Florida Department of Children and Families

Substance Abuse and Mental Health

Financial and Services Accountability Management System (FASAMS)

Pamphlet 155-2 Chapter 8 Acute Care Data

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1 General Information and Policies

1.1 Terms and Acronyms

The following table provides a list of business and technical acronyms/terms used in this document.

Acronym/Term	Definition
ACSU	Acute Care Service Utilization
AHCA	Agency for Health Care Administration
ARF	Addictions Receiving Facility
BCD	Bed Capacity Data
BUD	Bed Utilization Data
CSU	Crisis Stabilization Unit
DCF	Department of Children and Families
EHRS	Electronic Health Record Systems
FASAMS	Financial and Services Accountability Management System
FEIN	Federal Tax Identification Number
GUID	Globally Unique Identifier
ME	Managing Entity
PLADS	Provider Licensing and Designation System
SMHTF	State Mental Health Treatment Facility
XML	In computing, Extensible Markup Language (XML) is a markup language that defines a set of rules for encoding documents in a format that is both human-readable and machine-readable.

1.2 Submitting Acute Care Data

Section 394.9082 (10), Florida Statutes, requires DCF to collect Acute Care Services Utilization (ACSU) data from all public receiving facilities situated within each Managing Entity (ME) geographical service area and from all detoxification and addictions receiving facilities under contract with the ME. DCF also requires State Mental Health Treatment Facilities, which are operated by or have a contract with DCF, to submit ACSU data.

There are two types of ACSU data to be submitted into FASAMS as specified below:

- Bed Capacity data (BCD) indicate the total number of operational beds and the number of these beds purchased by DCF.

- Bed Utilization data (BUD) indicate the total number of operational beds that are unoccupied and occupied (utilized) by various payor classes, as well as the number of indigent individuals admitted and discharged.

The number of operational beds reported in BCD records is a subset of the total number of operational and non-operational licensed beds, which will be populated into FASAMS as follows.

- The total number of operational and non-operational licensed beds for Inpatient Detoxification (FacilityType = 2) and for Addictions Receiving Facilities (FacilityType = 3), will be populated into FASAMS using the total number of licensed beds from PLADS.
- The total number of operational and non-operational licensed beds for CSU (FacilityType = 1), CSU/ARF (FacilityType = 5), Hospital (FacilityType = 6), Civil State Mental Health Treatment Facilities (FacilityType = 4), and Forensic State Mental Health Treatment Facilities (FacilityType =7), will be populated into FASAMS using the total number of licensed beds from AHCA.
- The other types of operational bed capacity, including stepdown forensic beds for male and female, secure forensic beds for male and female, and Baker Act beds for male and female, will be submitted into FASAMS using data from State Mental Health Treatment Facilities.

Beds are licensed by AHCA or DCF for a specific time period that has an effective date and expiration date for each license number. AHCA licenses are usually issued for a 2-year period, whereas PLADS licenses are for 1-year period. At the end of the license period, a license can be renewed by issuing a new license number with a new effective date and expiration date. During the license period, a license can be amended to increase or decrease the number of beds without changing the license number, effective date or expiration date. Hence, a license number cannot have more than one effective date.

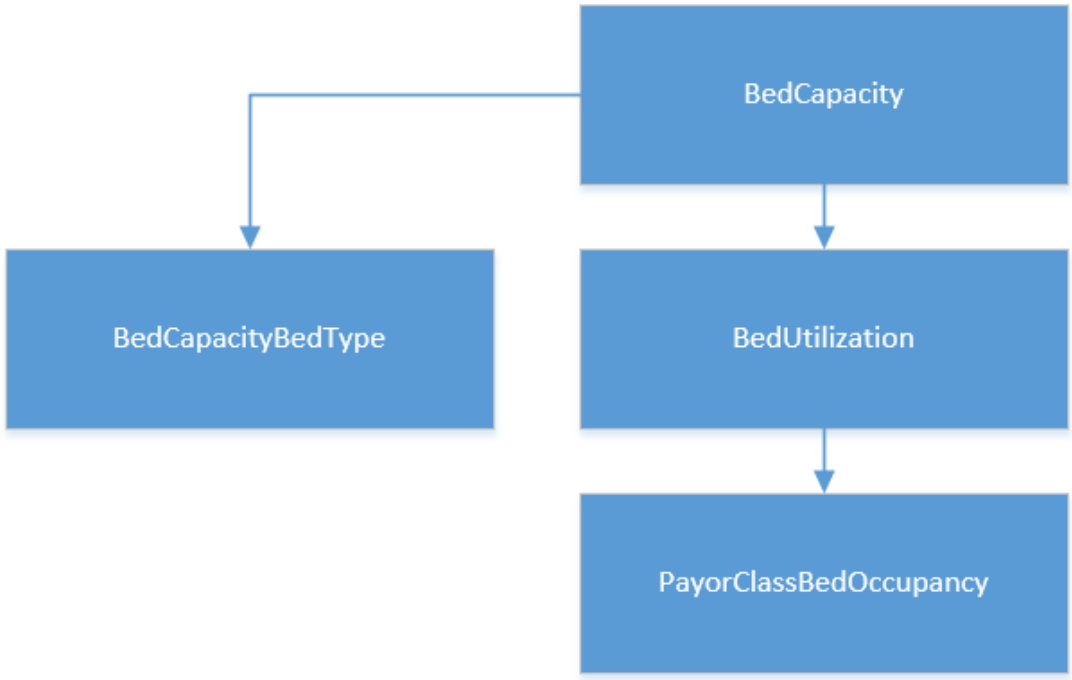
ME's must require each Provider that has a contract with them to submit Acute Care Bed Capacity and Bed Utilization Data (ACSU), in real time or at least daily, to the ME. The ME's will validate the acute care bed capacity and bed utilization data from each Provider and will submit valid data to DCF no later than the date specified in the ME Contract.

