

The Acute Care Services Utilization Database Meets Statutory Requirements; Limitations Exist for Certain Types of Analyses

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OPPAGA

Office of Program Policy Analysis and Government Accountability

The Acute Care Services Utilization Database Meets Statutory Requirements; Limitations Exist for Certain Types of Analyses

EXECUTIVE SUMMARY

The 2016 Legislature directed the Department of Children and Families (DCF) to develop, implement, and maintain a statewide database for collecting and reporting utilization data from all public receiving facilities and detoxification and addictions receiving facilities under contract with a managing entity. To meet the statutory charge, the department created the Acute Care Services Utilization (ACSU) database.

Service providers submit ACSU data to managing entities, which, in turn, submit the data to DCF. DCF posts the data on its website and updates the information monthly. Service providers, managing entities, and DCF are collectively responsible for aggregating and reconciling ACSU data submissions and working together to make necessary corrections. The information contained in the ACSU database meets statutory requirements.

OPPAGA's analyses highlight instances in which multiple providers may have received payment from more than one payor for the same bed day during Fiscal Years 2017-18 and 2018-19. However, utilization information reported to the ACSU database may not reflect final payment sources or amounts received by providers; therefore, analysis of ACSU data can only provide information on the potential for providers to have received payment from more than one payor. DCF could consider working with managing entities to analyze the financial records of providers for which ACSU data indicates the potential for double billing of bed days to determine whether this occurred.

Our analyses also found that state-funded beds had higher utilization rates than utilization rates for all payors during Fiscal Years 2017-18 and 2018-19, and we found considerable variation in bed utilization rates across providers of all payor types. Managing entities could consider analyzing utilization and payment data by provider, facility type, and age group served to determine whether resources should be redistributed across providers. Lastly, there appear to be quality issues in the ACSU data for Fiscal Year 2018-19, and department staff report that this likely resulted from the transition to a new data system in January 2019.

REPORT SCOPE

Chapter 2019-115, *Laws of Florida*, requires OPPAGA to conduct an analysis of the data contained in the Acute Care Services Utilization database established under s. 94.9082(10), *Florida Statutes*, to determine the extent to which private and public sources fund the same bed day, if any. At a minimum, the analysis must document the numbers of licensed beds and state contracted beds; the amount, by facility and in total, of state and federal funding expended for state contracted beds; and the average daily census of each facility in total and by payor source.

BACKGROUND

The 2016 Legislature directed the Department of Children and Families (DCF) to develop, implement, and maintain a statewide database for collecting and reporting utilization data from all public receiving facilities situated within a managing entity's geographical service area and all detoxification and addictions receiving facilities under contract with the managing entity.¹ Under the terms of the statute, a public receiving facility is limited to any entity that is designated by DCF to operate as a public receiving facility and is licensed under either Ch. 394, *Florida Statutes*, as a crisis stabilization unit or Ch. 395, *Florida Statutes*, as a hospital.² To meet the statutory charge, the department created the Acute Care Services Utilization (ACSU) database, which replaced the previously existing Crisis Stabilization Services Utilization database.^{3,4} ACSU data became available in January 2017.

Managing entities, which are corporations selected by and under contract with the department to manage the daily operational delivery of behavioral health services through a coordinated system of care, are required to submit ACSU data to DCF on a monthly basis.⁵ The managing entities receive the data from individual service providers with whom they contract to provide mental health and substance abuse prevention and treatment services.⁶ Service providers that are required to provide the data that populates the ACSU database include addictions receiving facilities (ARFs), crisis stabilization units (CSUs), integrated CSU/ARFs, detoxification facilities, and certain hospitals.⁷ (See Exhibit 1.)

¹ Section [394.9082](#), *F.S.*; Ch. [2016-241](#), *Laws of Florida*.

² A public facility, as defined in s. [394.455 \(37\)](#), *F.S.*, is a facility that has contracted with DCF to provide mental health services to all persons, regardless of ability to pay, and is receiving state funds for such purpose. A receiving facility, as defined in s. [394.455 \(39\)](#), *F.S.*, is a public or private facility or hospital designated by DCF to receive and hold or refer, as appropriate, involuntary patients under emergency conditions for mental health or substance abuse evaluation and to provide treatment or transportation to the appropriate service provider. The term does not include a county jail.

³ The 2015 Florida Legislature directed DCF to develop and implement the CSSU database by August 1, 2015 to capture all admissions and discharges of clients receiving public facility services who qualify as indigent, current active census of total licensed beds, the number of beds purchased by the department, the number of clients qualifying as indigent occupying those beds, and the total number of unoccupied licensed beds regardless of funding. The first report was released in February 2016.

⁴ The 2016 Legislature appropriated \$400,000 in nonrecurring funds to the department to develop and implement the ACSU database.

⁵ Section [394.9082\(2\)](#), *F.S.*

⁶ Seven managing entities contract with behavioral health service providers in their respective geographical service areas across the state.

⁷ The ACSU database does not contain data from any private receiving facility and/or any facility that is not under contract with a managing entity.

Exhibit 1

Several Types of Behavioral Health Service Providers Are Required to Submit Data to the Acute Care Services Utilization Database¹

