the client.
PROGTYPE (key)	21	CHAR (1)	The code for program type must be: 1 for Adult Mental Health (AMH) 2 for Adult Substance Abuse (ASA) 3 for Children Mental Health (CMH) 4 for Children Substance Abuse (CSA)
COVRDSVCS (key)	22	CHAR (2)	The code for covered service must be: (03) Crisis Stabilization Services (CSSU) (18) Residential Level 1 (19) Residential Level 2 (20) Residential Level 3 (21) Residential Level 4 (24) Detox (36) Room & Board 1 (37) Room & Board 2 (38) Room & Board 3
FUND (key)	24	CHAR (1)	The code for DCF funded beds is 2 for SAMH Note: The validation edits may change in the future to reflect other funding sources, e.g., Local Match Medicaid, Medicare, Private Pay, Health Insurance, etc.
CENSUSDATE (key)	25	CHAR (8)	The format for census date is YYYYMMDD Note: The daily census date covers the time period between 12:00 am and 11:59 pm.
LICENSEBED (optional)	33	CHAR (6)	The format: 999.99 right justified decimal number; zero filled when needed. Note: This is the total count of state licensed beds for this contractor, provider, program type, and covered services regardless of the funding source.
DCFBEDS (optional)	39	CHAR (6)	The format: 999.99 right justified decimal number; zero filled when needed. Descriptions and Instructions: DCF Beds - Indicate the total number of beds purchased by the department for this contractor, provider, program type, covered service and fund source. Note: DCFBEDS cannot be greater than LICENSEBED

		ATT	'ACHMEN'T I
		Mei	rge MH & SA
Field Name	Field Position	Field Type/Size	Edits and Validation
DCFOCCUPIED (mandatory)	45	CHAR (6)	The format is six numeric digits (e.g., 999999). Must be right justified and padded with 0 as needed, e.g., 000099
			Descriptions and Instructions: DCF Occupied Beds - Indicate the distinct count of clients qualified as indigent occupying the beds purchased by the department for this contractor, provider, program type, covered service and fund source. Note: DCFOCCUPIED can sometime be greater than DCFBEDS because a bed can be occupied by more than one person per day.
NONOCCUPIED	51	CHAR (6)	The format: 999.99 right justified decimal number; zero filled when needed.
(mandatory)			Descriptions and Instructions: Unoccupied Beds - Indicate the total number of <u>unoccupied beds</u> regardless of the funding for this contractor, provider, program type, and covered service regardless of the funding source.
BEGCENSUS (mandatory for CSU	57	CHAR (6)	The format is six numeric digits (e.g., 999999). Must be right justified and padded with 0 as need, e.g., 0002000
only) new			Descriptions and Instructions: Beginning Census - Indicate the distinct count of currently active indigent clients <u>occupying any CSU bed</u> , who were admitted <u>prior to</u> the date of the census and were still there during the date of the census, for this contractor, provider, program type, covered service and fund source.
NEWADMIS (mandatory for CSU	63	CHAR (6)	The format is six numeric digits (e.g., 999999). Must be right justified and padded with 0 as needed, e.g., 00100
only) new			Descriptions and Instructions: New Admissions - Indicate the distinct count of currently active indigent clients <u>occupying any CSU bed</u> , who were admitted on the date of the census for this contractor, provider, program type, covered service and fund source. Note: If a client is admitted more than once on the date of the census he/she should be counted only once.
DIAGUARODA	10	CHAD (C)	If a client is in the beginning census and he/she is discharged
DISCHARGES (mandatory for CSU	69	CHAR (6)	The format is six numeric digits (e.g., 999999). Must be right justified and padded with 0 as needed, e.g., 000050
new			 Descriptions and Instructions: Discharges - Indicate the distinct count of currently active indigent clients <u>occupying any CSU bed</u>, who were discharged from the receiving facility on the date of the census, for this contractor, provider, program type, covered service and fund source. Note: If a client is discharged more than once on the date of the census, that client should be counted only once. If a client is transferred outside the receiving facility and the bed is kept open for that client pending his/her return to the facility, that client shouldn't be counted as a discharge.
TRANSTYPE	75	CHAR (1)	This field specify the transaction type with the following code values: $\mathbf{A} = \text{Add}$ New Record; $\mathbf{C} = \text{Change or Replace Existing Record; and } \mathbf{D} = \text{Delete}$ Existing Record.



