



National Association of Addiction Treatment Providers

Data Set Collection Benchmark Form - 2009

CONTACT INFORMATION

Provide the below data for the **Most Recently Completed Fiscal Year** for your organization. Return this form to the NAATP Office or complete on line by April 15, 2009.

**National Association of Addiction Treatment Providers
313 W. Liberty Street, Suite 129
Lancaster, PA 17603-2748**

ALL INFORMATION WILL BE CONFIDENTIALLY AND STRICTLY MAINTAINED AT THE NAATP OFFICE

| | |
|------------------------------|---------|
| Benchmark Contact Person | |
| Email | |
| Organization Name | |
| Address | |
| City | |
| State | |
| Zip | |
| Phone | |
| Fax | |
| Organization Chief Executive | |
| Are you accredited by | JCAHO |
| | CARF |
| | Both |
| | Neither |



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| INPATIENT &/OR RESIDENTIAL REHAB PROGRAMS; DETOXIFICATION PROGRAMS | | | | DEFINITIONS |
|---|--|-----------------|--|---|
| INDICATORS | ANSWERS | | | |
| | ADULT | INPATIENT DETOX | ADOL | |
| | INPATIENT &/OR RESIDENTIAL REHAB (Primary Treatment) | | INPATIENT &/OR RESIDENTIAL REHAB (Primary Treatment) | |
| Percent (%) of patients who leave AMA/ATA/ACA <small>(See Def #1)</small> from the programs listed to right | % | % | % | #1. AMA = Against Medical Advice/Against Treatment Advice/Against Clinical Advice Any discharge initiated by the patient before the completion of the treatment process or meeting the treatment goals. |
| Average LOS <small>(See Def #2)</small> for patients who left AMA/ATA/ACA from programs listed to right | | | | |
| Percent (%) of patients who are administratively discharged –Discharges initiated by the facility or program for activity in violation of facility or program’s policy and procedures | % | % | % | #2. Average LOS (Length of Stay) total patient days for a particular level of care ÷ total discharges for this level of care. |
| Average LOS from patients completing treatment | DAYS | DAYS | DAYS | |
| Average occupancy percentage (average daily census ÷ total available beds) | % | % | % | #3. Participates = a minimum of 3 hours involvement at primary treatment location in activities that are structured and designed by clinical staff |
| Total number of beds available | | | | |
| Percent (%) of all admitted patients admitted on psychopharmacologic medication – Any drug whose intended effect is to alter perception, mental status or behavior | % | % | % | #4. FTE = Total organization salary hours paid ÷ 2080 |
| Percent (%) of all admitted patients discharged on psychopharmacologic medication – Any drug whose intended effect is to alter perception, mental status or behavior | % | % | % | |
| Percent of patients with at least one family member/significant other who participates in family treatment (inpatient/residential) <small>(See Def #3)</small> | % | % | % | |
| FTE per Equivalent Patient Days <small>(For Definition of FTE, see Def #4 and attachment 1)</small> (for formula of “FTE per Equivalent Pt Days”, see Attachment 1 at end of this document) This formula will include all staff in the organization | | | | |
| Conversion Rate: Percentage of actual admissions vs. scheduled admissions : (Actual admissions ÷ Scheduled Admissions) | % | % | % | |
| Conversion Rate: Calls to scheduled admissions (Total calls ÷ scheduled admissions) | | | | |
| Nursing Care hours per patient day | | | | |
| Percentage of total admissions to your organization’s Inpatient Detox program who were discharged from your program’s Inpatient Detox program within thirty (30) days of this admission | | % | % | |
| EXTENDED RESIDENTIAL CARE (ALOS longer than 35 days) | Average LOS <small>(See Def #2)</small> for residential Adult Extended Care Treatment | | | |
| | Average LOS <small>(See Def #2)</small> for residential Adolescent Extended Care Treatment | | | |



