

**CERTIFICATE OF NEED APPLICATION
INTERMEDIATE CARE FACILITY**

Matter No. 22-02-2459

Pascal Crisis Stabilization Center
43 Community Place
Crownsville, Maryland 21032

Response to MHCC Letter of October 19, 2022
Request for additional information.

October 30, 2022





Pascal Crisis Services, Inc.

Robert A. Pascal Youth & Family Services, Inc. • Pascal Crisis Stabilization Center
1215 Annapolis Road, Suite 204, Odenton, MD 21113
(410) 975-0067

October 30, 2022

VIA Email & Hard Copy Delivered

Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215
Attn: Ms. Ruby Potter

Re: Pascal Crisis Services, Inc.
Establish a Track Two ICF
Matter No. 22-02-2459

Dear Ms. Ruby Potter,

On behalf of applicant Pascal Crisis Services, Inc., per Commission Staff's standing request, we are submitting four copies of Pascal's response to MHCC request for additional information letter of October 19, 2022.

I hereby certify that the information contained within this application is true and accurate to best of my knowledge.

Katherine Bonincontri, M.H.R., M.S., LCPC-S
President and Executive Director

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The following responses address the MHCC request for information dated October 19, 2022.

NEED:

1. On page 26 of the original application, you cite the September 2021 University of Maryland’s Opioid Treatment Programs in Maryland Needs Assessment Report, and state that when “comparing treatment need to OTP capacity, it is estimated that there are over 11,000 Marylanders in need of OUD treatment that OTPs do not have the capacity to treat five jurisdictions having a treatment need exceeding OTP treatment capacity by more than a thousand persons – Montgomery County, Prince George’s County, Anne Arundel County, Baltimore County, and Frederick County.”

This statement does not fully address the need standard for increased services. Please provide specific information and data that supports the need for an increase in services, both for the population in Anne Arundel County and the primary service area. Include more detail about the populations, such as any assumptions made regarding population growth, future volumes, or other variables, and information on the methodology used to determine need.

Applicant Response 1: The need for additional 3.7/3.7WM Track 2 ICF beds, specifically for Track 2 eligible individuals is so great it has been quantified by many State and private agencies. Pascal’s entire motive for requesting this 20 Track 2 3.7/3.7WM ICF beds is to augment the 24/7/365 Withdrawal Management (Medically Assistant Treatment) services provided at the Pascal Crisis Stabilization Center. In 2022, Pyramid Healthcare, Inc., provided information to the commission supporting the need for additional ICF beds. The data points listed in the Pyramid Healthcare, Inc. response are applicable to Pascal’s application for 20 Track 2 3.7/3.7WM ICF bed application.

In the Application of Pyramid Healthcare, Inc. for an Intermediate Care Facility Docket No. 22-16-2425, on page two of their response to the MHCC, which includes the following:

“The number of unintentional drug-and-alcohol related overdose fatalities increased by 317.1 percent between 2011 and 2020. Maryland Department of Health, Data-Informed Overdose Risk Mitigation (“DORM”) 2021 Annual Report, p. 4.1” Available at <https://beforeitstoolate.maryland.gov/resources/>

“From 2019 to 2020 alone, there was a 17.7% increase in overdose-related deaths, with 2,379 fatal overdoses in the State. Id, p. 2. Maryland’s Opioid Operational Command Center (“OOC”) acknowledged in its 2020 Annual Report that “the pandemic has undoubtedly had a large impact on fatal overdose rates.” OOC 2020 Annual Report, p. 3.” Available at <https://beforeitstoolate.maryland.gov/ooc-data-dashboard/>

Based on the data, the need for 3.7/3.7WM services will continue to increase in the future as the effects of the pandemic will continue to impact the citizens of Maryland. The sharp increase of opioid overdoses in the last 3 years, and the increased misuse of other substances, provides evidence for the need for additional ICF beds.

The Commission’s decision regarding Recovery Centers of America – Waldorf, Docket No. 15-08-2362, on January 9, 2016, pg. 42, concluded, “Rather, where the need for services outstrips the supply, the Commission has determined that existing providers are not likely to be significantly harmed by the addition of more beds.” Considering the increase in opioid and fentanyl use, combined with the recent increased misuse of MDMA and alcohol, the Commission’s decision is even more relevant today and supports the need for increased access to Track 2 ICF beds.

Evidence of Need Based on the State Opioid Response (SOR) Program

The data represented in the table below demonstrates a staggering need for additional detox services. Because of the lack of ICF beds, many eligible Track 2 patients in desperate need of immediate withdrawal management services are referred to Pascal and admitted from the SOR program. A primary reason is due to admission restrictions of the other 3.7/3.7WM licensed providers.