State Mental Health Treatment Facilities that are operated by DCF, will collect, validate, and submit acute care bed capacity and bed utilization data directly to DCF no later than the 18th following the end of the previous reporting month.

State Mental Health Treatment Facilities that have a contract with DCF, will collect, validate, and submit acute care bed capacity and bed utilization data directly to DCF no later than the date specified in their contract.

1.3 Acute Care Domain Diagram

The following diagram depicts the relationships between all objects in the Acute Care domain in the FASAMS data warehouse.



1.4 Crosswalk to SAMHIS Data Elements

The table below provides a crosswalk of the data elements in the Acute Care domain with those used in the obsolete SAMHIS data sets. Data elements without a corresponding SAMHIS mapping are new, and details can be found within Section 3 of this document. 76% of elements in this data set map to SAMHIS elements, and 23% are new.

Acute Care Domain	SAMHIS Data Elements
BedCapacity	
ContractNumber	
SubcontractNumber	
FederalTaxIdentifier	BCD ProviderId
SourceRecordIdentifier	
ProviderSourceRecordIdentifier	
ProviderInformationalNote	
EffectiveDate	BCD EffectiveDate
FacilityTypeCode	BCD FacilityType
AgeGroupCode	BCD AgeGroup
OperationalBedCount	BCD LicensedBeds
PurchasedBedCount	BCD DCFBeds
BedCapacityBedType	
TypeCode	
OperationalBedCount	
BedUtilization	
CensusDate	BUD CensusDate

Acute Care Domain	SAMHIS Data Elements
UnoccupiedBedCount	BUD Unoccupied
BeginningCensusIndigentClientCount	BUD BeginningCensus
NewAdmissionIndigentClientCount	BUD NewAdmissions
DischargedIndigentClientCount	BUD Discharges
PayorClassBedOccupancy	
PayorClassCode	BUD DCF BUD LocalMatch BUD Medicaid BUD MedicaidHMO BUD Medicare BUD MedicareHMO BUD OtherGovernment BUD PrivateHMO BUD PrivatePPO BUD PrivateInsurance BUD SelfPay
OccupiedBedCount	BUD DCF BUD LocalMatch BUD Medicaid BUD MedicaidHMO BUD Medicare BUD MedicareHMO BUD OtherGovernment BUD PrivateHMO BUD PrivatePPO BUD PrivateInsurance BUD SelfPay

2 Acute Care File Information

2.1 Naming Convention

The data set name to be used for naming the Acute Care file is **AcuteCareVersion14DataSet**.

When submitting files to FASAMS, files must adhere to the below 3 requirements:

1. The name of the data set must be the first word in the file, followed by 'Version14DataSet' and an underscore.
2. The filename must be unique in the submitters set of currently uploaded and unprocessed files.
3. The file must end with ".xml".

In order to satisfy requirement #2 above, it is suggested to append the date and time to each file after the underscore, using the YYYYMMDDHHMMSS format.

Some example acceptable filenames would be:

- AcuteCareVersion14DataSet_20180215083045.xml
- AcuteCareVersion14DataSet_20180222091530.xml

Any file that does not meet this requirement will not be processed into FASAMS.

