



## View/Print this entire form's data for this facility

To print use the browser's print functionality, often found on the File menu.  
A separate report must be submitted for each facility served. Please submit completed electronic form by January 22nd, 2021.

### I. MANAGEMENT/OWNERSHIP

A. Facility Name:

Medical Director:

County:

Mailing Address:

City\_State\_ZIP:

Phone:

Fax:

Email Address:

Name of Facility Administrator:

Web Address:

EIN Number:

B. Type of Ownership

### II. FACILITY

A. Beds

Total number of licensed beds in 2019.	<input type="text"/>
Number of beds licensed but unavailable in 2019 ( <i>licensed but not usable for residents. For example, a room that has been converted to an office or a room that is closed for renovation</i> ).	<input type="text"/>
Total number of licensed and available beds in 2019. ( <i>1 minus 2</i> )	<input type="text"/>
Number of occupied beds in 2019 (days that residents are in beds or that beds are being held for residents)	<input type="text"/>
Number of beds that are vacant & available during 2019. (Equals 3 minus 4)	<input type="text"/>
<b>Note:</b> Recheck all conclusions for Section II, questions 1-5 so that: 1-2=3; 3-4=5	

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II. Facility, con't

**B. Resident Rooms**

(This question refers to the number of rooms, not the number of beds and not the number of residents).

Type of Resident Room	Number of Rooms
Number of rooms utilized for one resident	<input type="text"/>
Number of rooms utilized for two residents	<input type="text"/>
Number of rooms utilized for more than two residents	<input type="text"/>
Total number of resident rooms (should equal the first three rows)	<input type="text"/>

**C. Utilization**

	Arkansas Residents	Out of State Residents
<sup>1</sup> Total number of resident days for your facility in 2019	<input type="text"/>	<input type="text"/>
Total number of residents who were discharged (including death) from your facility in 2019	<input type="text"/>	<input type="text"/>
<sup>2</sup> Total number of Discharge days for your facility in 2019	<input type="text"/>	<input type="text"/>
<sup>3</sup> Average length of stay (in days) for residents in your facility	<input type="text"/>	<input type="text"/>

Note <sup>1</sup> **A resident day** is one resident in a bed for one day. If you had one resident for a year that would be 365 resident days; for a resident that did not stay for the entire year, count the number of days that the resident was in your facility. For example, a resident who stayed for 54 days would equal 54 resident days.

Note <sup>2</sup> **Discharge days** is the sum of the total number of resident days from the admit date to the discharge date for each resident who was discharged in 2019. For example if 5 persons were discharged after 30 days in your facility and residents were discharged after 15 days in your facility, the total number of discharge days would be (5 x 30) + (6 x 15) which equals 150 + 90 = 240 discharge days.

Note <sup>3</sup> **Average length of stay [LOS]** is calculated by total discharge days / number of discharges. Using the above example, total discharge days = 240 and total discharges = 5+6 or 11; therefore, the average LOS = 240/11 = 21.8 days.

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**III. OPERATIONS/COST**

**A. Payment Source**

Type of Reimbursement	Number of 2019 Arkansas Residents who utilized this payment source	Number of 2019 Arkansas Resident days billed to this payment source	Number of 2019 Out of State Residents who utilized this payment source	Number of 2019 Out of State Resident days billed to this payment source
Private Insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Arkansas Medicaid	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medicaid (state other than AR)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CHAMPUS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (Specify below)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Note to Specify Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Page 2 Total AR

Page 2 Total OS

Res Days: []

Res Days: []

**IV. RESIDENT INFORMATION**

**A. 2019 Admissions Diagnosis by Age, Gender, Race and Residence**

<b>Admissions by Race</b>		<b>Caucasian or White</b>	<b>African American or Black</b>	<b>Other</b>
Number of Arkansas Residents		<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of Out of State Residents		<input type="text"/>	<input type="text"/>	<input type="text"/>
Total		<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Summary Calculations</b>		Total AR Resident Admissions:	Total OS Resident Admissions:	The Grand Total of All Admissions:
		<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

<b>Admissions, Sex by Age</b>	<b>0-5 years old</b>	<b>6-10 years old</b>	<b>11-15 years old</b>	<b>16-18 years old</b>	<b>19-20 years old</b>
Number of Male Arkansas Residents	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of Male Out of State Residents	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Males	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of Female Arkansas Residents	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of Female Out of State Residents	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Females	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Summary Calculations</b>		Total AR Resident Admissions:	Total OS Resident Admissions:	Grand Total Male Admissions:	Grand Total Female Admissions:
		<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