Provider Type	Definition of Provider Type Required to Submit ACSU Data
Addictions Receiving Facility	A secure, acute care facility that, at a minimum, provides emergency screening, evaluation, detoxification, and stabilization services; operates 24 hours per day, 7 days per week; and is designated by DCF to serve individuals found to have substance abuse impairment and who meet placement criteria. Only ARFs under contract with the managing entity are required to submit ACSU data to DCF. (ss. 394.455(2), 397.311(26)(a)1 and 397.675, <i>F.S.</i>)
Crisis Stabilization Unit	A program that provides an alternative to inpatient hospitalization and that provides brief, intensive services 24 hours a day, 7 days a week, for mentally ill individuals who are in an acutely disturbed state. Only CSUs under contract with the managing entity that meet licensure requirements and are designated by DCF to operate as public receiving facilities are required to submit ACSU data to DCF. (ss. 394.67(4), and 394.875, <i>F.S.</i>)
Integrated CSU/ARF	For adults - A facility licensed by the Agency for Health Care Administration (AHCA), in consultation with DCF, to integrate services provided in an adult CSU with services provided in an adult ARF. Such a facility must be licensed by AHCA as an adult CSU and must meet all licensure requirements for CSUs providing integrated services. (s. 394.4612(1), <i>F.S.</i>) For children - A facility licensed by AHCA as a children's CSU and designated by DCF as a children's CSU and an ARF to provide integrated CSU/ARF services within the same facility to minors under the age of 18 who present with a serious and acute mental illness or substance abuse impairment. (Ch. 65E-12, <i>F.A.C.</i> ; s. 65E-12.110(1)(2), <i>F.A.C.</i> ; and Ch. 394, <i>F.S.</i>) Only CSU/ARFs under contract with the managing entity are required to submit ACSU data to DCF.
Detoxification Facility	A facility licensed to provide detoxification services. Detoxification involves subacute care provided on an inpatient or an outpatient basis to assist individuals in withdrawing from the physiological and psychological effects of substance abuse and who meet placement criteria. Only inpatient detoxification facilities under contract with the managing entity are required to submit ACSU data to DCF. (s. 394.455 (13), <i>F.S.</i> ; Ch. 397, <i>F.S.</i> ; and s. 397.311(26)(a)4, <i>F.S.</i>)
Hospital	A facility licensed by AHCA to provide a range of health care services more extensive than those required for room, board, personal services, and general nursing care; offers facilities and beds for use beyond 24 hours by individuals requiring medical, surgical, psychiatric, testing, and diagnostic services and treatment for illness, injury, disease, pregnancy, and other services. Only licensed hospitals designated as Baker Act Receiving Facilities to serve individuals who need inpatient psychiatric treatment are required to submit ACSU data to DCF. (Ch. 395, <i>F.S.</i> and s. 395.002(12), <i>F.S.</i>)

¹ While state mental health treatment facilities are required to report data to the ACSU database, they are not relevant to our analysis and are not included in our results.

Source: Department of Children and Families and Florida Statutes.

ACSU DATABASE DESCRIPTION

DCF, managing entities, and service providers each have a role in ensuring the accuracy, consistency, and timeliness of ACSU data

The Department of Children and Families' stated purpose for the ACSU database, at the managing entity level, is to capture data needed for real-time assessment of the number of acute care beds used daily, 24 hours a day, seven days a week, in all public receiving facilities and all detoxification and addictions receiving facilities under contract with the managing entity. The department reported that it expects managing entities to make this data readily and easily available to various stakeholders to support care coordination, utilization management, and strategies to maximize bed capacity among network providers to support the operation of central receiving systems.

Service providers are required to submit ACSU data in real time, or at least daily, to their respective managing entities. This data includes

- all admissions and discharges of clients receiving public receiving facility services who qualify as indigent, as defined in s. 394.4787, *Florida Statutes*;
- all admissions and discharges of clients who qualify as indigent and are receiving substance abuse services in an addictions receiving facility or detoxification facility pursuant to parts IV and V of Ch. 397, *Florida Statutes*; and
- current, active census of total licensed beds, the number of beds purchased by DCF, the number of clients qualifying as indigent occupying those beds, and the total number of unoccupied licensed beds, regardless of funding.⁸

The department is required to post the data, by facility, on its website and to update the data monthly.⁹ To meet this requirement, DCF aggregates the data reported by the managing entities, extracts it to a public dashboard on its website, and updates it monthly. The department analyzes and reports ACSU data statewide as well as within and across various managing entities and their network providers.

DCF, managing entities, and providers are collectively responsible for ensuring the accuracy, consistency, and timeliness of ACSU data. In addition to daily data submissions, providers are required to submit ACSU data on a monthly and annual basis to managing entities. The managing entities aggregate and reconcile the monthly data to check for consistency with the daily data submitted by the providers. Similarly, the managing entities aggregate and reconcile annual data submissions with those provided in the monthly reports. If aggregate monthly or annual data is inconsistent with daily or monthly data, the managing entities consult with the providers to make necessary corrections.¹⁰ The department expects providers to work with the managing entities to ensure accurate and consistent data.

DCF is ultimately responsible for developing and maintaining the standards and protocols used by providers, managing entities, and the department for the purpose of collecting, storing, transmitting, and analyzing acute care data. The department provides managing entities with training, technical support, and feedback to ensure the accuracy and consistency of ACSU data and expects managing entities to provide similar training and technical support to service providers.

OPPAGA ANALYSIS OF ACSU DATA

Analysis of ACSU data allows identification of potential double billing and provides information on bed utilization rates

OPPAGA analyzed data from the ACSU database and additional expenditure data provided by the Department of Children and Families for Fiscal Years 2017-18 and 2018-19. The department provided data on licensed bed capacity, bed utilization, state contracted beds for indigent clients, and expenditures by facility, facility type, and age group. ACSU data for contracted and licensed beds is reported as bed days, which are the sum total of beds available or used across every day of a fiscal year (i.e., 10 physical beds equate to 3,650 bed days). This differs from what DCF reports on its website to meet statutory requirements, which is the average number of beds in facilities each day.

⁸ Section [394.9082\(10\)\(b\)](#), *F.S.*

⁹ Section [394.9082\(10\)\(f\)](#), *F.S.*

¹⁰ Section [394.9082\(10\)\(c\) and \(d\)](#), *F.S.*

The data OPPAGA used to conduct its analyses came from the ACSU database as well as other sources within the department. The ACSU database is not a financial data system, thus, the bed utilization records extracted from the ACSU system cannot be used to accurately identify instances where providers received multiple payments for the same bed day. However, trends in the utilization of DCF-funded bed days compared to utilization of non-DCF-funded bed days allow the identification of the potential for providers to have received multiple payments for the same bed day.