2.2 Adding Acute Care Data

When data for a new Bed Capacity or Bed Utilization record are submitted to FASAMS, the Provider and Contract must be set up in FASAMS before any other data can be sent. A new Bed Capacity record would be one where the key fields (Contract Number, Subcontract Number, Federal Tax Identification Number (FEIN), and SourceRecordIdentifier) do not currently exist in FASAMS. A new Bed Utilization record would be one where the key fields (Census Date) do not currently exist in FASAMS. A Bed Utilization record can only be sent in the context of a Bed Capacity record.

The Acute Care data set must include all required data for each new Bed Capacity or Bed Utilization record.

FASAMS will detect that the key fields don't exist in the system, and the Acute Care data will be added.

For detailed information on how FASAMS handles add/update/delete, see the Tracking Changes and Submission Actions section in Chapter 1 Introduction of Pamphlet 155-2.

2.2.1 XML Example of Adding Acute Care Data

```
<AcuteCare>
  <BedCapacities>
    <BedCapacity>
      <ContractNumber>ABC123</ContractNumber>
      <SubcontractNumber>CDE123</SubcontractNumber>
      <FederalTaxIdentifier>XX-XXXXXXX</FederalTaxIdentifier>
      <SourceRecordIdentifier>7F6C2A2E-13D2-4516-88E9-FA6DDD14500F</SourceRecordIdentifier>
      <EffectiveDate>1/1/2018</EffectiveDate>
      <FacilityTypeCode>1</FacilityTypeCode>
      <AgeGroupCode>1</AgeGroupCode>
      <OperationalBedCount>250</OperationalBedCount>
      <PurchasedBedCount>95.9</PurchasedBedCount>
      <BedCapacityBedTypes>
        <BedCapacityBedType>
          <TypeCode>1</TypeCode>
          <OperationalBedCount>100</OperationalBedCount>
        </BedCapacityBedType>
        <BedCapacityBedType>
          <TypeCode>2</TypeCode>
          <OperationalBedCount>150</OperationalBedCount>
        </BedCapacityBedType>
      </BedCapacityBedTypes>
      <BedUtilizations>
        <BedUtilization>
          <CensusDate>2/1/2018</CensusDate>
          <UnoccupiedBedCount>19</UnoccupiedBedCount>
          <BeginningCensusIndigentClientCount>70</BeginningCensusIndigentClientCount>
          <NewAdmissionIndigentClientCount>1</NewAdmissionIndigentClientCount>
          <DischargedIndigentClientCount>0</DischargedIndigentClientCount>
          <PayorClassBedOccupancies>
            <PayorClassBedOccupancy>
```

```
            <PayorClassCode>1</PayorClassCode>
            <OccupiedBedCount>71</OccupiedBedCount>
          </PayorClassBedOccupancy>
          <PayorClassBedOccupancy>
            <PayorClassCode>3</PayorClassCode>
            <OccupiedBedCount>5</OccupiedBedCount>
          </PayorClassBedOccupancy>
          <PayorClassBedOccupancy>
            <PayorClassCode>5</PayorClassCode>
            <OccupiedBedCount>5</OccupiedBedCount>
          </PayorClassBedOccupancy>
        </PayorClassBedOccupancies>
      </BedUtilization>
    </BedUtilizations>
  </BedCapacity>
 </BedCapacities>
</AcuteCare>
```

2.3 Updating Acute Care Data

When data for an existing Acute Care record has changed, the Acute Care information in FASAMS must be updated. An existing Bed Capacity record would be one where the key fields (Contract Number, Subcontract Number, Federal Tax Identification Number (FEIN), and SourceRecordIdentifier) exists in FASAMS. An existing Bed Utilization record would be one where the key fields (Census Date) exists in FASAMS.

For updates, the entire Acute Care record set can be sent, or only those data elements that need to be updated. If only the changed data elements are sent, the data set must include the key fields for the specific Acute Care entity that is being updated.

FASAMS will automatically determine which data elements were changed, and only update those elements.

For detailed information on how FASAMS handles add/update/delete, see the Tracking Changes and Submission Actions section in Chapter 1 Introduction of Pamphlet 155-2.

2.3.1 XML Example of Updating Acute Care Data

The XML example for updating an Acute Care record is the same as for adding an Acute Care record, if the entire Acute Care record set is being sent. The example below indicates how to send only a portion of the Acute Care record set for updating.