Revisions and Requirements



Mental Health

- Required Covered Services
 - AMH-CSU
 - CMH-CSU
- Removal of licenses from module

Substance Abuse

- Required Covered Services
 - All SAMH funded covered services

The nun	nber of Beds that are occupied as of:	8/31/2015		Central Florida Care Health Syster
CSU Additional Info	D			
Program Description	Beginning Census	New Admissions	Discharges	
Adult Mental Health				

Retroactive Data

- Reconciliation of data
 - Check for consistency against monthly, quarterly, and annual submissions
 - Opportunity to make corrections

Admission and Discharge Data

- Beginning Census (12:00 am) will be the distinct count of currently active indigent clients occupying any CSU bed, who were admitted **prior to** the date of the census and were still there during the date of the census, for this contractor, provider, program type, covered service and fund source
- New Admissions will be the distinct count of currently active <u>indigent clients</u> occupying any CSU bed, who were admitted <u>on</u> the date of the census (12:00 am and 11:59 pm) for this contractor, provider, program type, covered service and fund source.
- Discharges will be the distinct count of currently active indigent clients <u>occupying any CSU bed</u>, who were discharged from the receiving facility on the date of the census **(12:00 am and 11:59 pm)** for this contractor, provider, program type, covered service and fund source.



Retroactive Data

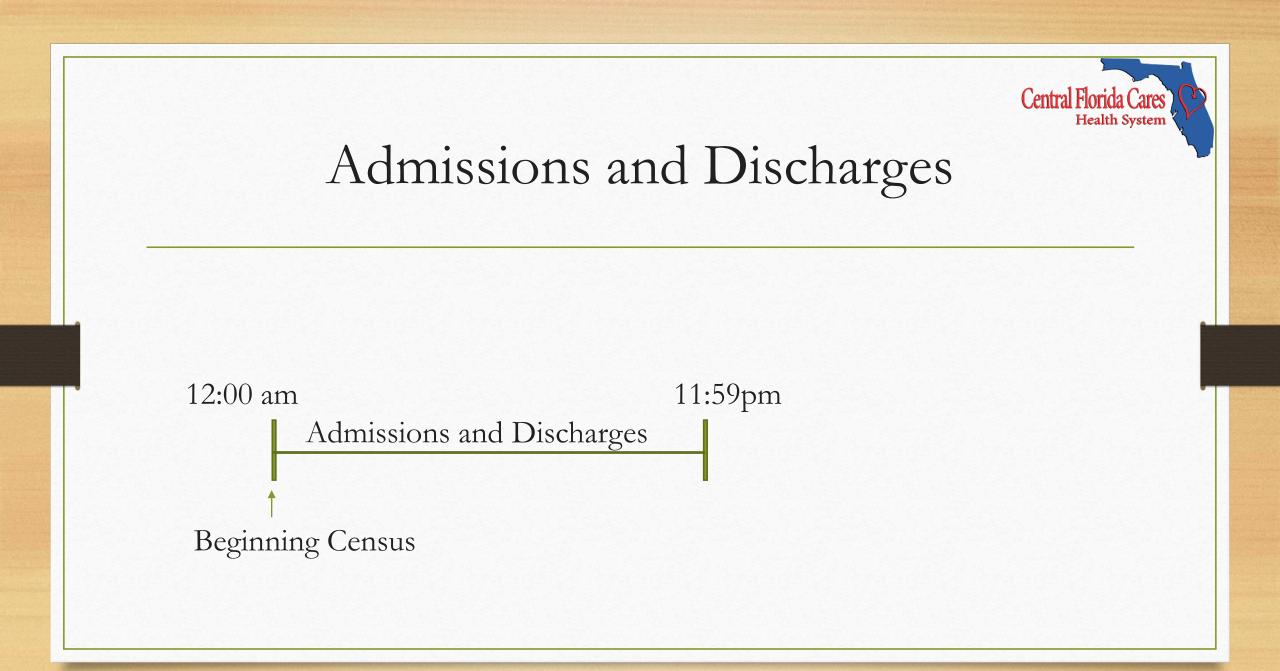
				Adu	t Mental	Health							Adult	Subst	ance /	buse		
CSU	Res 1	Res 2	Res 3	Res 4	Inpatient	Short Term Res	RB1	RB2	RB3		Detox	Res 1	Res 2	Res 3	Res 4	RB1	RB2	RB3
75	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Licensed Beds	32	N/A	85	10	N/A	N/A	N/A	N/A
32.25	N/A	6.8	N/A	N/A	N/A	27.78	N/A	6.87	23.2	CFCHS Funded Beds	29.56	N/A	53.74	11.17	N/A	N/A	N/A	N/A
75	N/A	0	N/A	N/A	N/A	0	N/A	0	0	Total Open Beds	32	N/A	85	10	N/A	N/A	N/A	N/A
32.25	N/A	6.8	N/A	N/A	N/A	27.78	N/A	6.87	23.2	CFCHS Open Beds	29.56	N/A	53.74	11.17	N/A	N/A	N/A	N/A
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CSU	Res 1	Res 2	Res 3	Res 4	Inpatient	Short Term Res	RB1	RB2	RB3		Detox	Res 1	Res 2	Res 3	Res 4	RB1	RB2	RB3
30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Licensed Beds	N/A	N/A	165	N/A	N/A	N/A	N/A	N/A
5.58	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CFCHS Funded Beds	3.35	N/A	15.32	N/A	N/A	N/A	N/A	N/A
30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Total Open Beds	0	N/A	165	N/A	N/A	N/A	N/A	N/A
5.58	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CFCHS Open Beds	3.35	N/A	15.32	N/A	N/A	N/A	N/A	N/A

