Summary of Standards in the Chapter for Psychiatric Services Standards and MHCC's Staff's Initial Recommendations and Workgroup Feedback on Standards (Updated March 2020)

Standard	Current Language	MHCC Staff's Initial Recommendation	Workgroup Feedback/Status
Availability			
COMAR 10.24.07 Standard 1a	**The projected maximum bed need for child, adolescent, and adult acute psychiatric beds is calculated using the Commission's statewide child, adolescent, and adult acute psychiatric bed need projection methodologies specified in this section of the State Health Plan. Applicants for Certificates of Need must state how many child, adolescent, and adult acute psychiatric beds they are applying for in each of the following categories: net acute psychiatric bed need, and/or state hospital conversion bed need.**	Eliminate use of bed need projection. The separate approval of child, adolescent, and adult beds should be maintained.	To be discussed further. Separate approval of child, adolescent, and adult beds should be maintained.
COMAR 10.24.07 Standard 1b	A Certificate of Need applicant must document that it has complied with any delicensing requirements in the State Health Plan or in the Hospital Capacity Plan before its application will be considered.	MHCC staff recommends removing this standard from the Chapter.	No discussion needed.

Standard	Current Language	MHCC Staff's Initial Recommendation	Workgroup Feedback/Status
COMAR 10.24.07 Standard 1c	The Commission will not docket a Certificate of Need application for the "state hospital conversion bed need" as defined, unless the applicant documents written agreements with the Mental Hygiene Administration. The written agreements between the applicant and the Mental Hygiene Administration will specify: i. the applicant's agreement to screen, evaluate, diagnose and treat patients who would otherwise be admitted to state psychiatric hospitals. These patients will include: the insured and underinsured, involuntary, Medicaid and Medicare recipients; ii. that an equal or greater number of operating beds in state facilities which would have served acute psychiatric patients residing in the jurisdiction of the applicant hospital will be closed and delicensed, when the beds for the former state patients become operational; iii. that all patients seeking admission to the applicant's facility will be admitted to the applicant's facility and not be transferred to the state psychiatric hospital unless the applicant documents that the patient cannot be treated in its facility; and iv. that the applicant and the Mental Hygiene Administration (MHA) will be responsible for assuring financial viability of the services, including the payment of bad debt by DHMH as specified in the written agreement between MHA and the applicant.	MHCC staff recommends removing this standard from the Chapter.	No discussion needed.

Standard	Current Language	MHCC Staff's Initial Recommendation	Workgroup Feedback/Status
COMAR 10.24.07 Standard 1d	Preference will be given to Certificate of Need applicants applying for the "net adjusted acute psychiatric bed need", as defined, who sign a written agreement with the Mental Hygiene Administration as described in part (i) and (iii) of Standard AP 1c.	MHCC staff recommends removing this standard.	No discussion needed.
COMAR 10.24.07 Standard 2a	All acute general hospitals with psychiatric units must have written procedures for providing psychiatric emergency inpatient treatment 24 hours a day, 7 days a week with no special limitations for weekends or late night shifts. (Unless otherwise exempted by DHMH as provided by Maryland law Health General Article Sec. 10-620(d)(2)).	MHCC staff recommends that the workgroup review this standard.	Standard should be deleted.
COMAR 10.24.07 Standard 2b	Any acute general hospital containing an identifiable psychiatric unit must be an emergency facility, designated by the Department of Health and Mental Hygiene to perform evaluations of persons believed to have a mental disorder and brought in on emergency petition. (Unless otherwise exempted by DHMH as provided by Maryland law Health General Article Sec. 10-620(d)(2)).	MHCC staff recommends maintaining this standard.	This standard should be maintained.
COMAR 10.24.07 Standard 2c	Acute general hospitals with psychiatric units must have emergency holding bed capabilities and a seclusion room. (Unless otherwise exempted by DHMH as provided by Maryland law Health General Article Sec. 10-620(d)(2)).	MHCC staff recommends maintaining this standard.	Standard should be deleted because it is standard operating procedure.*It should be verified that this is the case.
COMAR 10.24.07 Standard 3a	Inpatient acute psychiatric programs must provide an array of services. At a minimum, these specialized services must include: chemotherapy, individual psychotherapy, group therapy, family therapy, social services, and adjunctive therapies, such as occupational and recreational therapies	MHCC staff recommends removing this standard, but requiring accreditation by the Joint Commission or other accreditation agencies with equivalent standards.	This standard should be deleted because the level of detail included is unnecessary and the psychiatric unit should not be expected to deal with family therapy.

