

Need

Below is quoted text from COMAR 10.24.01.08G(3)(b) regarding the evaluation of need for Certificate of Need projects.

(b) Need. The Commission shall consider the applicable need analysis in the State Health Plan. If no State Health Plan need analysis is applicable, the Commission shall consider whether the applicant has demonstrated a need for the proposed project.

Below is the language from the current State Health Plan chapter for residential treatment centers regarding how the need for an RTC will be evaluated when MHCC staff are reviewing a CON application for an RTC.

COMAR 10.24.07.02(2) and (3)

(2) Bed Need.

(a) The Commission will approve no more than three residential treatment center (RTC) units for adolescents ages 12-17. The Commission may approve only two 12-bed adolescent RTC units in CY 1997. The Commission may approve one additional 12-bed adolescent RTC unit in CY 1998 only if a review of RTC utilization deems it necessary that additional RTC capacity is required. The data for this analysis will be provided by the Mental Hygiene Administration and a final determination will be made by the Commission.

(b) The Commission will approve the above three RTC units only in special hospital psychiatric facilities with excess capacity located within the Central Maryland region. These units shall be dually licensed as special psychiatric hospital and RTC beds.

(c) The Commission will approve no less than 12 RTC beds in each unit.

(d) The Commission bases bed need on the following:

(i) There are approximately 80 adolescents in State or private psychiatric hospitals or in State custody that require intensive psychiatric treatment services.

(ii) Approximately 40 of these children require RTC care.

(iii) Three 12 bed RTCs will serve older adolescents ages 12-17.

(e) The Subcabinet will supply to the Commission revised data to update the bed need. The Commission must receive a quarterly report from the Subcabinet that addresses funding for community-based services, utilization of RTC beds, and the number of children and adolescents treated in RTCs that are awaiting placement and the impact of the 1115 waiver upon this waiting list.

(3) Commission will use the following standards to review applications to provide residential treatment center care.

(a) Need. Each applicant shall document the need for residential treatment center care in the community it intends to serve, consistent with (2)(a)-(e) above.

Project Impact

Below is quoted text from COMAR 10.24.01.08G(3)(f) regarding the criterion of project impact in the review of applications for a Certificate of Need.

(f) Project Impact. The Commission shall consider the impact of the proposed project on the costs and charges of existing providers of the facilities and services included in the project and on access to those facilities and services in the service area of the project.

Health Equity

Below is quoted text from COMAR 10.24.01.08G(3)(g) regarding the criterion of health equity in the review of applications for a Certificate of Need.

(g) Health Equity. The Commission shall consider how a proposed project will address health care disparities in availability, accessibility, and quality of care among different populations within the service area. The Commission shall consider how social determinants of health within the service area of the proposed project create disparities in the delivery of health care.

Cost-Effectiveness

Below is quoted text from COMAR 10.24.01.08G(3)(c) regarding the criterion of alternatives to the Project in the review of applications for a Certificate of Need.

(c) Alternatives to the Project. The Commission shall consider the alternative approaches to meeting the need identified for the project that were considered by the applicant in planning the project and the basis for the applicant's choice of the project among considered alternatives. In a comparative review of applications within the same review cycle, the Commission shall compare the costs and the likely effectiveness of alternative projects in meeting identified needs, improving the availability and accessibility of care, and improving the quality of care.