The number of Beds that are occupied as of:

9/1/2015

Program Description							Beginning Census						lew Adm	Disc	Discharges							
		al Healt																				
		al Healt																				
Child	Ment	al Healt	n																			
						Thi	s inform	nation	must	be filled	out if an	y bec	is are c	ontrac	ted by	DCF for	csu					
SAI	ΗΝ										Sel	f Pa	ay									
				Adu	lt Mental	Health									Adult	t Mental	Health					
csu	Res 1	Res 2	Res 3	Res 4	Inpatie	nt Shor Res	Term	RB1	RB2	RB3	CSU	Res 1	Res 2	Res 3	Res 4	Inpatie	nt Short Res	Term	RB1	RB2	RB3	
	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	
			A	dult	Substan	ce Abu	ie								dult :	Substan	e Abus	e				
Deto	×	Res 1		2	Res 3	Res 4	RB1	RB2	. F	83	Deto	Detox		Res 2		Res 3	Res 4	RB1	RB2	F	RB3	
		N/A				N/A	N/A	N/A	D	/A			N/A				N/A	N/A	N/A	N	I/A	
				Chil	d Mental	Health									Child	Mental	Health					
csu	Res 1	Res 2	Res 3	Res 4	Inpatie	nt Shor Res	t Term	RB1	RB2	RB3	CSU	Res 1	Res 2	Res 3	Res 4	Inpatie	t Short Res	Term	RB1	RB2	RB3	
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				ыы	Substan	o Abu	•								ыла	Substand	o Abur	~				
Detox		Res 1	Res		Res 3	Res 4	RB1	RB2		83	Deto		Res 1	Res		Res 3	Res 4	RB1	RB2		83	
			Res	2								×		Res	-							
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	0	~			9/1/2015					
	O September				r 2015 O					
		Мо	Tu	We	Th	Fr	Sa			
New Admissions			1	2	3	- 4	- 5	arges		
	6	7	8	9	10	11	12			
	13	-14	15	16	17	18	19			
		21	22	23	24	25	26			
if any beds are contract	27	- 28	29	- 30						
Self Pav										
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	if any beds are contrac Self Pay	f any beds are contract	6 7 13 14 20 21 27 28 Self Pay	6 7 8 13 14 15 20 21 22 27 28 29 Self Pay	6 7 8 9 13 14 15 16 20 21 22 23 27 28 29 30 Self Pay	6 7 8 9 10 13 14 15 16 17 20 21 22 23 24 27 28 29 30	6 7 8 9 10 11 13 14 15 16 17 18 20 21 22 23 24 25 27 28 29 30 30 Self Pay	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 30 30		





Reporting Time and Frequency

Mental Health

- Daily
 - For example:
 - Today enter yesterday's bed count data (census between 12:00 am and 11:59 pm) under yesterday's date.
- CSU census data collected on weekends and holidays may be submitted into the bed count module on the following business working day.