Standard	Current Language	MHCC Staff's Initial Recommendation	Workgroup Feedback/Status
COMAR 10.24.07 Standard 3b	In addition to the services mandated in Standard 3a, inpatient child and adolescent acute psychiatric services must be provided by a multidisciplinary treatment team which provides services that address daily living skills, psychoeducational and/or vocational development, opportunity to develop interpersonal skills within a group setting, restoration of family functioning and any other specialized areas that the individualized diagnostic and treatment process reveals is indicated for the patient and family. Applicants for a Certificate of Need for child and/or adolescent acute psychiatric beds must document that they will provide a separate physical environment consistent with the treatment needs of each age group.	MHCC staff recommends removing this standard, but requiring accreditation by the Joint Commission or other accreditation agencies with equivalent standards.	This standard should be deleted, but it is important to maintain a requirement for physical separation of different age groups. This requirement is covered in another standard that should be retained.
COMAR 10.24.07 Standard 3c	**All acute general hospitals must provide psychiatric consultation services either directly or through contractual arrangements.**	MHCC staff recommends removing this standard, but requiring accreditation by the Joint Commission or other accreditation agencies with equivalent standards.	This standard should be clarified. Are hospitals without a psychiatric unit required to have service in the hospital's emergency department, even if they do not handle patients on emergency petition?
COMAR 10.24.07 Standard 4a	A Certificate of Need for child, adolescent or adult acute psychiatric beds shall be issued separately for each age category. Conversion of psychiatric beds from one of these services to another shall require a separate Certificate of Need.	MHCC staff recommends that the workgroup consider the proposed amendment and public comments submitted, to determine what changes to Standard 4a, if any, should be incorporated in an updated Chapter.	This standard should be maintained.
COMAR 10.24.07 Standard 4b	Certificate of Need applicants proposing to provide two or more age specific acute psychiatric services must provide that physical separations and clinical/programmatic distinctions are made between the patient groups.	MHCC staff recommends removing this standard, but requiring accreditation by the Joint Commission or other accreditation agencies with equivalent standards.	This standard should be maintained.

Standard	Current Language	MHCC Staff's Initial Recommendation	Workgroup Feedback/Status
Accessibility			
COMAR 10.24.07 Standard 5	Once a patient has requested admission to an acute psychiatric inpatient facility, the following services must be made available: i. intake screening and admission; ii. arrangements for transfer to a more appropriate facility for care if medically indicated; or iii. necessary evaluation to define the patient's psychiatric problem and/or iv. emergency treatment	MHCC staff recommends that the work group review this standard.	This standard should be deleted because it reflects standard operating procedures.
COMAR 10.24.07 Standard 6	All hospitals providing care in designated psychiatric units must have separate written quality assurance programs, program evaluations and treatment protocols for special populations including: children, adolescents, patients with secondary diagnosis of substance abuse, and geriatric patients, either through direct treatment or referral.	MHCC staff recommends that the work group consider whether this standard should reference additional special populations or be modified to require written quality assurance measures for all patients.	This standard should be deleted because it should be addressed by accreditation agencies and the level of detail covered is unnecessary.
COMAR 10.24.07 Standard 7	**An acute general or private psychiatric hospital applying for a Certificate of Need for new or expanded acute psychiatric services may not deny admission to a designated psychiatric unit solely on the basis of the patient's legal status rather than clinical criteria.**	MHCC staff recommends that the work group consider whether this standard should be amended to provide clarity that the only reason to deny admission to a psychiatric facility is inability of the facility to provide the appropriate level of care.	To be discussed further.

Standard	Current Language	MHCC Staff's Initial Recommendation	Workgroup Feedback/Status
COMAR 10.24.07 Standard 8	All acute general hospitals and private freestanding psychiatric hospitals must provide a percentage of uncompensated care for acute psychiatric patients which is equal to the average level of uncompensated care provided by all acute general hospitals located in the health service area where the hospital is located, based on data available from the Health Services Cost Review Commission for the most recent 12 month period.	MHCC staff recommends that the work group review this standard.	The workgroup suggests that this standard is unnecessary because HSCRC's regulations, COMAR 37.10.26, ensure that hospitals are appropriately providing charity care. Also, private psychiatric hospitals should not be treated the same as acute care general hospitals with respect to uncompensated care.