2.3.1.1 Update a Bed Capacity

```
<AcuteCare>
  <BedCapacities>
    <BedCapacity>
      <ContractNumber>ABC123</ContractNumber>
      <SubcontractNumber>CDE123</SubcontractNumber>
      <FederalTaxIdentifier>XX-XXXXXXX</FederalTaxIdentifier>
      <SourceRecordIdentifier>7F6C2A2E-13D2-4516-88E9-FA6DDD14500F</SourceRecordIdentifier>
      <OperationalBedCount>48</OperationalBedCount>
    </BedCapacity>
  </BedCapacities>
</AcuteCare>
```

2.3.1.2 Update Bed Utilization

```
<AcuteCare>
  <BedCapacities>
    <BedCapacity>
      <ContractNumber>ABC123</ContractNumber>
      <SubcontractNumber>CDE123</SubcontractNumber>
      <FederalTaxIdentifier>XX-XXXXXXX</FederalTaxIdentifier>
      <SourceRecordIdentifier>7F6C2A2E-13D2-4516-88E9-FA6DDD14500F</SourceRecordIdentifier>
      <EffectiveDate>1/1/2018</EffectiveDate>
      <FacilityTypeCode>1</FacilityTypeCode>
      <AgeGroupCode>1</AgeGroupCode>
      <BedUtilizations>
        <BedUtilization>
          <CensusDate>2/1/2018</CensusDate>
          <UnoccupiedBedCount>18</UnoccupiedBedCount>
          <BeginningCensusIndigentClientCount>71</BeginningCensusIndigentClientCount>
          <NewAdmissionIndigentClientCount>1</NewAdmissionIndigentClientCount>
          <DischargedIndigentClientCount>1</DischargedIndigentClientCount>
          <PayorClassBedOccupancies>
            <PayorClassBedOccupancy>
              <PayorClassCode>1</PayorClassCode>
              <OccupiedBedCount>71</OccupiedBedCount>
            </PayorClassBedOccupancy>
          </PayorClassBedOccupancies>
        </BedUtilization>
      </BedUtilizations>
    </BedCapacity>
  </BedCapacities>
</AcuteCare>
```

2.4 Deleting Acute Care Data

If Acute Care Data has been submitted in error, it can be deleted in whole or in part by using the Action attribute of the XML file. The data will not physically be deleted from FASAMS but will be marked as deleted and will become unusable.

The AcuteCareDataSet must include the key fields for the specific Acute Care entity that is being deleted. The Action attribute must be set to “delete” for the specific Acute Care entity that is being deleted. Key fields are identified in the entity section below.

If an Acute Care entity is specified to be deleted, all child records for that Acute Care entity will be deleted as well, within the data set.

For detailed information on how FASAMS handles add/update/delete, see the Tracking Changes and Submission Actions section in Chapter 1 Introduction of Pamphlet 155-2.

2.4.1 XML Example of Removing Data Element from FASAMS Database

This approach can be used to remove a previously submitted data element from the FASAMS database, within an entity, without resubmitting the entire entity or submitting a deletion action. Users can submit the key fields for the entity and submit the data element that should be removed with a ‘blank’ value in the element.

2.4.1.1 Removing Data Element from FASAMS Database

```
<AcuteCare>
  <BedCapacities>
    <BedCapacity>
      <ContractNumber>ABC123</ContractNumber>
      <SubcontractNumber>CDE123</SubcontractNumber>
      <FederalTaxIdentifier>XX-XXXXXXX</FederalTaxIdentifier>
      <SourceRecordIdentifier>7F6C2A2E-13D2-4516-88E9-FA6DDD14500F</SourceRecordIdentifier>
      <ProviderInformationalNote></ProviderInformationalNote>
    </BedCapacity>
  </BedCapacities>
</AcuteCare>
```

2.4.2 XML Example of Deleting Acute Care Data

2.4.2.1 Delete a Bed Capacity record

```
<AcuteCare>
  <BedCapacities>
    <BedCapacity action="delete">
      <ContractNumber>ABC123</ContractNumber>
      <SubcontractNumber>CDE123</SubcontractNumber>
      <FederalTaxIdentifier>XX-XXXXXXX</FederalTaxIdentifier>
      <SourceRecordIdentifier>7F6C2A2E-13D2-4516-88E9-FA6DDD14500F</SourceRecordIdentifier>
     </BedCapacity>
  </BedCapacities>
</AcuteCare>
```

2.4.2.2 Delete a Bed Utilization Record

```
AcuteCare>
  <BedCapacities>
    <BedCapacity>
      <ContractNumber>ABC123</ContractNumber>
      <SubcontractNumber>CDE123</SubcontractNumber>
      <FederalTaxIdentifier>XX-XXXXXXX</FederalTaxIdentifier>
      <SourceRecordIdentifier>7F6C2A2E-13D2-4516-88E9-FA6DDD14500F</SourceRecordIdentifier>
      <BedUtilizations>
        <BedUtilization action="delete">
          <CensusDate>2/1/2018</CensusDate>
        </BedUtilization>
      </BedUtilizations>
    </BedCapacity>
  </BedCapacities>
</AcuteCare>
```