Data Set Collection Benchmark Form - 2009

| INPATIENT AND DETOXIFICATION PROGRAMS (Combined) | | | | DEFINITIONS | | |
|---|---------|-------|-------|---|---|---|
| Based on a review of a typical week or month, please estimate the percentage of patients who receive any kind of prescribed (not over-the-counter) medication during their stay in your organization: | | ADULT | % | ADOL | % | |
| OUTPATIENT (Various Program Levels) | | | | <p>#1. AMA = Against Medical Advice/Against Treatment Advice/Against Clinical Advice Any discharge initiated by the patient before the completion of the treatment process or meeting the treatment goals.</p> <p>#2. Average LOS (Length of Stay) Total patient days for a particular level of care ÷ total discharges for this level of care.</p> <p>#3. FTE = Total organization salary hours paid ÷ 2080</p> <p>#4. Participates = a minimum of 3 hours involvement at primary treatment location in activities that are structured and designed by clinical staff</p> <p>#5 Average Length of Time = Using a sample of the average number of hours between first call/contact and actual first appointment (including assessment) where service is provided face-to-face.</p> | | |
| INDICATORS | ANSWERS | | | | | |
| Do you offer an outpatient detoxification program? | YES | NO | | | | |
| Average Daily Census (ADC) in your outpatient detoxification program | | | | | | |
| Percent (%) of patients who AMA/ATA/ACA <small>(See Def #1)</small> from your outpatient detoxification program | | | % | | | |
| Average LOS <small>(See Def #2)</small> for Intensive Outpatient Program | ADULT | ADOL | | | | |
| How long does it take to “receive” outpatient services in your system? <small>(Average length of time from first call/contact to first appointment in your system) <small>(See Def #5)</small></small> | | | HOURS | | | |
| Conversion Rate for all Outpatient Services: Percentage of actual admissions to all outpatient services: Actual Admissions ÷ Scheduled Admissions | | | % | | | |
| Percent of “No Shows” – The percent of persons who do not show up for the first scheduled appointment, including assessments | | | % | | | |
| Do you provide an “Evening IOP” Program? | YES | NO | | | | |
| Total hours Per Week offering Outpatient clinical services | OP | IOP | | | | |
| What are clinical productivity rates for your primary outpatient counselors? <small>(Total billable hours ÷ total primary outpatient counselor FTE’s) [Billable hours per week per outpatient counselor]</small> | | | HOURS | | | |
| Total outpatient revenue ÷ total outpatient FTE’s - ADULT ONLY [revenue dollars per outpatient FTE] Annual <small>(See Def #3 re FTE)</small> (Revenue = Gross revenue) | \$ | | | | | |
| Total outpatient revenue ÷ total outpatient FTE’s - ADOLESCENT ONLY [revenue dollars per outpatient FTE] Annual <small>(See Def #3 re FTE)</small> (Revenue = Gross revenue) | \$ | | | | | |
| Outpatient operations are what Percentage (%) of total gross revenue of all operations? | | | % | | | |
| Percent of families/significant other who participate in family treatment (outpatients) <small>(See Def #4)</small> | ADULT | % | ADOL | | | % |
| Percent (%) of all admitted patients admitted on psychopharmacologic medication – Any drug whose intended effect is to alter perception, mental status or behavior | ADULT | % | ADOL | | | % |



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INPATIENT & OUTPATIENT COMBINED / TOTAL ACTIVITY

| | | |
|---|----------------|--|
| Size of organization | Total Revenue | UNDER \$5 MILLION DOLLARS \$5 MILLION TO \$10 MILLION DOLLARS \$10 MILLION TO \$25 MILLION DOLLARS \$25 MILLION AND ABOVE |
| | Total FTE's | UNDER 25 FTE'S 25 TO 45 FTE'S 45 TO 75 FTE'S ABOVE 75 FTE'S |
| Revenue per FTE: Total patient revenues divided by total number of FTE's | | |
| Percent of dollars given via philanthropy which goes to operating revenue | | % |
| Total administrative expenses as a percent of total revenue (Total administrative expenses / total revenue) . (For the purposes of this item, use the following items as items to include in the administrative total, general administrative and board expenses, general administrative salaries, directors & officers insurance, strategic management/planning, human resources, accounting/billing/contracting/legal/audit, public relations, marketing, information technology/telecommunications, corporate compliance, research, purchasing/mailroom.) | | % |
| Medication Costs per patient day – (Total Medication Costs/Total Inpatient Days = Medication Costs per Patient Day) | | |
| Total cost of Salaries as a percent (%) of total operating expenses | | % |
| Percent of Operating Expense Budget spent on Marketing and PR activities (excluding salary dollars) | | % |
| Do you offer a PTO (Paid Time Off) benefit package | YES | NO |
| If the answer is YES , indicate the number of PTO Days provided to your employees | TOTAL PTO DAYS | |
| | SICK DAYS | |
| | VACATION | |
| | HOLIDAYS | |
| If the answer is NO , indicate the number of days provided via a “traditional” benefit package | EARNED | |
| | PERSONAL | |
| Using the ASAM PPC-2R Criteria, - Do you offer Level IV Detoxification Services? | YES | NO |
| Using the ASAM PPC-2R Criteria, - Do you offer Level IV Medically Managed Treatment Services? | YES | NO |
| Number of days in Accounts Receivable (Total Gross Dollars Receivable ÷ average daily gross revenue for last 90 days) | DAYS | |