SOR Meeting Notes - Data from AACO HD SOR Grant Office			
Meeting from Feb 4, 2022	Provider	Bed Capacity	# of Admissions
	Pascal	15	86
	Harbour House	4	0
	Gaudenzia	16	1
Meeting from April 1, 2022	Provider	Bed Capacity	# of Admissions
	Pascal	15	84
	Harbour House	4	0
	Gaudenzia	16	16
Meeting from June 2022	Provider	Bed Capacity	# of Admissions
	Pascal	15	71
	Harbour House	4	0
	Gaudenzia	16	14
Meeting from Oct 7, 2022	Provider	Bed Capacity	# of Admissions
	Pascal	15	81
	Harbour House	4	0
	Gaudenzia	16	9

These individuals are referred to Pascal because of the 24/7/365 access to care. Pascal provides immediate stabilization services that include the most important element unique to Pascal, and that is mental health services and an immediate assessment by a licensed mental health clinician for co-occurring diagnosis along with immediate access to MAT. No other provider offers the combination of services in one location similar to Pascal. Pascal’s application for 20 Track 2 ICF beds should be approved as none of the existing 3.7/3.7WM providers offer same-day, or immediate admission; this fact alone exemplifies the unique contribution of Pascal’s service delivery model and substantiation of the rationale for the CON’s approval.

2. Please provide the following information, and any additional information and data supporting the need for the program:

a. What has been the daily census or bed occupancy for the last three years at PASCAL, and what has been the average length of stay (ALOS)?

Applicant Response 2a: The average length of stay for the last three years at Pascal is 5.9 days. Pascal’s ALOS is highly consistent with other Maryland Track 2 providers. This calculation is based on internal data, SOR authorizations and discharges, and includes patients from the State Opioid Response (SOR) grant referrals, Residential Crisis Services referrals, and urgent care patient admissions. Because Pascal is accredited in nine separate mental health and substance use licensures, the individual patient’s ALOS varies based on the level of care needed and the availability of follow-on care.

Referencing the matter of ALOS, in the 2022 application of Pyramid Healthcare, Inc. for an Intermediate Care Facility Docket No. 22-16-2425, on page eight of the response the applicant’s “...projected ALOS is also squarely in line with, and slightly under, that of other Maryland Track Two providers. The Maryland Department of Health provided the following table in its July 19, 2021 Report on Substance Use Disorder (SUD) Treatment in the Medicaid Program (highlight added):”

Table 3
Report on Substance Use Disorder (SUD)
Treatment Limitations in the Medicaid Program
Table 1. SUD Residential Services by ASAM Level of Care,
July 1, 2017–December 31, 2019

Metric	SUD ASAM LEVEL OF CARE				
	Level 3.1	Level 3.3	Level 3.5	Level 3.7	Level 3.7WM
Number of Individuals	1,481	3,940	6,809	13,745	12,005
Total Number of Days	104,025	194,357	277,451	265,017	89,404
Days paid out of state funds because of the two episode 30-day limit rule but have MA eligibility	74,272 (71%)	99,818 (51%)	122,630 (44%)	26,110 (10%)	8,742 (10%)
Days paid out of state funds because of lack of MA eligibility	1,826 (2%)	11,084 (6%)	18,740 (7%)	14,323 (5%)	6,020 (7%)
Number of Discharges	1,824	4,723	8,281	17,936	15,969
Average Length of Stay (in days)	57.0	41.2	33.5	14.8	5.6

Source: Based on Beacon Paid Claims Data through January 2, 2020.

b. What is the estimated average wait time to find an open bed for appropriate care? How has that changed in each of the last three years?

Applicant Response 2b: The estimated average wait time to find an open bed for an individual seeking follow-on detox services once stabilized at the Pascal Crisis Stabilization Center for BOTH mental health and substance use is largely dependent upon the daily constantly changing availability of 3.7/3.7WM beds within the Central and Eastern Maryland regions and the ICF associated admissions process.

All local Track 2 ICF 3.7/3.7WM beds have communicated to Pascal's Care Coordination team their operating hours for admissions as 10am – 3pm, Monday through Friday. In most cases, even when a bed is available, these licensed 3.7/3.7WM ICF(s) cannot admit a patient same-day and admission time frames may be at the soonest, 24-hours later or possibly more than a week.

A dilemma Pascal's care coordination team encounters is, every individual seeking follow-on detox services has to complete an assessment, engage with ICF(s) via telephone screening to determine the suitability for both the patient and ICF, which on average takes 24 to 48 hours during the workweek, before an approval from the ICF, if a detox bed is available; approval wait time is even longer if the admission to the Pascal Crisis Stabilization Center is on a Friday evening or over a holiday.