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**B. Origin of 2019 Residents**

<b>Referred from:</b>	<b>Number of Arkansas Residents</b>	<b>Number of Out of State Residents</b>	<b>Total number of residents admitted in 2019 by referral source</b>
DHS/DYS	<input type="text"/>	<input type="text"/>	<input type="text"/>
Court/Juvenile Officer or system	<input type="text"/>	<input type="text"/>	<input type="text"/>
Juvenile Detention Center	<input type="text"/>	<input type="text"/>	<input type="text"/>
Another PRTF	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emergency Shelter	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family or self referral	<input type="text"/>	<input type="text"/>	<input type="text"/>
Acute Psychiatric Hospital	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physician (other than PCP Admitting physician)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Out Patient Providers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Schools	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (Identify)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Note	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total (should equal your total number of in state [0] and out of state [0] 2019 admissions).	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Of your total admissions in 2019, how many children have previous admissions to your facility or to another residential psychiatric facility or psychiatric hospital?**

<b>Arkansas Residents</b>	<b>Out of State Residents</b>	<b>Total</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**C. 2019 Discharges**

Discharge To:	Arkansas Residents	Out of State Residents
Home- Parents/ Guardian	<input type="text"/>	<input type="text"/>
Home- Other Relative	<input type="text"/>	<input type="text"/>
Foster care	<input type="text"/>	<input type="text"/>
Hospital	<input type="text"/>	<input type="text"/>
Another PRTF in AR	<input type="text"/>	<input type="text"/>
PRTF in another state	<input type="text"/>	<input type="text"/>
Group Home	<input type="text"/>	<input type="text"/>
Death	<input type="text"/>	<input type="text"/>
Other (Specify)	<input type="text"/>	<input type="text"/>
Other Note	<input type="text"/>	<input type="text"/>
<i>*Total (this total should equal the resident discharge total on page 2, Section C, Utilization [AR ; OS ]).</i>	<input type="text"/>	<input type="text"/>

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**D. Direct Care Providers**

*\* Example: If you have 3 registered nurse positions and 6 nurses rotate through those positions in 2019, we want the number 3, not the number 6.*

Profession	Number of full-time professional positions	Number of part-time professional positions
Psychiatrist	<input type="text"/>	<input type="text"/>
Psychologist	<input type="text"/>	<input type="text"/>
Registered Nurse	<input type="text"/>	<input type="text"/>
LPN or LVN	<input type="text"/>	<input type="text"/>
MSW (LCSW)	<input type="text"/>	<input type="text"/>
SW (LSW)	<input type="text"/>	<input type="text"/>

Paraprofessional	<input type="text"/>	<input type="text"/>
Physician (other than Psychiatrist)	<input type="text"/>	<input type="text"/>
Licensed Teachers (Academic)	<input type="text"/>	<input type="text"/>
Speech Therapist	<input type="text"/>	<input type="text"/>
Recreation Therapist	<input type="text"/>	<input type="text"/>
Other Therapist	<input type="text"/>	<input type="text"/>
Other Staff (List)	<input type="text"/>	<input type="text"/>

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**E. Discharges by Diagnostic Code**

Primary <b>DISCHARGE</b> Diagnosis/ Diagnostic Code	Arkansas Residents	Out of State Residents
<b>F01-F09</b> Mental disorders due to known physiological conditions	<input type="text"/>	<input type="text"/>
<b>F10-F19</b> Mental and behavioral disorders due to psychoactive substance use	<input type="text"/>	<input type="text"/>
<b>F20-F29</b> Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders	<input type="text"/>	<input type="text"/>
<b>F30-F39</b> Mood [affective] disorders	<input type="text"/>	<input type="text"/>
<b>F40-F48</b> Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders	<input type="text"/>	<input type="text"/>
<b>F50-F59</b> Behavioral syndromes associated with physiological disturbances and physical factors	<input type="text"/>	<input type="text"/>
<b>F60-F69</b> Disorders of adult personality and behavior	<input type="text"/>	<input type="text"/>
<b>F70-F79</b> Intellectual disabilities	<input type="text"/>	<input type="text"/>
<b>F80-F89</b> Pervasive and specific developmental disorders	<input type="text"/>	<input type="text"/>
<b>F90-F98</b> Behavioral and emotional disorders with onset usually occurring in childhood and adolescence	<input type="text"/>	<input type="text"/>
<b>F99-F99</b> Unspecified mental disorder	<input type="text"/>	<input type="text"/>
<b>Z71.89</b> Other specified counseling	<input type="text"/>	<input type="text"/>
<b>Z69.021</b> Encounter for mental health services for perpetrator of non-parental child abuse	<input type="text"/>	<input type="text"/>
<b>T74.12XA</b> Child physical abuse, confirmed, initial encounter	<input type="text"/>	<input type="text"/>
Other Diagnosis	<input type="text"/>	<input type="text"/>
Other Diagnosis Note	<input type="text"/>	<input type="text"/>
TOTAL (this total should equal the resident discharge total on page 2, Section C, Utilization [AR ; OS ]).	<input type="text"/>	<input type="text"/>