2.4.2.3 Delete a Payor Class Bed Occupancy

```
<AcuteCare>
  <BedCapacities>
    <BedCapacity>
      <ContractNumber>ABC123</ContractNumber>
      <SubcontractNumber>CDE123</SubcontractNumber>
      <FederalTaxIdentifier>XX-XXXXXXX</FederalTaxIdentifier>
      <SourceRecordIdentifier>7F6C2A2E-13D2-4516-88E9-FA6DDD14500F</SourceRecordIdentifier>
      <BedUtilizations>
        <BedUtilization>
          <CensusDate>2/1/2018</CensusDate>
```

```
          <PayorClassBedOccupancies>
            <PayorClassBedOccupancy action="delete">
              <PayorClassCode>5</PayorClassCode>
            </PayorClassBedOccupancy>
          </PayorClassBedOccupancies>
        </BedUtilization>
      </BedUtilizations>
    </BedCapacity>
  </BedCapacities>
</AcuteCare>
```

3 Acute Care Entities

This section defines the entities involved in the Acute Care Data set.

Section 394.9082(10), Florida Statutes (Senate Bill 12), directs DCF "to develop, implement, and maintain standards under which a ME shall collect utilization data from all public receiving facilities situated within its geographical service area and all detoxification and addictions receiving facilities under contract with the ME". DCF also uses these standards to collect utilization data from State Mental Health Treatment Facilities that are operated by or have contract with DCF.

DCF expects the Managing Entities and State Mental Health Treatment Facilities to make acute care data readily and easily available to various stakeholders to support care coordination, utilization management, and capacity maximization strategies among network Providers in light of the emerging expectations regarding the central receiving systems.

At the state level, the Acute Care data set is designed to provide the platform for analyzing and reporting ACSU data required by the Florida Legislature to address the following statutory questions:

(1) How many licensed acute care beds are available and how are these beds utilized statewide, as well as within and across various Managing Entities and network Providers?

(2) How many licensed acute care beds are purchased by DCF and how are these beds utilized statewide, as well as within and across various Managing Entities and network Providers?

(3) How many admissions and discharges are there of individuals qualifying as indigent, who receive acute care services in public receiving facilities, detoxification facilities and addictions receiving facilities under contract with the ME? How are these admissions and discharges distributed statewide, as well as within and across various Managing Entities and network Providers?

3.1 BedCapacity (Required)

3.1.1 Description

A bed capacity record represents the number of operational beds and the number of these beds purchased by DCF, at a particular Provider, with or without a DCF contract and/or ME subcontract, at a particular type of facility, for a particular age group. A bed capacity record will be uniquely identified in FASAMS by the contract number, subcontract number,

federal tax identifier, and source record identifier. Therefore, no two bed capacity records can be sent with the same contract number, subcontract number, federal tax identifier and source record identifier.

3.1.2 Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to be used to delete an existing record are:

Field
ContractNumber
SubcontractNumber
FederalTaxIdentifier
SourceRecordIdentifier

3.1.3 Unique Constraint Rule

1. An acute care record will be rejected if the following composite fields are submitted AND already exist in the database with a different SRI than in the submission file:
    a. Composite fields in BedCapacity entity: Submitting Entity + FederalTaxIdentifier + EffectiveDate + FacilityTypeCode + AgeGroupCode

3.1.4 Additional Business Rules and Guidance

1. As indicated in Section 1.2 above, submitting entities will not submit the total number of operational and non-operational licensed beds per Provider, license number, facility type, and age group. That information will be retrieved by FASAMS from AHCA and PLADS systems and will be used for validating the number of operational beds in BedCapacity records as indicated in the field-level business rules below.

2. The number of operational beds reported in BedCapacity records are expected to remain consistent over a period of time (i.e., should not change month to month) until or unless there is a change due to licensing or other reasons affecting the number of beds available for use or the number of these beds purchased by DCF. When these changes occur, then a new BedCapacity record must be submitted with a new effective date.

3.1.5 Fields

The fields in the Bed Capacity entity, along with a value type, description, and associated validation rules for each are:

Field	Value Type	Description/Validation Rules
ContractNumber	**string**	**The number indicating the contract between DCF and the contracting entity.** • Required when the Provider.ContractualRelationshipCode is not 3 (State Mental Health Treatment Facility - DCF Operated). • Must not be provided if Provider.ContractualRelationshipCode is 3 (State Mental Health Treatment Facility - DCF Operated).