Pascal is accredited in Withdrawal Management and is licensed to provide 24/7/365 Medically Assisted Treatment services and as such, provides **IMMEDIATE STABILIZATION SERVICES**, Pascal begins, as appropriate based on the individual patient, to include a comfort medication taper or MAT. When this stabilization service occurs, nearly all patients become ineligible for 3.7/3.7WM detox bed at an ICF. This Catch-22 places the patient at greater risk of relapse and restricts access to care that is desperately needed by the most vulnerable and underserved individuals.

c. Please provide any other data or use statistics on your clients needing sobering services, and then moving to withdrawal management services, which supports the need for the new services.

Applicant Response 2c: Pascal provides a unique service delivery model due to the 24/7/365 admission capability of the Pascal Crisis Stabilization Center, which simultaneously offers immediate mental health care by Licensed Mental Health Clinicians for even the high mental health acuity clients upon an individual's arrival, in addition to other needed services. This service delivery is a main driver that differentiates Pascal from other providers in the jurisdiction, as other providers restrict admission windows to a limited set of hours Monday through Friday which directly increases the wait times for ICF beds for patients in desperate need of detox services.

Pascal currently treats walk-in patients with Medically Assisted Treatment (MAT) or Withdrawal management; however, during the initial assessment, when it is determined that the patient requires a 3.7/3.7WM, and currently licensed intermediate care facilities are closed for admissions and/or beds are full, Pascal has no choice but to immediately transport the patient to the first available emergency department or contact 911 for emergency services.

Hospital emergency department diversion is a high priority for the state of Maryland. Pascal's request for 20 Track Two ICF beds for 3.7/3.7WM services will immediately provide additional access to ICF beds, ease the burden on emergency departments and reduce overall costs.

Pascal's Withdrawal Management services provide life-saving treatment for 88% of all referrals in Anne Arundel County in support of the State Opioid Response grant. The individual clients served under this grant are divided among three providers within Anne Arundel County. The bed capacity among these provides is as follows:

Providers

Pascal Crisis Stabilization Center	15 SOR Beds
Harbour House	4 SOR Beds
Gaudenzia (3.7/3.7WM ICF provider)	16 SOR Beds

Anne Arundel County Health Department data obtained from SOR grant provider meetings from February 4, 2022 through October 7, 2022 demonstrate the high level of need for detox services and the considerable volume that stabilize via the Pascal Crisis Stabilization Center.

An additional analysis of 60 recent SOR assessments from September 1, 2022 through October 27, 2022, admitted to the Pascal Crisis Stabilization Center, conducted by Pascal licensed mental health clinicians, demonstrated that 43 patients had ASAM ratings that meet criteria for 3.7/3.7WM.

Criteria: "Patients admitted to Level 3.7 programs meet the diagnostic criteria for a substance use disorder of moderate to high severity and meet specifications for risk in at least two of the six dimensions, at least one of which is in Dimension 1, 2, or 3." (ASAM Level of Care Certification Manual 2020 Edition, page 121, which can also be found in Exhibit 4 of the initial CON app)

The discharge planning for these 43 SOR patients with ASAM ratings that met criteria for 3.7/3.7WM resulted in the following care:

43 SOR Assessments Meeting ASAM 3.7/3.7WM Criteria	
Sept 1 - Oct 27 2022	
Discharge and Follow-on Treatment	
4	3.7/3.7WM Programs
8	3.5 Programs
1	3.3 Programs
11	2.5 Programs
4	Transferred to a RCS Bed
2	Transported to ED
16	AMA

SOR Discharge Locations	
January-September 2022	
Facility with 3.7/3.7WM	30
Home/IOP	3
AMA	184
Hospital	22
Total Discharges:	673

The most significant number represented above is the high number of AMA discharges that have resulted in large part due to the unavailability of immediate access to 3.7/3.7WM ICF beds offering detox services. Limited admission windows for available beds, stabilizing the individual patient with MAT, or the patient becoming less willing, and results in the patient choosing not to wait for follow-on treatment and higher numbers of AMA. The moment a patient reaches out to Pascal, that individual is ready to engage for treatment, and it is in this window of readiness that Pascal offers critical access to care 24/7/365.

Impact on Existing Providers

3. Describe the services provided by PASCAL, and how this may impact existing providers:

a. What are the hours of operation for PASCAL, and is this different from existing providers?