In both fiscal years reviewed, at least 10% of providers may have received multiple payments for the same bed day; the majority of facilities operated over their licensed capacities. It is possible to identify providers that potentially received double payments for the same bed days by using data on total bed days contracted and used by individual providers over the course of a full fiscal year. Managing entities purchase a certain number of bed days on behalf of DCF each fiscal year from their contracted providers to ensure the availability of beds for indigent, involuntary clients. If the number of bed days used in a fiscal year by DCF clients is equal to or greater than the total number of bed days that were purchased by the managing entity during that fiscal year, then it is not possible that double billing for those beds occurred. However, if the data for a provider shows that the total number of bed days used in a fiscal year by DCF clients was less than the number of bed days purchased during that fiscal year for DCF clients, and usage of bed days purchased by non-DCF clients exceeded the number that should have been available to those payors, it may be possible that double payments occurred for the same bed day.

Providers may reconcile invoices with managing entities to adjust for billing changes that can occur during a period of time after a provider has reported utilization data to the ACSU. This may result from actions such as insurance-denied claims or changes in payor source after a patient is admitted to the facility (e.g., the facility gains more information about the patient's insurance status). Additionally, subsequent adjustments to the invoices submitted to managing entities by the providers may change the final payment amounts received by a provider from different payor sources. Because of these possible adjustments to final payment amounts, the utilization data in the ACSU may not be indicative of the final payment amounts that providers receive after invoice adjustments are made. While this does not provide an accurate source of information on payments received by providers, it does provide information on the potential for providers to have received payments from multiple sources for the same bed day. For example, it appears that in Fiscal Year 2017-18, 8 of 47 providers (17%) may have received payment from more than one payor source for the same bed day; in Fiscal Year 2018-19, there was this potential for 4 of 39 providers (10%).¹¹ (See Appendix A for facility-level results.)

Most facilities operated over their licensed capacity during Fiscal Year 2017-18, with 33 of 47 providers operating over capacity by 7,529 bed days during the period. Similarly, in Fiscal Year 2018-19, most providers (26 of 39) operated over capacity, reporting 6,343 bed days over capacity during the fiscal year. Adult CSUs represented the facility type with the largest number of bed days over licensed capacity for both fiscal years. (See Appendix B for overages by facility type and age group.) Some facility types are allowed to exceed their licensed capacity under certain circumstances. In order to account for these instances, our analysis adjusted facilities' capacities when calculating potential double payments.¹²

¹¹ Payor sources are DCF, Medicaid, Medicaid HMO, Medicare, Medicare HMO, other government, local match, private HMO, private PPO, private insurance, and self-pay.

¹² Crisis stabilization units may not exceed their licensed capacity by more than 10%, nor may they exceed their licensed capacity for more than three consecutive working days or for more than seven days in one month, as outlined in s. [394.875\(9\)](#), F.S.

State-funded beds had high utilization rates, and rates vary widely across types of receiving facilities and age groups; however, the state has overpaid for certain facility types and underpaid for others. We analyzed the utilization rates of service providers required to report to the ACSU database during Fiscal Years 2017-18 and 2018-19. Our analysis examined the utilization rate by facility type and age group for all payor types and for the state-funded payor type only. (See Exhibit 2.) During Fiscal Years 2017-18 and 2018-19, DCF-funded beds had overall utilization rates of 97% and 99%, respectively, which were higher than rates for all payor types (65% in Fiscal Year 2017-18 and 75% in Fiscal Year 2018-19).

Utilization rates vary widely across facility type and age group. DCF-funded beds in certain children's facilities appear to be the least utilized; children's ARFs, CSUs, and integrated CSU/ARFs all had utilization rates below 50% in Fiscal Year 2017-18. Conversely, in both fiscal years, providers of hospital CSUs, regardless of age group, and adult inpatient detoxification services provided more bed days than managing entities purchased. Managing entities could use this information to determine if adjustments are necessary in resource distribution across providers.

Exhibit 2

State-Funded Bed Utilization Rates Were Higher Than Bed Utilization Rates for All Payor Types During Fiscal Years 2017-18 and 2018-19

Type of Facility Required to Report ACSU Data	Age Group	Bed Utilization Percentage: All Payor Types ¹	Bed Utilization Percentage: State-Funded
Fiscal Year 2017-18			
ARF	Adult	59%	71%
ARF	Children	13%	30%
CSU	Adult	77%	96%
CSU	Children	55%	46%
CSU	Mixed	68%	85%
Integrated CSU/ARF	Adult	78%	91%
Integrated CSU/ARF	Children	59%	46%
Integrated CSU/ARF	Mixed	88%	96%
Inpatient Detoxification	Adult	64%	100%
Hospital CSU	Adult	66%	154%
Hospital CSU	Children	35%	274%
Hospital CSU	Mixed ²	30%	1,070%
Total		65%	97%
Fiscal Year 2018-19³			
ARF	Adult	72%	87%
ARF	Children	26%	38%
CSU	Adult	82%	95%
CSU	Children	54%	62%
CSU	Mixed	79%	77%
Integrated CSU/ARF	Adult	78%	121%
Integrated CSU/ARF	Children	57%	37%
Integrated CSU/ARF	Mixed	80%	112%
Inpatient Detoxification	Adult	74%	106%
Hospital CSU	Adult	83%	149%
Hospital CSU	Children	44%	237%
Total		75%	99%

¹ Payor sources include DCF, Medicaid, Medicaid HMO, Medicare, Medicare HMO, other government, local match, private HMO, private PPO, private Insurance, and self-pay.

² This category was only used in Fiscal Year 2017-18 and does not appear in the 2018-19 data.

³ Seven facilities are missing from Fiscal Year 2018-19 data.

Source: OPPAGA analysis of DCF data.

With respect to expenditures for state-contracted beds, adult ARFs and CSUs appear to have received the greatest amount of overpayments, depending on the fiscal year. For example, in Fiscal Year 2017-18, the largest overpayments by managing entities totaled \$1.9 million for adult ARFs; in Fiscal Year 2018-19, the largest overpayments totaled \$2 million for adult CSUs. Conversely, in Fiscal Year 2017-18, the largest underpayments by managing entities totaled \$3.4 million for adult hospital CSUs; in Fiscal Year 2018-19, the largest underpayments totaled \$2 million for adult hospital CSUs. These figures are based on the number of beds purchased and the state's contracted rates with facilities and do not account for any subsequent adjustments. (See Appendix A for expenditures by facility.)

