

Report Number HC022845

Report Name Hospital Allocation Methodology Report by Mental Health Authority

Purpose Provides a monthly hospital funding report for each Mental Health Authority (MHA). Both general revenue activity and exemptions are listed by hospital, and the total for the authority is provided.

Distribution MHAs through VPS, Central Office

XPTR Reference Application: CARE
Directory: Census

Frequency Bi-monthly

Notes Report includes number of admissions with admission charge, resident and absent beddays for adult acute, adult subacute, adult residential rehabilitation, and child/adolescent, and the cost for general revenue activity. The number of admissions without admission charge, resident and absent beddays for adult and child/adolescent that are exemptions are also included..

Fields The table describes the fields as they are displayed on the report.

Field	Description
DATE PREPARED	Date report was produced.
TIME PREPARED	Time report was produced.
MH AUTHORITY	Component code and short name of the Mental Health Authority for which data is reported.
HOSPITAL	Component code and short name of the identified state hospitals or Rio Grande State Center. <u>Note:</u> Vernon units at North Texas State Hospital are excluded effective FY2008.
GR ACTIVITY # ADM WITH ADM CHARGE	Number of admissions with admission charge to the MH facility during the reporting period. <u>Note:</u> A transfer between facilities does not count as an admission.
ADULT ACUTE BEDDAYS RES	Number of adult acute beddays in residence at the MH facility during the reporting period.
ADULT ACUTE BEDDAYS ABSENT	Number of adult acute beddays with AHN absence at the MH facility during the reporting period.

continued on next page

Report Number HC022845, Continued

Fields, continued

Field	Description
ADULT SUBACUTE BEDDAYS RES	Number of adult subacute beddays in residence at the MH facility during the reporting period.
ADULT SUBACUTE BEDDAYS ABSENT	Number of adult subacute beddays with AHN absence at the MH facility during the reporting period.
ADULT RES REHAB BEDDAYS RES	Number of adult res rehab beddays in residence at the MH facility during the year-to-date reporting period
ADULT RES REHAB BEDDAYS ABSENT	Number of adult res rehab beddays with AHN absence at the MH facility during the year-to-date reporting period.
CHILD/ADOLESCENT BEDDAYS ABSENT	Number of child/adolescent beddays with AHN absence at the MH facility during the reporting period.
COST	Monthly cost of General Revenue activity for the MH facility. <u>Note:</u> Includes admission charges and charges for adult acute, adult subacute, adult res rehab, and child/adolescent beddays.
EXEMPTIONS # ADM W/O ADM CHARGE	Number of admissions without admission charge to the MH facility during the reporting period. <u>Note:</u> A transfer between facilities does not count as an admission.
ADULT BEDDAYS RES	Number of adult beddays (acute, subacute and res rehab) in residence at the MH facility that are exemptions (have bedday exceptions recorded) for the reporting period.
ADULT BEDDAYS ABSENT	Number of adult beddays (acute, subacute and res rehab) with AHN absence at the MH facility that are exemptions (have bedday exceptions recorded) for the reporting period.
CHILD/ADOLESCENT BEDDAYS RES	Number of child/adolescent beddays in residence at the MH facility that are exemptions (have bedday exceptions recorded) for the reporting period.
CHILD/ADOLESCENT BEDDAYS ABSENT	Number of child/adolescent beddays with AHN absence at the MH facility that are exemptions (have bedday exceptions recorded) for the reporting period.
MHA \$ ALLOCATION	Funds allocated to the Mental Health Authority for uninsured services for the fiscal year.

Report Number HC022845, Continued

Summary Pages
for Central Office

The table describes the fields as they are displayed in the summary.

Field	Description
DATE PREPARED	Date report was produced.
TIME PREPARED	Time report was produced.
LOCAL AUTH	Component code and short name of the local Mental Health Authority.
NBR ADMISSIONS W/ADM CHARGE	Number of admissions with admission charge to the MH facility during the reporting period for each MHA and all MHAs
W/O ADM CHARGE	Number of admissions without admission charge to the MH facility during the reporting period for each MHA and all MHAs.
TOTAL	Total of all admissions to the MH facility during the reporting period for each MHA and all MHAs.
NON-EXEMPT BEDDAYS ADULT ACUTE	Number of adult acute non-exempt beddays at the MH facility during the reporting period for each MHA and all MHAs.
ADULT SUBACUTE	Number of adult subacute non-exempt beddays at the MH facility during the reporting period for each MHA and all MHAs.
ADULT RES REHAB	Number of adult res rehab non-exempt beddays at the MH facility during the report period for each MHA and all MHAs.
CHILD/ADOLESCENT	Number of child/adolescent non-exempt beddays at the MH facility during the reporting period for each MHA and all MHAs.
TOTAL	Total of all non-exempt beddays at the MH facility during the reporting period for each MHA and all MHAs.
EXEMPT BEDDAYS ADULT	Number of adult exempt beddays at the MH facility during the reporting period for each MHA and all MHAs.
CHILD/ADOLESCENT	Number of child/adolescent exempt beddays at the MH facility during the reporting period for each MHA and all MHAs.
TOTAL	Total of all exempt beddays at the MH facility during the reporting period for each MHA and all MHAs.
TOTAL NON-EXEMPT & EXEMPT BEDDAYS	Total of all non-exempt and exempt beddays at the MH facility during the reporting period for each MHA and all MHAs.