Applicant Response 3a: Pascal is the only provider that accepts admissions 24/7/365 in our jurisdiction. The very nature of any Crisis Stabilization Center is to always remain available; in fact, the Pascal Crisis Stabilization Center covers the gaps for other providers with set or restricted admission hours. Other providers typically have restricted daily hours for admission from late morning to late afternoon Monday-Friday, and do not provide weekend admissions.

b. How will approval of this CON impact the operating hours at PASCAL?

Applicant Response 3b: Pascal provides withdrawal management services (Medically Assisted Treatment) 24/7/365 at the applicant's proposed site for 3.7/3.7WM for co-occurring mental health and substance use patients. Operations at the project site, with the approval of Pascal's CON application, will allow Pascal to provide critically needed 3.7/3.7WM services 24/7/365.

c. Does PASCAL receive referrals from existing providers due to the staffing expertise at PASCAL? Describe how this referral type may minimize the impact on existing providers.

Applicant Response 3c: The primary reason existing providers refer to Pascal is because Pascal provides a broad spectrum of services to effectively provide care to patients with co-occurring mental health, including high acuity, and substance use disorders. Pascal has maintained a Withdrawal Management accreditation and licensure for nearly five years which enhances our ability to provide effective and immediate care to the most vulnerable and underserved individuals. Equally important to providers is Pascal's ability to accept admissions 24/7/365 for whatever the individual needs are, because Pascal is CARF accredited and licensed in the following programs:

Assertive Community Treatment: Mental Health (Adults)

Call Centers: Mental Health (Adults)

Community Housing: Substance Use Disorders/Addictions (Adults)

Community Integration: Mental Health (Adults)

Crisis Stabilization: Mental Health (Adults)

Detoxification/Withdrawal Management - Residential: Substance Use

Disorders/Addictions (Adults)
Intensive Outpatient Treatment: Substance Use Disorders/Addictions (Adults)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)
American Society of Addiction Medicine (ASAM) Levels of Care Certification in 3.1, 3.5 and 3.7.
Partial Hospitalization: Substance Use Disorders/Addictions (Adults)
(Accreditation received; License pending)

Pascal's ability to assess and provide treatment options at the Pascal Crisis Stabilization Center is unique. Pascal maintains an effective relationship with current licensed 3.7/3.7WM providers through collaboration and cooperation. Pascal has received referrals from 3.7/3.7WM providers when mental health care or crisis management supersedes or matches the need for detox services. This relationship with our referral sources will continue upon the 3.7/3.7WM application approval. Because Pascal is currently receiving referrals from 3.7/3.7WM providers, hospital Emergency Departments, Crisis Response and the Health Department, we do not anticipate an impact to these providers if Pascal's Track 2 20 ICF bed application is approved.

Referral sources have a direct line of communication with the Clinical Director and the Care Coordination team. The consistent open channel between Pascal and 3.7/3.7WM providers supports the continuity of care for each individual patient. Pascal maintains a transportation system to transport referred patients from the existing 3.7/3.7WM providers to the Pascal Crisis Stabilization Center for immediate admission. Once treatment is provided to the individual, this same transportation system is utilized upon discharge to ensure the patient is taken to the next level of follow-on care.

Integrated services provide optimization and economies of scale that directly enhance the patient's care and provides the greatest opportunity for successful treatment delivery.

d. How will the addition of 3.7/3.7WM services impact services to existing patients needing services?

Applicant Response 3d: Patient comfort will be greatly enhanced as a result of adding 3.7/3.7 WM services to Pascal's array of currently offered services. Many patients utilizing Withdrawal Management services at Pascal would benefit from enhanced medical options for care that maximize patient comfort to include intravenous fluids and/or medication. Pascal currently utilizes oral medications and utilizes comfort measures, but the addition of enhanced medical care from 3.7/3.7WM services will greatly reduce distress for patients unable to tolerate oral medication, or those experiencing extreme nausea and/or vomiting, and more quickly bring patients relief from uncomfortable physical symptoms which cause distress.

Individuals that are unable to afford care offered by Track 1 ICF, the Commission again included in their decision regarding Addiction Recovery Inc., d/b/a Hope House, Docket No. 18-16-2416, Commission Decision, February 21, 2019, p. 17, "*Based on the substantial need for affordable ICF services, the Commission has recognized that projects seeking to add ICF capacity for low-income Marylanders do not negatively impact existing providers or the health care delivery system.*"

e. Do you expect an increase in the volume or types of referrals received with the new program's services?

Applicant Response 3e: Pascal does not anticipate an increase in volume or types of referrals, as the same referral sources and number of clients currently receiving Withdrawal Management services will be replaced with 3.7/3.7WM services. Pascal's request will not further expand the number of beds currently in use at the Crownsville location, it will instead allow for the enhancement of patient comfort for the patients experiencing distressing physical symptoms.