ISSUES IDENTIFIED WITH THE ACSU DATABASE

Several issues with the database lead to concerns about its accuracy, consistency, and utility

There are quality issues in the ACSU data for Fiscal Year 2018-19. In our review of the ACSU data, we identified several issues.

- Five providers appearing in Fiscal Year 2017-18 data do not appear in Fiscal Year 2018-19 data, although expenditure data shows they were paid in Fiscal Year 2018-19.
- One provider has only one day of bed utilization for all of Fiscal Year 2018-19 but appears in expenditure data as having units of services and payment amounts.
- Two providers appear in Fiscal Year 2017-18 as providing CSU services; however, they do not appear in the Fiscal Year 2018-19 data as providing CSU services, although expenditure data shows they were paid for these services.
- Two providers appear in AHCA's licensing database as licensed CSUs but do not appear in the ACSU database for either fiscal year; however, AHCA may not issue a license to a crisis stabilization unit unless the unit receives state mental health funds and is affiliated with a designated public receiving facility.

Department of Children and Families staff reported that missing facility data likely resulted from the transition to a new data system in January 2019. During our review period, DCF's Office of Substance Abuse and Mental Health changed the larger database that houses the ACSU data. The ACSU data was originally part of the Substance Abuse and Mental Health Information System (SAMHIS), which transitioned to the new Financial and Services Accountability Management System (FASAMS).¹³ Staff members reported that they have contacted the relevant managing entities to identify the root cause of the missing data. In addition to the missing data, our review found further data quality issues that likely also resulted from this transition. Specifically, the FASAMS ACSU data had duplicate utilization records, missing utilization records, and utilization information inconsistent with records also recorded in SAMHIS. Due to these data quality issues, results for Fiscal Year 2018-19 should be viewed cautiously.

The ACSU database does not include financial data. Statute does not require the database to contain financial information for acute care services and, according to department staff, expenditure data contained in FASAMS cannot be linked to bed utilization data. Therefore, we relied on actual

¹³ Upon direction from department staff, our analysis used SAMHIS data for Fiscal Year 2017-18 and FASAMS data for Fiscal Year 2018-19.

expenditure reports submitted by managing entities to DCF's Financial Accountability Unit for financial information. To conduct our analysis, we merged financial data with ACSU bed utilization data, which requires the following caveats.

- Expenditure codes and expenditure reports do not readily distinguish between adult and children's services. To ensure we categorized services correctly, we used DCF's Behavioral Health Catalogue of Care, which distinguishes between mental health and substance abuse services for adults and children.
- Expenditure reports contain DCF-contracted bed rates for CSUs and ARFs but do not include rates for beds in facilities that are integrated CSU/ARFs. OPPAGA analyses used CSU bed rates for beds in integrated CSU/ARFs.
- Expenditure reports only contain financial information for state-funded services.

While the ACSU database can create standard reports through a public-facing dashboard, it cannot be used to identify instances of potential double billing of bed days.¹⁴ The standard reports include

- indigent clients served in ARFs/inpatient detoxification facilities, community inpatient hospitals, and CSUs and integrated CSU/ARFs by managing entity and individual facility;
- operational beds, purchased beds, and occupied beds by type of facility, managing entity, individual facility, and payor class;
- aggregate operational bed days and occupancy rates by facility type;
- aggregate occupancy rates for DCF-purchased services by facility type; and
- total licensed beds by managing entity, individual facility, and facility type.

Section 394.9082(10)(f), *Florida Statutes*, directs the department to post on its website, by facility, the data collected and update these postings monthly. At the time of this report, most reports were current as of July 2019, a three-month lag. The data presented via the dashboard reports could be modified to include information on the continuous counts of used and unused state-contracted bed days and bed days available to non-DCF payors. This would allow users to see the point at which state-contracted bed days are completely used or the point at which bed days available to non-DCF payors are completely used, leading to the possibility that double billing of bed days may occur.

RECOMMENDATIONS

To address concerns about the utility of the Acute Care Services Utilization database, the Legislature and Department of Children and Families could consider the following recommendations.

- In cases where ACSU data indicates that there is a possibility that multiple payor sources funded the same bed day, DCF could work with the relevant managing entities to further analyze provider-level financial data (e.g., invoices, adjusted payments, etc.) to determine how billing adjustments were reconciled and whether double billing occurred.
- To facilitate the efficient redistribution of resources, DCF could require managing entities to analyze the utilization and payment data by provider, facility type, and age group served. For example, if certain facilities are consistently underutilizing their state-contracted bed days, the managing entities could reallocate those bed days to facilities that are using more bed days on indigent patients than they are allocated.

¹⁴ [Acute Care Services Utilization Reports](#).

APPENDIX A

Considering state-contracted bed days and utilization by facility for Fiscal Years 2017-18 and 2018-19, Acute Care Service Utilization database (ACSU) data shows that some providers may have received multiple payments for the same bed day. In Fiscal Year 2017-18, a potential 8 of 47 providers (17%) may have received payment from more than one payor source for the same bed day; in Fiscal Year 2018-19, this potential was identified in 4 of 39 providers (10%). (See Exhibits A-1 and A-2.)

Exhibit A-1

Forty-Seven Providers Reported ACSU Data on Bed Days, Utilization, Expenditures, and Daily Censuses by Facility for Fiscal Year 2017-18