Standard	Current Language	MHCC Staff's Initial Recommendation	Workgroup Feedback/Status
COMAR 10.24.07 Standard 9	If there are no child acute psychiatric beds available within a 45 minute travel time under normal road conditions, then an acute child psychiatric patient may be admitted, if appropriate, to a general pediatric bed. These hospitals must develop appropriate treatment protocols to ensure a therapeutically safe environment for those child psychiatric patients treated in general pediatric beds. <u>Accessibility: Variant LHPA Standard</u> (Western Maryland) One-way travel time by care for 90 percent of the population from the jurisdiction(s) where acute psychiatric bed need is identified should be within 30 minutes for adults and 45 minutes for children and adolescents. (This standard supersedes the 1983-1988 State health Plan Overview Standards 1a and 1b.)	MHCC staff recommends that the work group evaluate whether the current drive time standards are reasonable.	The workgroup suggests that this standard is outdated. Instead, the focus should be on encouraging more hospitals to open up more pediatric psychiatric units.

Standard	Current Language	MHCC Staff's Initial Recommendation	Workgroup Feedback/Status
Cost			
COMAR 10.24.07 Standard 10	**Expansion of existing adult acute psychiatric bed capacity will not be approved in any hospital that has a psychiatric unit that does not meet the following occupancy standards for two consecutive years prior to formal submission of the application.** **<u>Psychiatric Bed Range (PBR Occupancy Standards</u>** **PBR < 20 80%** **20 ≤ PBR < 40 85%** **PBR ≥ 40 90%**	MHCC staff recommends that the work group consider whether the occupancy standard should be modified to account for the bed capacity of a facility, and whether other factors should be considered in setting occupancy standards, such as the population to be served or geographic location.	This standard still needs to be discussed.
COMAR 10.24.07 Standard 11	Private psychiatric hospitals applying for a Certificate of Need for acute psychiatric beds must document that the age-adjusted average total cost for an acute (≤30 days) psychiatric admission is no more than the age-adjusted average total cost per acute psychiatric admission in acute general psychiatric units in the local health planning area.	MHCC staff recommends removing this standard.	This standard should be deleted because it is too prescriptive and HSCRC already evaluates the financial feasibility of CON projects and sets rates.
COMAR 10.24.07 Standard 12a	Acute inpatient psychiatric service must be under the clinical supervision of a qualified psychiatrist.	MHCC staff recommends that the work group consider whether the criteria for a qualified psychiatrist should include specific training or board certification.	This standard should be deleted because the Joint Commission and other accreditation agencies cover staff credentials.
COMAR 10.24.07 Standard 12b	Staffing of acute psychiatric programs should include therapists for patients without a private therapist and aftercare coordinators to facilitate referrals and further treatment. Staffing should cover a seven day per week treatment program.	MHCC staff recommends that the work group consider whether additional staff requirements for other behavioral health providers should be included.	This standard should be deleted because the Joint Commission and other accreditation agencies cover this topic.

Standard	Current Language	MHCC Staff's Initial Recommendation	Workgroup Feedback/Status
COMAR 10.24.07 Standard 12c	Child and/or adolescent acute psychiatric units must include staff who have experience and training in child and/or adolescent acute psychiatric care, respectively.	MHCC staff recommends that the work group review this standard.	This standard should be deleted because the Joint Commission already covers this.
Continuity			
COMAR 10.24.07 Standard 13	Facilities providing acute psychiatric care shall have written policies governing discharge planning and referrals between the program and a full range of other services including inpatient, outpatient, long-term care, aftercare treatment programs, and alternative treatment programs. These policies shall be available for review by appropriate licensing and certifying bodies.	MHCC staff recommends that the work group review this standard.	The workgroup recommended that this standard be removed. It is operational and addresses the requirements already covered by other agencies.
Acceptability			
COMAR 10.24.07 Standard 14	**Certificate of Need applications for either new or expanded programs must include letters of acknowledgement from all of the following:** **i. the local and state mental health advisory council(s);** **ii. the local community mental health center(s);** **iii. the Department of Health [ ]; and** **iv. the city/county mental health department (s)** **Letters from other consumer organizations are encouraged.**	MHCC staff recommends that the work group consider modifying this standard or adding another standard to ensure that the Commission fully understands the impact of the proposed project.	This standard has not been discussed.