Field	Value Type	Description/Validation Rules
		• Must match a single contract number already set up in FASAMS.
SubcontractNumber	**string**	**The number indicating the subcontract between the service Provider and an ME.** • Only Service Providers under contract with Managing Entities are required to send this field.
FederalTaxIdentifier	**string**	**The unique FEIN of the facility that provides acute care services in community under subcontract with the ME or under direct contract with DCF, or in a state mental health treatment facility that is operated by or has a contract with DCF.** • Required • Must match the FederalTaxIdentifier for a single Provider already set up in FASAMS.
SourceRecordIdentifier	**string**	**The Provider's internal system identifier for the bed capacity record.** • Required • Must be unique for the bed capacity record within the Contract Number, Subcontract Number and the Provider's Federal Tax Identifier combination. • Must be 100 characters or less. • The SourceRecordIdentifier should be a unique identifier for this record in the source system. It must be a value that is unique and never changes. Examples of unique identifiers are Identity, AutoNumber or GUID. If the source system does not have a unique identifier, one can be constructed. A constructed SourceRecordIdentifier might contain the values that make this record unique, separated by a delimiter. If a SourceRecordIdentifier is constructed, the best practice would be to store and retain this value so that it can be easily referenced when sending updated information. For example, if a SourceRecordIdentifier contains an effective date, and you later change the value of the effective date on the record in the source system, the SourceRecordIdentifier that had previously been sent with the old effective date should still be used to identify that record. If you reconstruct the SourceRecordIdentifier using the new value, FASAMS would see this as a new record, and you be unable to update the original record. • A unique identifier for this record might contain: the EffectiveDate, FacilityTypeCode and AgeGroupCode.
ProviderSourceRecordIdentifier	**string**	**This field should be used for Provider originated Source Record Identifier when it is not used as the primary SRI. If the Provider originated Source Record Identifier is used for the primary SRI, then this field can be left blank.** • Optional • Must be 100 characters or less
ProviderInformationalNote	**string**	**This field is for the Provider's general use only and should be populated based on the direction from the Provider.**

Field	Value Type	Description/Validation Rules
		• Optional • Must be 100 characters or less
EffectiveDate	**date**	**This date indicates when, within the fiscal year, the operational beds and beds purchased are effective.** • Required • Must be less than or equal to the current date. • Must be in a valid date format. Refer to Appendix 2 Common Data Types in Pamphlet 155-2.
FacilityTypeCode	**string**	**The code indicating the type of facility under which bed capacity data are being reported.** • Required • Must be one of the following values: ○ **1** for Crisis Stabilization Unit (CSU) ○ **2** for Inpatient Detoxification ○ **3** for Addictions Receiving Facility (ARF) ○ **4** for Civil State Mental Health Treatment Facility (SMHTF) ○ **5** for Integrated CSU/ARF ○ **6** for Psychiatric Hospital ○ **7** for Forensic State Mental Health Treatment Facility (SMHTF)
AgeGroupCode	**string**	**The code indicating the age group for which bed capacity data is being reported.** • Required • Must be one of the following values: ○ **1** for Adult ○ **2** for Children ○ **3** for Mix • Must not be 2 (Children) or 3 (Mix) if the FacilityTypeCode is 4 (Civil State Mental Health Treatment Facility (SMHTF)) or 7 (Forensic State Mental Health Treatment Facility (SMHTF)).
OperationalBedCount	**integer**	**The number of operational beds that are physically available for utilization by various payor classes, including DCF.** • Required • Must be a valid integer greater than or equal to zero. • Should be less than or equal to the total number of operational and non-operational licensed beds from AHCA and PLADS.
PurchasedBedCount	**decimal**	**The number of operational beds purchased by DCF to serve individuals who qualify as indigent, as defined in s.394.4787, F.S.** • Required • Must be a valid decimal greater than or equal to zero. • Must contain zero, one, or two digits to the right of the decimal place. This value may be a decimal because it is a calculated value

Field	Value Type	Description/Validation Rules
		based on contracted/budgeted dollar amount and the payment rate negotiated between the payors and Providers. • Must be less than or equal to OperationalBedCount.

3.2 BedCapacityBedType (Conditionally Required)

3.2.1 Description

A bed capacity bed type record represents an additional breakdown of the number of operational beds under a given bed capacity record. A bed capacity record can contain multiple bed capacity bed type records. A bed capacity bed type record will be uniquely identified in FASAMS by the bed capacity record and the type code. Therefore, no two bed capacity bed type records should be sent with the type code for the same bed capacity record, unless the purpose is to update existing records.