Facility	Licensed Bed Days	State-Contracted Bed Days	State-Contracted Bed Utilization (%)	Expenditures for State-Contracted Bed Days ¹	Potential Over/Underpayment for State-Contracted Bed Days	Potential Bed Days With Multiple Funding Sources	Number of Bed Days Over Capacity	Avg. Daily Census Total	Avg. Daily Census DCF	Avg. Daily Census Other Funding ²
Fiscal Year 2017-18										
Agency for Community Treatment Services, Inc.	16,600	15,400	52%	\$4,322,318	\$2,080,607	622	-	23.7	21.9	1.8
Apalachee Center, Inc.	15,330	10,676	82%	3,337,104	579,989	776	65	28.8	23.9	4.9
Aspire Health Partners	51,714	24,059	94%	7,301,471	336,402	-	72	107.3	61.9	45.4
Banyan Community	11,501	4,046	171%	1,548,373	(1,092,052)	-	1,066	30.9	19.0	11.9
Baptist Hospital ³	7,300	-	-	0	(2,499,009)	-	876	20.9	20.9	0.0
Baycare Behavioral Health, Inc.	10,950	5,475	99%	1,937,165	25,475	-	-	25.0	14.8	10.2
Broward County-BARC	12,410	3,285	137%	1,073,735	(400,730)	-	-	27.9	12.4	15.6
Centerstone of Florida, Inc.	10,950	4,745	118%	1,879,020	(345,708)	-	439	29.2	15.4	13.8
Charlotte Behavioral Health Care, Inc.	13,955	7,674	65%	2,668,773	877,929	31	26	23.5	13.7	9.7
Chemical Addiction Recovery Effort	5,445	3,768	83%	840,477	143,860	-	1	9.1	8.6	0.6
Circles of Care, Inc.	30,894	15,325	110%	5,099,745	(631,713)	-	76	61.7	46.3	15.4
Citrus Health Network, Inc.	20,440	8,395	62%	3,584,665	1,360,422	-	81	31.2	14.3	16.9
Coastal Behavioral Healthcare, Inc.	12,775	6,935	89%	2,395,280	256,279	-	-	20.6	17.0	3.7
Community Health of South Florida, Inc.	6,570	2,190	129%	831,576	(251,257)	-	25	11.8	7.7	4.1
David Lawrence Mental Health Center, Inc.	15,330	8,030	77%	2,780,931	562,758	-	267	31.9	16.9	15.0
Drug Abuse Foundation of Palm Beach	7,300	3,650	120%	805,811	(158,954)	-	75	20.0	12.0	8.0
EPIC Community Services, Inc.	3,630	3,630	80%	1,117,822	223,564	3	18	8.0	8.0	0.1

Facility	Licensed Bed Days	State-Contracted Bed Days	State-Contracted Bed Utilization (%)	Expenditures for State-Contracted Bed Days¹	Potential Over/Underpayment for State-Contracted Bed Days	Potential Bed Days With Multiple Funding Sources	Number of Bed Days Over Capacity	Avg. Daily Census Total	Avg. Daily Census DCF	Avg. Daily Census Other Funding²
First Step of Sarasota, Inc.	10,950	1,460	95%	351,057	18,274	-	-	16.8	3.8	13.0
Fort Lauderdale Hospital	27,870	10,220	70%	3,340,509	992,347	-	-	32.6	19.7	12.9
Fort Walton Beach Medical Center	17,520	2,307	196%	671,832	(645,446)	-	14	39.9	12.4	27.5
Gateway Community Services, Inc.	7,280	4,830	151%	1,138,304	(577,772)	-	636	20.3	20.0	0.4
Guidance Care Center, Inc.	6,935	3,650	58%	1,242,372	541,280	-	13	8.8	5.8	3.0
Halifax Hospital Medical Center	9,990	1,878	232%	546,984	(719,910)	-	-	11.9	11.9	-
Henderson Behavioral Health	8,395	6,570	89%	1,995,112	215,606	-	-	16.2	16.1	0.2
Jackson Behavioral Health Hospital	13,505	5,475	85%	2,039,010	300,841	-	173	18.0	12.8	5.3
JFK Medical Center	1,659	1,095	100%	318,645	(873)	-	-	3.0	3.0	-
Key West HMA, LLC	37,595	730	23%	311,710	239,120	-	-	15.5	0.5	15.0
Lakeview Center, Inc.	3,650	3,650	79%	1,375,649	284,552	566	412	10.6	7.9	2.7
Life Management Center of N.W. Florida	4,320	3,683	60%	1,179,838	470,240	228	145	8.4	6.1	2.3
LifeStream Behavioral Center	15,825	6,422	70%	2,159,656	637,062	-	76	25.8	12.3	13.6
Mental Health Care, Inc. d/b/a Gracepoint	32,120	10,950	116%	3,610,982	(585,672)	-	1,725	77.8	34.9	43.0
Mental Health Resource Center (MHRC)	30,660	13,994	74%	5,279,554	1,349,910	-	333	71.4	28.5	42.8
Meridian Behavioral Healthcare, Inc.	30,295	10,735	96%	3,901,571	175,374	-	-	28.3	28.3	-
New Horizons of the Treasure Coast	22,630	12,684	70%	3,596,370	1,146,083	-	94	41.0	24.2	16.8
North Broward Hospital District	2,335	219	1066%	66,504	(642,566)	-	-	6.4	6.4	-
Northside Behavioral Health Center, Inc.	7,300	4,015	102%	1,393,486	(21,518)	-	-	14.4	11.2	3.2
Operation PAR, Inc.	12,775	6,205	75%	1,331,035	331,847	-	-	14.1	12.8	1.3
Park Place Behavioral Health, Inc.	25,550	6,471	117%	1,926,189	(238,351)	-	18	43.5	20.8	22.7
Peace River Center	14,350	4,745	100%	1,763,669	(743)	-	142	27.8	13.0	14.7
PEMHS	23,258	14,041	94%	4,679,163	273,598	-	72	48.1	36.2	11.9
SALUSCARE, Inc. (formerly Lee Mental Health & SWFAS)	27,375	9,855	121%	3,538,109	(496,717)	-	58	51.5	32.6	18.9
SMA Behavioral Health Services	19,710	14,370	69%	5,059,268	1,681,947	14	244	40.5	27.0	13.4
South County Mental Health Center	12,775	7,464	117%	2,424,612	(401,084)	-	6	32.6	23.8	8.8

Facility	Licensed Bed Days	State- Contracted Bed Days	State- Contracted Bed Utilization (%)	Expenditures for State- Contracted Bed Days ¹	Potential Over/Underpayment for State-Contracted Bed Days	Potential Bed Days With Multiple Funding Sources	Number of Bed Days Over Capacity	Avg. Daily Census Total	Avg. Daily Census DCF	Avg. Daily Census Other Funding ²
The Centers, Inc.	18,250	9,908	68%	3,608,352	1,154,147	133	90	30.1	18.3	11.8
The Jerome Golden Center For Behavioral Health	15,155	8,567	136%	2,957,424	(1,077,413)	-	16	33.6	31.8	1.7
Tri-County Human Services, Inc.	7,300	3,650	102%	797,890	(15,083)	-	1	16.1	10.2	5.9
University Behavioral	31,168	593	1141%	207,254	(2,157,372)	-	174	25.0	18.5	6.5
Fiscal Year 2017-18 Total	751,594	317,718	97%	\$104,336,374	\$3,299,570	2,373	7,529	1,341.6	845.3	496.3

¹ Expenditures in this table are based on the number of beds purchased and the state's contracted rates with facilities and do not account for any subsequent adjustments.