Data Set Collection Benchmark Form - 2009

| INPATIENT & OUTPATIENT COMBINED / TOTAL ACTIVITY (See Definitions to the Right) | | DEFINITIONS |
|---|---------------|----------------|
| Percent (%) Counseling Staff TURNOVER rate during the past fiscal year. (Counseling staff turnover – termination or resignation (divided) by total number of counseling staff at beginning of fiscal year) | | % |
| Percent (%) Nursing Staff TURNOVER rate during the past fiscal year. (Nursing staff turnover – termination or resignation (divided) by total number of nursing staff at beginning of fiscal year) | | % |
| Percent (%) of TOTAL Staff TURNOVER rate during the past fiscal year. (Total staff turnover – termination or resignation divided by total number of staff at the beginning of fiscal year) | | % |
| Total Discharges from all Inpatient &/or residential Rehabilitation Programs during last fiscal year | ADULT | ADOL |
| Total Discharges from all Outpatient Rehabilitation Programs during last fiscal year | ADULT | ADOL |
| Final Diagnosis by Category: Provide the percentage of your total discharges using the following categories. Your total should equal 100% (Please fit your numbers into the categories listed below) | NUMBER | PERCENT |
| Total number of discharges from total operations in last fiscal | | |
| Number of discharges with primary diagnosis of Alcoholism | | |
| Number of discharges with primary diagnosis of Heroin dependence | | |
| Number of discharges with primary diagnosis of Other dependence | | |
| Number of discharges with primary diagnosis of Cocaine dependence | | |
| Number of discharges with primary diagnosis of Other Stimulants | | |
| Number of discharges with primary diagnosis of Prescription Meds | | |
| | TOTAL | |
| Are you a for-profit or a not-for-profit entity? | FOR-PROFIT | NOT-FOR-PROFIT |
| Do you provide charity care (free or discounted patient financial assistance in your programs?) | YES | NO |
| If yes, on a percentage of adjusted patient service revenue basis (gross revenue less governmental and contractual (insurance) discounts), how much charity care did you award in your most recently completed fiscal year? (This should not include bad debt writeoffs). | | % |
| Do you place a dollar value on the community benefits you provide (not including charity care) on an annual basis? | YES | NO |
| If so, what was that community benefit amount (not including charity care) for your most recently completed fiscal year? | \$ | |
| Does this amount appear on your audited financial statement? | YES | NO |
| Ratio of uncompensated care to total operation revenue using the following formula: (Bad Debt expense + Charity Care) / Total Operating Revenue | | % |

In responding to the staff turnover questions, please use the following definitions in order to achieve consistency across all organizations responding to the questions.

1. All turnover rates should be calculated on FTE's (Full Time Equivalent). Translate positions to FTE's.
2. Do not include per diem employees in the calculations, only calculate payroll staff.
3. For this collection instrument, the definition of counseling staff should be limited to primary therapists, those individuals who are in charge of a patient's care/treatment.
4. For this collection instrument, the definition of nursing staff should be nursing staff who provide direct and traditional nursing care to patients. Do not include nurses who do UR work or who are employed primarily as counselors.



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| | | | | | |
|---|---|-------------|---|---|-------------|
| Percent (%) of INPATIENT OPERATIONS GROSS REVENUE received from: | Medicare | | Percent (%) of OUTPATIENT OPERATIONS GROSS REVENUE received from: | Medicare | |
| | Medicaid | | | Medicaid | |
| | Self Pay | | | Self Pay | |
| | Insurance | | | Insurance | |
| | Philanthropy | | | Philanthropy | |
| | Other (includes State, County, etc funds and block grants & other grants) | | | Other (includes State, County, etc funds and block grants & other grants) | |
| | TOTAL: | 100% | | TOTAL: | 100% |
| Percent (%) of TOTAL OPERATIONS GROSS REVENUE received from: | Medicare | | Percent of decisions you appeal by the following Managed Care Organizations: | | |
| | Medicaid | | Magellan | % | |
| | Self Pay | | UBH | % | |
| | Insurance | | Value Options | % | |
| | Philanthropy | | Health Management Strategies (HMS) | % | |
| | Other (includes State, County, etc funds and block grants & other grants) | | Totals must equal 100%. | | |
| TOTAL: | 100% | | | | |

Please return the completed survey before April 15, 2009 to:

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ATTACHMENT 1: FORMULA FOR FTE PER EQUIVALENT PATIENT DAYS

1. FTE per Equivalent Patient Days

The following “formula” will replace the FTE’s per occupied bed formula. This formula can be used for both inpatient and inpatient/outpatient combined operations to get a staffing ratio. This formula is intended to count **all** staff.

| | | | | | |
|-----------------------|------------------------------------|---|----------------------------------|---|--|
| STEP 1: | <input type="text"/> | ÷ | <input type="text"/> | = | <input type="text"/> |
| | Inpatient Revenue | | Inpatient Days | | X |
| STEP 2: | <input type="text"/> | ÷ | <input type="text"/> | = | <input type="text"/> |
| | Outpatient Revenue | | X | | Y (Outpatient equivalent Patient Days) |
| STEP 3: | <input type="text"/> | + | <input type="text"/> | = | <input type="text"/> |
| | Inpatient Days | | Y | | Z (Total equivalent Patient Days) |
| STEP 4: | <input type="text"/> | ÷ | <input type="text"/> | = | <input type="text"/> |
| | Z | | 365 | | Adjusted Equivalent Patient Days |
| STEP 5 -Final: | <input type="text"/> | ÷ | <input type="text"/> | = | <input type="text"/> |
| | FTE <small>(See Def Below)</small> | | Adjusted Equivalent Patient Days | | FTE’s per equivalent Patient Days |

(Definition of FTE: Total organization salary hours paid ÷ 2080)