3.2.2 Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to be used to delete an existing record are:

Field
TypeCode

3.2.3 Additional Business Rules and Guidance

1. BedCapacityBedType records may only be reported by facilities when BedCapacity.FacilityTypeCode equals 4 (Civil State Mental Health Treatment Facility (SMHTF)) or 7 (Forensic State Mental Health Treatment Facility (SMHTF)).

2. BedCapacityBedType record with TypeCode 5 or 6 (Baker Act Beds for male and female) or TypeCode 7 or 8 (Stepdown Forensic Beds for male and female) are permitted only if the BedCapacity.FacilityTypeCode equals 4 (Civil State Mental Health Treatment Facility (SMHTF)) or 7 (Forensic State Mental Health Treatment Facility (SMHTF)).

3. A BedCapacityBedType record with TypeCode 2 (Female Secure Forensic Beds) or 3 (Male Secure Forensic Beds) are permitted only if BedCapacity.FacilityTypeCode equals 7 (Forensic State Mental Health Treatment Facility (SMHTF)).

4. The sum of BedCapacityBedType.OperationalBedCount must be equal to or less than the BedCapacity.OperationalBedCount.

3.2.4 Fields

The fields in the Bed Capacity Bed Type entity, along with a value type, description, and associated validation rules for each are:

Field	Value Type	Description/Validation Rules
TypeCode	**string**	**The code indicating the type of bed under which bed capacity data are being reported.** • Required • Must be one of the following values: ○ **1** for Baker Act Beds – Expires 8/1/2019 ○ **2** for Female Secure Forensic Beds ○ **3** for Male Secure Forensic Beds ○ **4** for Step Down Forensic Beds – Expires 8/1/2019 ○ 5 for Female Baker Act Beds ○ 6 for Male Baker Act Beds ○ 7 for Female Step Down Forensic Beds ○ 8 for Male Step Down Forensic Beds
OperationalBedCount	**integer**	**The number of operational beds that are physically available for utilization by various payor classes, including DCF, for the given type.** • Required • Must be a valid integer greater than or equal to zero.

3.3 BedUtilization (Conditionally Required)

Subentity of BedCapacity

3.3.1 Description

A bed utilization record represents a daily statement of the number of occupied and unoccupied operational beds at a particular Provider, under a given bed capacity record, as of a particular census date. Each daily bed utilization record also serves as a container for additional information about the number of beds occupied each day and billable to various payor classes, as well as the numbers of individuals served each day who qualify as indigent. A bed utilization record will be uniquely identified in FASAMS by the bed capacity record and the census date. Therefore, no two bed utilization records should be sent with the census date for the same bed capacity record, unless the purpose is to update existing records.

3.3.2 Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to be used to delete an existing record are:

Field
CensusDate

3.3.3 Additional Business Rules and Guidance

1. A Bed Capacity record may be created without any Bed Utilization records. Bed Capacity records should be submitted any time as necessary to update FASAMS with the most accurate Bed Capacity data. Bed Utilization data must be submitted at least once a month.

2. It is expected that there will be a Bed Utilization record for every day of the month following the effective date, for every related Bed Capacity record. Warning messages will be generated when there are gaps in census dates.

3. For each Bed Utilization record, FASAMS reporting will use BeginningCensusIndigentClientCount + NewAdmissionIndigentClientCount - DischargedIndigentClientCount to find the number of individuals who qualify as indigent at the end of the census on that day. There will not be a validation rule to verify that the ending census value of one day must equal the beginning census date on the next consecutive census date. Submitters are still responsible for updating past census information if it is later found to have been incorrect.

3.3.4 Fields

The fields in the Bed Utilization entity, along with a value type, description, and associated validation rules for each are:

Field	Value Type	Description/Validation Rules
CensusDate	**date**	**The date for which bed utilization data is being reported.** • Required • Must be greater than or equal to EffectiveDate • Must be in a valid date format. Refer to Appendix 2 Common Data Types in Pamphlet 155-2. • Must be less than or equal to the current date.
UnoccupiedBedCount	**integer**	**The total number of operational beds that are not occupied at midnight on the Census Date for which bed utilization data is being reported.** • Required • Must be a valid integer number greater than or equal to zero. • Must be less than or equal to the number of operational beds.
BeginningCensusIndigentClientCount	**integer**	**The distinct count of indigent individuals, who were admitted prior to the census date and occupied any operational beds during the census date between 12:00am and 11:59pm.** • Required • Must be a valid integer number greater than or equal to zero. • For individuals served in public receiving facilities, this number includes individuals, who qualify as indigent as defined in s.394.4787, F.S. • For individuals served in detoxification and addiction receiving facilities, this number includes individuals admitted pursuant to Parts IV and V of Chapter 397, who qualify as indigent as defined in s.394.4787, F.S.