² Payor sources include DCF, Medicaid, Medicaid HMO, Medicare, Medicare HMO, other government, local match, private HMO, private PPO, private insurance, and self-pay.

³ A payment bed rate was not available for Baptist Hospital. The amount of underpayment is calculated using the average bed rate for hospital CSUs.

Source: OPPAGA analysis of Department of Children and Families data.

Exhibit A-2

Thirty-Nine Providers Reported ACSU Data on Bed Days, Utilization, Expenditures, and Daily Censuses by Facility for Fiscal Year 2018-19¹

Facility	Licensed Bed Days	State-Contracted Bed Days	State-Contracted Bed Utilization (%)	Expenditures for State-Contracted Bed Days ²	Potential Over/Underpayment for State Contracted Bed Days	Potential Bed Days With Multiple Funding Sources	Number of Bed Days Over Capacity	Avg. Daily Census Total	Avg. Daily Census DCF	Avg. Daily Census Other Funding ³
Fiscal Year 2018-19										
Agency for Community Treatment Services, Inc.	3,650	3,650	40%	\$1,024,446	\$610,457	162	-	4.5	4.0	0.4
Apalachee Center, Inc.	10,220	7,665	86%	2,567,775	364,145	328	59	20.8	18.0	2.8
Aspire Health Partners	50,550	23,494	97%	7,187,950	169,162	-	132	110.2	62.4	47.7
Banyan Community	9,593	4,533	109%	1,741,470	(149,769)	-	729	26.4	13.5	13.0
Baycare Behavioral Health, Inc.	10,950	5,475	92%	1,937,165	153,558	-	-	25.5	13.8	11.7
Broward County-BARC	18,200	3,276	131%	1,070,793	(329,802)	-	-	40.7	11.7	28.9
Centerstone of Florida, Inc.	10,950	4,745	123%	1,879,020	(432,432)	-	221	26.8	16.0	10.8
Charlotte Behavioral Health Care, Inc.	13,044	5,427	95%	2,021,329	144,297	-	61	23.6	14.1	9.5
Chemical Addiction Recovery Effort	3,615	2,502	69%	558,002	173,670	-	105	6.9	4.7	2.1
Circles of Care, Inc.	43,350	20,375	103%	7,016,685	(320,556)	323	281	87.1	57.7	29.4
Citrus Health Network, Inc.	20,440	9,121	60%	3,894,816	1,551,867	-	124	30.9	15.0	15.8
Community Health of South Florida, Inc.	5,840	1,851	110%	739,350	(74,892)	-	12	12.5	5.6	6.9
David Lawrence Mental Health Center, Inc.	15,330	8,414	68%	2,931,168	896,204	-	123	32.8	15.6	17.2
Drug Abuse Foundation of Palm Beach	7,280	3,640	97%	826,280	20,884	-	32	19.3	9.7	9.6
First Step of Sarasota, Inc.	10,950	1,460	104%	351,057	(12,984)	-	-	17.4	4.1	13.2
Fort Walton Beach Medical Center	17,472	2,300	245%	669,992	(968,233)	-	183	43.9	15.4	28.5
Gateway Community Services, Inc.	4,220	2,800	147%	659,841	(309,664)	-	238	11.4	11.3	0.2
Guidance Care Center, Inc.	6,935	4,687	47%	1,557,405	817,292	-	9	8.3	6.1	2.3
Halifax Hospital Medical Center	9,090	1,688	237%	491,529	(671,684)	-	-	10.9	10.9	-
Henderson Behavioral Health	8,372	6,552	118%	1,989,646	(358,331)	-	43	21.2	21.2	-
Jackson Behavioral Health Hospital	7,300	5,322	68%	1,661,382	525,010	-	98	15.3	10.0	5.3
Key West HMA, LLC	9,125	573	0%	244,692	244,692	-	-	19.9	-	19.9
Lakeview Center, Inc.	10	10	100%	3,285	0	-	-	0.0	0.0	-
Life Management Center of N.W. Florida	3,630	3,176	77%	1,017,543	231,060	332	905	11.4	6.7	4.6