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**F. Complete the Following Question Using the County of Patients' Residence**

<b>County Name</b>	<b>Resident Count by Child's County of Residence</b>
Arkansas	<input type="text"/>
Ashley	<input type="text"/>
Baxter	<input type="text"/>
Benton	<input type="text"/>
Boone	<input type="text"/>
Bradley	<input type="text"/>
Calhoun	<input type="text"/>
Carroll	<input type="text"/>
Chicot	<input type="text"/>
Clark	<input type="text"/>
Clay	<input type="text"/>
Cleburne	<input type="text"/>
Cleveland	<input type="text"/>
Columbia	<input type="text"/>
Conway	<input type="text"/>
Craighead	<input type="text"/>
Crawford	<input type="text"/>
Crittenden	<input type="text"/>
Cross	<input type="text"/>
Dallas	<input type="text"/>
Desha	<input type="text"/>
Drew	<input type="text"/>
Faulkner	<input type="text"/>
Franklin	<input type="text"/>
Fulton	<input type="text"/>
Garland	<input type="text"/>
Grant	<input type="text"/>
Greene	<input type="text"/>
Hempstead	<input type="text"/>
Hot Spring	<input type="text"/>
Howard	<input type="text"/>
Independence	<input type="text"/>
Izard	<input type="text"/>
Jackson	<input type="text"/>
Jefferson	<input type="text"/>

	<input type="text"/>
<b>Johnson</b>	<input type="text"/>
<b>Lafayette</b>	<input type="text"/>
<b>Lawrence</b>	<input type="text"/>
<b>Lee</b>	<input type="text"/>
<b>Lincoln</b>	<input type="text"/>
<b>Little River</b>	<input type="text"/>
<b>Logan</b>	<input type="text"/>
<b>Lonoke</b>	<input type="text"/>
<b>Madison</b>	<input type="text"/>
<b>Marion</b>	<input type="text"/>
<b>Miller</b>	<input type="text"/>
<b>Mississippi</b>	<input type="text"/>
<b>Monroe</b>	<input type="text"/>
<b>Montgomery</b>	<input type="text"/>
<b>Nevada</b>	<input type="text"/>
<b>Newton</b>	<input type="text"/>
<b>Ouachita</b>	<input type="text"/>
<b>Perry</b>	<input type="text"/>
<b>Phillips</b>	<input type="text"/>
<b>Pike</b>	<input type="text"/>
<b>Poinsett</b>	<input type="text"/>
<b>Polk</b>	<input type="text"/>
<b>Pope</b>	<input type="text"/>
<b>Prairie</b>	<input type="text"/>
<b>Pulaski</b>	<input type="text"/>
<b>Randolph</b>	<input type="text"/>
<b>Saline</b>	<input type="text"/>
<b>Scott</b>	<input type="text"/>
<b>Searcy</b>	<input type="text"/>
<b>Sebastian</b>	<input type="text"/>
<b>Sevier</b>	<input type="text"/>
<b>Sharp</b>	<input type="text"/>
<b>St. Francis</b>	<input type="text"/>
<b>Stone</b>	<input type="text"/>
<b>Union</b>	<input type="text"/>
<b>Van Buren</b>	<input type="text"/>

Washington	<input type="text"/>
White	<input type="text"/>
Woodruff	<input type="text"/>
Yell	<input type="text"/>
STATE TOTAL	<input type="text"/>

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#### V. COMMENTS AND/OR EXPLANATIONS

Please comment on any responses not completed or responses that require clarification.

Thank you for completing this annual report!

If there are any questions about your responses to this report, who should be contacted?

Name:

Title or Position:

Phone Number:

Email:

Due Date: January 22nd, 2021

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Email David Rasmussen, [drrasmussen@ualr.edu](mailto:drrasmussen@ualr.edu), for assistance.

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