Substance Abuse

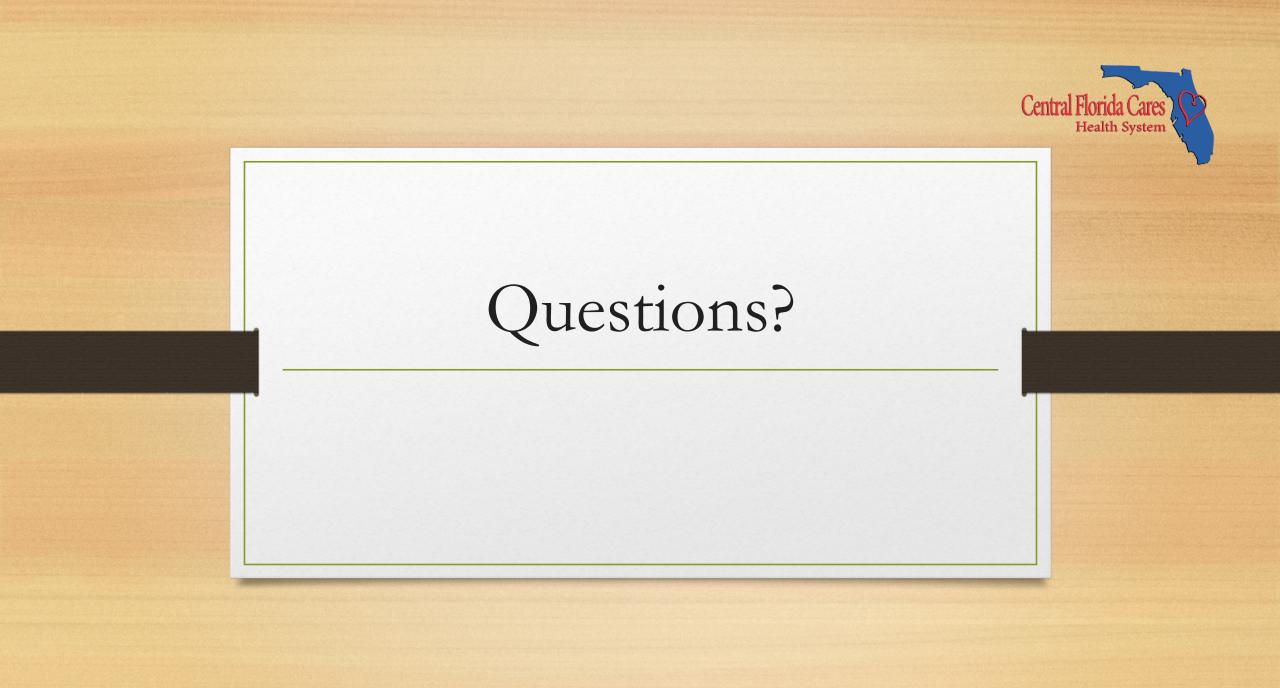
- Weekly Mondays
 - On Monday, enter the bed count data for the last 7 days.
 - If a holiday falls on a Monday and the provider is closed, the provider may submit the substance abuse census the next business working day.

References

Central Florida Cares Health System

• Mental Health

- House Bill No. 79
 - <u>http://laws.flrules.org/2015/102</u>
- Florida Administrative Rule 65E-12.111 (in development)
 - https://www.flrules.org/gateway/View_Notice.asp?id=16319103
- DCF Pamphlet 155-2 Chapter 16
 - <u>http://www.dcf.state.fl.us/programs/samh/publications/155-2-v11-1-2/C16CSSUver11.1.2.pdf</u>
- Substance Abuse
 - Substance Abuse Prevention and Treatment Block Grant (SAPTBG)
 - <u>http://centralfloridacares.org/wp-content/uploads/2014/03/The-Importance-of-Block-Grant-Reporting.pdf</u>
- Manuals
 - <u>https://www.cfchsdata.org</u>
 - Resources Tab





Contact Information

Anita M. Tulloch, LMFT

Utilization Management Specialist

(407) 985-3577

atulloch@cfchs.org