Facility	Licensed Bed Days	State-Contracted Bed Days	State-Contracted Bed Utilization (%)	Expenditures for State-Contracted Bed Days ²	Potential Over/Underpayment for State Contracted Bed Days	Potential Bed Days With Multiple Funding Sources	Number of Bed Days Over Capacity	Avg. Daily Census Total	Avg. Daily Census DCF	Avg. Daily Census Other Funding ³
LifeStream Behavioral Center	13,490	2,863	127%	1,170,190	(316,228)	-	1	21.0	9.9	11.1
Mental Health Care, Inc. d/b/a Gracepoint	32,120	10,950	112%	3,610,982	(450,466)	-	2,280	81.5	33.7	47.8
Meridian Behavioral Healthcare, Inc.	5,980	1,304	189%	401,443	(357,937)	-	-	7.9	6.8	1.1
New Horizons of the Treasure Coast	22,568	12,376	86%	3,535,805	576,185	-	529	46.9	29.1	17.8
North Broward Hospital District	3,442	2,920	99%	954,431	7,191	-	-	7.9	7.9	-
Northside Behavioral Health Center, Inc.	7,300	4,015	88%	1,393,486	166,941	-	-	13.9	9.7	4.2
Operation PAR, Inc.	12,775	6,205	81%	1,331,035	258,270	-	-	14.5	13.7	0.8
Park Place Behavioral Health, Inc.	18,250	4,635	80%	1,516,736	303,151	-	-	29.0	10.2	18.8
SALUSCARE, Inc. (formerly Lee Mental Health & SWFAS)	10,585	3,285	217%	967,662	(1,131,149)	-	55	22.4	19.5	2.9
SMA Behavioral Health Services	16,416	10,452	79%	3,641,443	806,194	-	1	35.2	22.7	12.5
South County Mental Health Center	12,775	7,300	109%	2,465,283	(213,770)	-	1	32.0	21.7	10.3
The Centers, Inc.	15,200	7,336	79%	2,659,350	555,199	-	114	25.7	15.8	9.8
The Jerome Golden Center For Behavioral Health	13,906	8,008	130%	2,776,097	(836,063)	-	5	31.3	28.6	2.7
Tri-County Human Services, Inc.	7,300	3,650	97%	837,785	21,805	-	-	14.7	9.7	5.0
University Behavioral	23,360	610	347%	213,093	(526,640)	-	2	45.8	5.8	40.0
Fiscal Year 2018-19 Total	515,583	218,643	99%	\$71,517,439	\$1,136,634	1,145	6,343	1,057.4	592.7	464.7

¹ Seven facilities are missing from Fiscal Year 2018-19 tables.

² Expenditures in this table are based on the number of beds purchased and the state's contracted rates with facilities and do not account for any subsequent adjustments.

³ Payor sources include DCF, Medicaid, Medicaid HMO, Medicare, Medicare HMO, other government, local match, private HMO, private PPO, private insurance, and self-pay.

Source: OPPAGA analysis of Department of Children and Families data.

APPENDIX B

The Department of Children and Families (DCF) expended nearly \$105 million in Fiscal Year 2017-18 for the availability of beds in public receiving facilities. When examined by facility type, adult CSUs had the highest expenditures for state-contracted bed days for both fiscal years: \$46 million in Fiscal Year 2017-18 and \$35 million in Fiscal Year 2018-19. Child CSUs had one of the lowest DCF utilization rates and thus were the facility type with the greatest number of bed days with potential multiple funding sources in Fiscal Year 2017-18. Although in Fiscal Year 2018-19 adult CSUs had slightly higher bed days with potential multiple funding sources, this fiscal year's data is incomplete due to missing provider data. (See Exhibits B-1 and B-2.) Examining facilities' average daily censuses, DCF clients make up the majority of patients in public receiving facilities in Fiscal Years 2017-18 and 2018-19 for all facility types, with the exception of child CSUs and CSU/ARFs. (See Exhibits B-3 and B-4.)

Exhibit B-1

Fiscal Year 2017-18 Expenditures and Overages by Facility Type and Age Group

Facility Type	Age Group	Licensed Bed Days	State-Contracted Bed Days	Expenditures for State-Contracted Bed Days ¹	Potential Over/Underpayment for State-Contracted Bed Days	Potential Bed Days With Multiple Funding Sources	Number of Bed Days Over Capacity
ARF	Adult	53,289	24,146	\$6,659,462	\$1,912,040	538	369
ARF	Children	17,330	7,005	2,303,415	1,583,324	84	-
CSU	Adult	243,572	131,867	45,999,209	1,892,310	228	3,073
CSU	Children	34,366	5,659	1,992,808	1,067,630	940	241
CSU	Mix	75,844	31,321	11,883,766	1,805,024	-	625
CSU/ARF	Adult	18,250	10,056	3,504,010	305,871	-	-
CSU/ARF	Children	26,104	7,786	2,840,633	1,527,486	-	70
CSU/ARF	Mix	25,550	13,847	5,071,548	164,787	566	876
Inpatient Detox	Adult	130,787	64,125	16,872,947	(14,545)	17	1,211
Hospital CSU	Adult	62,298	18,752	6,177,471	(3,351,444)	-	188
Hospital CSU	Children	19,309	2,426	719,395	(1,333,022)	-	-
Hospital CSU	Mix	44,895	730	311,710	(2,259,889)	-	876
Total		751,594	317,718	\$104,336,374	\$3,299,570	2,373	7,529

¹ Expenditures in this table are based on the number of beds purchased and the state's contracted rates with facilities and do not account for any subsequent adjustments.

Source: OPPAGA analysis of Department of Children and Families data.

Exhibit B-2

Fiscal Year 2018-19 Expenditures and Overages by Facility Type and Age Group¹

Facility Type	Age Group	Licensed Bed Days	State-Contracted Bed Days	Expenditures for State-Contracted Bed Days ²	Potential Over/Underpayment for State-Contracted Bed Days	Potential Bed Days With Multiple Funding Sources	Number of Bed Days Over Capacity
ARF	Adult	23,148	10,204	\$2,742,164	\$409,333	-	-
ARF	Children	9,490	5,763	1,926,846	1,200,721	162	-
CSU	Adult	188,869	101,653	34,941,358	1,984,285	332	4,235
CSU	Children	29,436	2,603	915,748	345,808	328	124
CSU	Mix	14,394	6,482	2,562,374	584,178	-	111
CSU/ARF	Adult	35,280	14,623	5,408,035	(1,209,900)	-	20
CSU/ARF	Children	26,260	8,050	2,847,836	1,787,850	-	157
CSU/ARF	Mix	17,736	7,417	2,975,641	(343,306)	-	224
Inpatient Detox	Adult	99,671	47,206	12,330,501	(971,261)	323	1,287
Hospital CSU	Adult	62,209	12,955	4,375,408	(1,979,390)	-	185
Hospital CSU	Children	9,090	1,688	491,529	(671,684)	-	-
Total		515,583	218,643	\$71,517,439	\$1,136,634	1,145	6,343

¹ Seven facilities are missing from Fiscal Year 2018-19 tables.

² Expenditures in this table are based on the number of beds purchased and the state's contracted rates with facilities and do not account for any subsequent adjustments.

Source: OPPAGA analysis of Department of Children and Families data.