Field	Value Type	Description/Validation Rules
NewAdmissionIndigentClientCount	**integer**	**The distinct count of new indigent individuals admitted into the facility or existing individuals who changed their funding source from non-DCF payor class (e.g., Medicaid, Medicare, Local Match, etc.) to DCF payor class during the census date between 12:00am and 11:59pm.** • Required • Must be a valid integer number greater than or equal to zero. • If an individual is admitted more than once on the date of the census, that individual should be counted only once. • If an individual is in the beginning census and he/she is discharged and readmitted during the date of the census, that individual should not be counted as new admission.
DischargedIndigentClientCount	**integer**	**The distinct count of indigent individuals who are discharged from the facility or are still in the facility but changed their funding source from DCF payor class to non-DCF payor class (e.g., Medicaid, Medicare, Local Match, etc.) during the census date between 12:00am and 11:59pm.** • Required • Must be a valid integer number greater than or equal to zero. • If an individual is discharged more than once on the date of the census, that individual should be counted only once. • If an individual is transferred outside the facility and the bed is kept open for that individual pending his/her return to the facility, that individual should not be counted as a discharge.

3.4 PayorClassBedOccupancy (Conditionally Required)

Subentity of BedUtilizations

3.4.1 Description

A payor class bed occupancy record represents the count of operational beds that are physically occupied by individuals whose acute care services are billable to a particular class of payor on a particular census date for a particular bed utilization record. A bed utilization record can contain multiple payor class bed occupancy records. A payor class bed occupancy record will be uniquely identified in FASAMS by the context of the bed utilization record, and the payor class code. Therefore, no two-payor class bed occupancy records can be sent with the same payor class code for the same bed utilization record.

3.4.2 Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to be used to delete an existing record are:

Field
PayorClassCode

3.4.3 Additional Business Rules and Guidance

1. If the BedCapacity.PurchasedBedCount is greater than 0, then a PayorClassBedOccupancy record with PayorClassCode 1 (Department of Children and Families) must be provided.

2. There are circumstances in which the number of beds occupied by indigents and billable to the Department of Children and Families – DCF (i.e., PayorClassBedOccupancy.OccupiedBedCount where PayorClassCode is 1) is higher than the number of beds purchased by DCF (i.e., BedCapacity.PurchasedBedCount). In these cases, this extra number of beds is referred to as "uncompensated care" because they are occupied by individuals who are either unable or unwilling to pay and are not billable to other payor classes. Financially, the uncompensated care includes bad debt and charity care as defined in s.394.4787 (3), Florida Statutes.

3. The total number of operational beds count in the Bed Capacity record (i.e., BedCapacity.OperationalBedCount) should equal the number of unoccupied beds count in the Bed Utilization record (i.e., BedUtilization.UnoccupiedBedCount) plus the sum of all occupied beds across all payor classes (i.e., SUM (PayorClassBedOccupancy.OccupiedBedCount). In other words, the following formula must be true for each BedUtilization record:

   BedUtilization.UnoccupiedBedCount + SUM (PayorClassBedOccupancy.OccupiedBedCount) = BedCapacity.OperationalBedCount.

4. If a PayorClassBedOccupancy record is not submitted for a particular PayorClassCode, then that PayorClassCode will be assumed to have an OccupiedBedCount of zero.

3.4.4 Fields

The fields in the Payor Class Bed Occupancy entity, along with a value type, description, and associated validation rules for each are:

Field	Value Type	Description/Validation Rules
PayorClassCode	**string**	**The code indicating the class of payor billable for the acute care services provided to the individual at the time of the midnight census.** • Required • Must be one of the following values: ○ **1** for Department of Children and Families ○ **2** for Local Match ○ **3** for Medicaid ○ **4** for Medicaid HMO ○ **5** for Medicare ○ **6** for Medicare HMO ○ **7** for Other Government ○ **8** for Private HMO ○ **9** for Private PPO

Field	Value Type	Description/Validation Rules
		○ **10** for Private Insurance ○ **11** for Self-Pay
OccupiedBedCount	**integer**	**The number of operational beds that are physically occupied by individuals whose acute care services are billable to the payor class at the time of the midnight census.** • Required • Must be a valid integer greater than or equal to zero.