Sheppard Pratt

January 15, 2021

Eileen Fleck
Chief, Acute Care Policy and Planning
Maryland Health Care Commission
4160 Patterson Ave
Baltimore, MD 21215

Dear Ms. Fleck:

Sheppard Pratt leadership appreciates the opportunity to provide input during this informal comment period on the draft State Health Plan for Facilities and Services: Acute Psychiatric Hospital Services, COMAR 10.24.07. We recognize the effort of the Maryland Health Care Commission (MHCC) staff to update this chapter, which has remained largely the same for almost 30 years and appreciate having Sheppard Pratt representatives on both the general and clinical advisory groups. The following paragraphs detail our questions or comments on the draft chapter.

Patient Acuity
This updated chapter recognizes the large and growing need for behavioral health services and touches on the wide variety of care settings in which these services can be effectively and efficiently provided, often beyond the four walls of a hospital. There are references to higher acuity patient populations which often require additional and specialized staffing. However, without a standardized way of measuring severity, developing policy to address these populations remains difficult. We agree with the references in the "Financing Mental Health Services" section that point out financing mechanisms "fail to account for the cost of treating high acuity patients" and support higher reimbursement that covers the cost to treat these high acuity patients. Sheppard Pratt does not consider involuntary patients to fall into this category by default and is supportive of the requirement that any new program must accept involuntary patients.

Quality and Data Reporting
While measuring quality is important, it should be noted that without a standardized way of measuring acuity, comparison or benchmarking of facilities using the Inpatient Psychiatric Facility Quality Reporting (IPFQR), or any other tool, is limited. Reporting on bed capacity and occupancy levels should be published routinely and at levels of specificity that are useful for planning purposes. At a minimum, this should include reporting on beds dedicated to children, adolescents, adults and geriatrics along with other populations as appropriate and available.

Need Determination
It is important to have a standard approach to need determination that is updated routinely. However, it may not be efficient or effective to require an applicant to serve at least one of these populations due to the specialized staff and care required for some of these populations, especially at such low bed need as referenced in Section B2(c)i. It would be helpful to clarify how this list (i.e., children, adolescents, patients with mental disorders and one or more developmental disabilities, and patients with mental disorders and a secondary diagnosis of

substance abuse disorder) was developed and if it would be updated as capacity and demand shifts.

Bed Capacity and Programming
The draft provides that a facility must provide 30 days' prior notice to the MHCC before it reallocates beds between the three age groups for which CON approval is required: (1) adults; (2) adolescents; and (3) children. This provision may restrict a facility's ability to reallocate beds in order to meet immediate patient demands. We propose an exception to the standard for exigent circumstances should be included or the notice to the MHCC should be permitted to take place within a certain number of days following the reallocation of beds.

In addition to notice of relocation of beds among adults, adolescents, and children, the draft requires that a facility notify the MHCC 30 days before establishing a "specialized unit for elderly patients" so long as the facility is authorized to provide acute psychiatric services to adults and the total psychiatric bed capacity is not increased. The term "elderly patients" is not defined and it is unclear whether term is intended to be coterminous with the definition of "geriatric population" – defined as adults aged 65 and over.

Emergency Services
The project review standards regarding emergency services state that "special psychiatric hospitals and general hospitals providing acute psychiatric services shall have the ability to provide services on an emergency basis at all times, including the capability to perform evaluations of persons believed to have a mental disorder and brought to the hospital on emergency petition, unless otherwise exempted by the Maryland Department of Health as provided in Health-General §10-620(d)(2). Each such hospital shall also have emergency holding bed capabilities and at least one seclusion room." It would be helpful to clarify expectations around this standard for special psychiatric hospitals without emergency rooms.

Adverse Impact
The draft provides that "a capital project involving psychiatric hospital facilities shall not have an unwarranted adverse impact on hospital charges, availability of services, or access to services." Notably, there is no express provision that a CON project not have an adverse impact on existing providers in the service area. This should be added because it is imperative to not jeopardize the financial viability of existing providers who may be delivering much needed behavioral health services at razor thin or even negative margins.

Thank you again for the opportunity to participate in the work group and provide comments. Please do not hesitate to reach out to me directly if I can be of further assistance. I can be reached at 410-938-3154 or jwilkerson@sheppardpratt.org.

Sincerely,

Jennifer Wilkerson

Jennifer Wilkerson
Vice President and Chief Strategy Officer