Exhibit B-3

Fiscal Year 2017-18 Average Daily Census by Payor, Facility Type, and Age Group

Facility Type	Age Group	Average Daily Census							
		Total	DCF	Local Match	Medicaid	Medicare	Other Government	Private Insurance	Self-Pay
ARF	Adult	86.06	46.73	12.72	4.34	0.85	0.05	3.58	17.79
ARF	Children	6.36	5.75	0.04	0.05	-	-	0.33	0.19
CSU	Adult	515.90	346.90	36.04	63.47	20.07	1.59	35.73	12.10
CSU	Children	51.98	7.16	0.78	33.69	0.01	0.75	9.31	0.28
CSU	Mix	140.32	72.81	-	57.92	1.88	0.19	5.52	1.99
CSU/ARF	Adult	39.04	25.11	0.20	9.02	0.95	1.22	2.34	0.20
CSU/ARF	Children	42.14	9.75	0.04	21.13	0.01	0.01	10.90	0.31
CSU/ARF	Mix	61.49	36.40	-	15.86	0.44	2.31	5.98	0.51
Inpatient Detox	Adult	230.60	175.99	16.98	12.24	2.13	0.87	9.18	13.22
Hospital CSU	Adult	112.55	79.11	0.87	7.18	10.77	0.01	10.04	4.57
Hospital CSU	Children	18.71	18.21	-	-	-	-	0.01	0.49
Hospital CSU	Mix	36.45	21.40	-	1.70	6.66	0.12	3.05	3.52
Total		1,341.59	845.30	67.66	226.61	43.78	7.12	95.96	55.17

Source: OPPAGA analysis of Department of Children and Families data.

Exhibit B-4

Fiscal Year 2018-19 Average Daily Census by Payor, Facility Type, and Age Group¹

Facility Type	Age Group	Average Daily Census							
		Total	DCF	Local Match	Medicaid	Medicare	Other Government	Private Insurance	Self-Pay
ARF	Adult	45.52	24.35	12.45	3.18	0.39	0.01	1.45	3.69
ARF	Children	6.76	6.04	-	0.21	-	-	0.49	0.02
CSU	Adult	421.84	263.64	35.92	61.89	16.28	0.61	27.98	15.53
CSU	Children	43.40	4.39	0.54	29.55	0.01	0.96	7.64	0.31
CSU	Mix	30.96	13.70	-	9.19	0.66	0.03	6.43	0.94
CSU/ARF	Adult	75.41	48.54	0.10	12.81	2.06	2.76	8.96	0.19
CSU/ARF	Children	41.22	8.26	0.09	24.17	0.00	-	8.58	0.13
CSU/ARF	Mix	38.79	22.72	-	10.44	0.04	1.29	4.26	0.04
Inpatient Detox	Adult	201.30	137.26	17.97	10.10	1.64	0.31	6.72	27.30
Hospital CSU	Adult	141.24	52.86	0.06	21.13	27.76	3.91	25.52	10.01
Hospital CSU	Children	10.94	10.94	-	-	-	-	-	-
Total		1,057.39	592.72	67.13	182.66	48.84	9.87	98.03	58.14

¹ Seven facilities are missing from Fiscal Year 2018-19 tables.

Source: OPPAGA analysis of Department of Children and Families data.

AGENCY RESPONSE



**State of Florida
Department of Children and Families**

Ron DeSantis
Governor

Chad Poppell
Secretary

November 1, 2019

R. Phillip Twogood, Coordinator
OPPAGA
111 West Madison Street, Room 312
Tallahassee, FL 32399-1475

Dear Mr. Twogood:

The Department of Children and Families (DCF) has received and reviewed the preliminary findings and recommendations cited in the Office of Program Policy Analysis and Government Accountability's (OPPAGA) report titled, "The Acute Care Services Utilization (ACSU) Database Meets Statutory Requirements; Limitations Exist for Certain Types of Analyses" submitted to the department on October 31. Please consider this letter the department's official response to the report, in accordance with subsection 11.51(2), Florida Statutes.

The department acknowledges the finding of quality issues within the ACSU database related to the accuracy and consistency of data reported for FY 2018-19 and appreciates the caution provided to readers when viewing these results. As indicated in the preliminary report, the department transitioned parent databases, from the Substance Abuse and Mental Health Information System (SAMHIS) to the new Financial and Services Accountability Management System (FASAMS), in January 2019. Through validation exercises performed alongside OPPAGA during the auditing process, the department confirmed gaps in provider records in the FASAMS database.

The department does, however, propose exception to the methodology used to determine the finding of providers being overpaid or underpaid by the department, considering the following:

- Pursuant to financial rule 65E-14, F.A.C., Crisis Stabilization Units (CSUs) and Inpatient Detoxification Facilities are paid based on availability, not utilization. Public receiving facilities are required to accept all presenting individuals that meet the Baker Act level of care standard, regardless of payer. Considering payment made by the Managing Entities is based on availability, payment for beds not utilized would not constitute overpayment, nor would provision of services exceeding contracted bed days constitute underpayment.

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

Mission: Work in Partnership with Local Communities to Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

- The ACSU database represents point in time reporting and does not allow for reconciliation of payer type and actual utilization, which is completed by the provider prior to submission of invoices and other routine reports. It is a limited data set that represents the number of individuals presenting in crisis for services and does not reconcile actual utilization of bed days with payer source.

The department appreciates the opportunity to review this preliminary report and provide feedback. We are committed to improving the ACSU database and look forward to working together to develop a better understanding of the methodologies in question.

Sincerely,

A handwritten signature in black ink, appearing to read 'CPoppell', written over the printed name.

Chad Poppell
Secretary



OPPAGA

Office of Program Policy Analysis and Government Accountability

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OPPAGA supports the Florida Legislature by providing data, evaluative research, and objective analyses that assist legislative budget and policy deliberations. This project was conducted in accordance with applicable evaluation standards. Copies of this report in print or alternate accessible format may be obtained by telephone (850/488-0021), by FAX (850/487-3804), in person, or by mail (OPPAGA Report Production, Claude Pepper Building, Room 312, 111 W. Madison St., Tallahassee, FL 32399-1475).

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