IN THE MATTER OF	*	
	*	BEFORE THE
UNIVERSITY OF MARYLAND	*	
UPPER CHESAPEAKE HEALTH	*	MARYLAND
BEHAVIORAL HEALTH	*	
PAVILLION AT ABERDEEN	*	HEALTH CARE
	*	
Docket No. 18-12-2436	*	COMMISSION
	*	

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STAFF REPORT AND RECOMMENDATION

April 16, 2020

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I. INTRODUCTION

A. The Applicant

University of Maryland (UM) Upper Chesapeake Health System, Inc. (UCHS) operates two general hospitals in Harford County: UM Upper Chesapeake Medical Center Inc.. (UCMC), in Bel Air and UM Harford Memorial Hospital, Inc. (HMH), in Havre de Grace. UCHS is the only hospital service provider in Harford County.

B. The Project

UCHS has proposed the conversion of HMH to a freestanding medical facility (FMF), located in Aberdeen, which is the subject of a separate request for exemption from Certificate of Need (CON). An FMF is a freestanding emergency center, providing unscheduled outpatient medical care on a full-time basis, with staffing and capabilities similar to those found in a general hospital emergency department. A second request for exemption from CON proposes a building addition at UCMC, adding medical/surgical/gynecological/addictions beds, observation beds, and shell space. That project is intended to expand inpatient and observation bed capacity to replace bed capacity lost when HMH converts to an FMF.

HMH has operated the only psychiatric hospital program in Harford County, an acute care program for adults. The hospital has licensed 31 of its licensed acute care beds for acute psychiatric services in the current fiscal year. In order to maintain the presence of an acute adult psychiatric hospital program following the conversion of HMH to an FMF, UCHS proposes to establish a 33-bed special psychiatric hospital in Aberdeen, as part of a campus which will also include the proposed FMF. This 36-acre property is located at 635 McHenry Road in Harford County. The site is approximately five miles from the HMH campus and 12 miles from UCMC.

The psychiatric hospital, called the Upper Chesapeake Behavioral Health Pavilion (BHP) will be comprised of the second floor of a proposed two-story building to be constructed on the Aberdeen site, with the first floor housing the FMF. That second floor will encompass 35,204 square feet (SF) of finished department gross square feet (DGSF) for the hospital proper and 5,269 SF of shell space. (The second floor is sized for a 40-bed hospital.) Both inpatient psychiatric services and partial hospitalization services will be provided in this space. The site comes with a vacant office building, which will be physically connected with the new building via a third floor skywalk. Approximately 15,000 SF of the office building will be fitted out for the provision of outpatient behavioral health services, including an intensive outpatient service program. Table I-1 details the space allocation for BHP.

Table I-1: Space Allocation
Proposed Special Psychiatric Hospital

Function	Departmental Gross Square Feet
Inpatient care services	35,028
Shell space	5,269
Outpatient care services	15,090
Public, maintenance, and support space	19,505
Total (includes DGSF unallocated for specific functions)	74,892

Source: DI #26, Exhibit. 1, Table B.

The co-located FMF will be the primary destination for emergency transport of patients exhibiting behavioral health disorders.

The total estimated cost of the new building is $119,656,520. The estimated cost of the building space allocated to behavioral health services is $62,991,120. The project will be funded with debt raised through the sale of bonds and interest earned on the unspent bond proceeds. The bonds are anticipated to be issued through the University of Maryland Medical System. (DI #26, Exh. 1, Table E). The applicant states that UCHS is not seeking an adjustment of its Global Budgeted Revenue (GBR) to pay for the project, although it "reserves the right to do so in the future." It would not appear that the capital cost for this special psychiatric hospital would qualify for inclusion in a GBR. The applicant projects that 139.2 full time equivalent (FTE) staff will be required for the hospital operation. (DI #26, Table L). The detail of the project budget estimate is found at Appendix 2.

C. Staff Recommendation

Staff recommends approval of the project based on its conclusion that the proposed project complies with the applicable State Health Plan standards and that a need exists to maintain an acute psychiatric hospital program in Harford County. The project is likely to be viable. The impact of the project will be positive for the residents of Harford County needing psychiatric hospital services. MHCC staff raised concerns with the 40-bed design of this new hospital and the cost effectiveness of maintaining the availability of psychiatric hospital services through construction of a freestanding special psychiatric hospital, a delivery and payment model that is not seen in jurisdictions similar in size to Harford County. In response, the applicant reduced the size of the hospital to 33 beds without changing the building design, citing the cost of redesign, estimated to be $800,000, and its projection that demand for psychiatric hospitalization will increase

Staff recommends that approval of this project should include the following condition:

> Prior to requesting first use approval, Upper Chesapeake Health System shall submit written quality assurance programs, program evaluations, and treatment protocols for the special populations of behavioral health patients with a secondary diagnosis of substance abuse, and geriatric patients to be treated at the Upper Chesapeake Behavioral Health Pavilion.

II. PROCEDURAL HISTORY

A. Record of the Review

As noted, this CON application is one of three proposals filed by UCHS to reconfigure its hospital system. The proposals reflect a decision to maintain only one general hospital in Harford County rather than modernizing HMH, which would probably be best accomplished through a relocation and replacement, but to maintain two full-time emergency care facilities in the county.
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UCHS filed the initial package of proposed actions on July 1, 2017. It differed from the current package in that the FMF and special psychiatric hospital were to be built on land in the Bulle Rock section of Havre de Grace, just off the Level Road exit off Interstate-95. A 40-bed psychiatric hospital was proposed at this site as a replacement for two general hospital psychiatric units; the unit at HMH and the adult unit at Union Hospital, located at Elkton in Cecil County, a jurisdiction contiguous to Harford's northern border. This unit is currently licensed for eight beds. Expansion of medical/surgical and observation bed space at UCMC was proposed and shell space. However, during the local planning and permitting process, UCHS determined that the requirements that would be imposed by the City for infrastructure investments to develop the Havre de Grace site would be too costly.

After acquiring the Aberdeen site, UCHS filed modified proposals on November 21, 2018. The scope of this new version of the project was essentially the same but Union Hospital was no longer a partner in the project. The plan still involved a two-story facility to house both the FMF and 40-bed special psychiatric hospital, as well as a building addition to UCMC to accommodate additional observation beds.

MHCC staff expressed concern to UC BHP that the CON request for 40 psychiatric beds was excessive and, as previously noted, questioned the choice of maintaining a separate psychiatric hospital in Harford County. Staff noted that the proposed number of both FMF treatment spaces and observation beds exceeded the guidance in the FMF chapter of the State Health Plan. Finally, staff pointed out that the UCHS hospitals use of observation status was among the highest in the state, a characteristic underlying the large number of observation beds proposed for the FMF and general hospital expansion projects and asked UCHS to reconsider the number of observation beds in the project plans.

In response, UCHS modified and resubmitted its proposals, with several changes. Observation beds planned for the FMF were reduced from 25 to 17, and the number of psychiatric hospital beds was reduced from 40 to 33, without redesign of the actual Aberdeen building space. The FMF treatment space originally planned for eight treatment spaces will be finished and used for other purposes until expansion of FMF capacity is warranted. The reduction in hospital beds (seven beds) will remain unfinished. The number of observation beds proposed for UCMC was reduced from two floors in the new building addition, with 77 beds, to a single floor, with 42 observation beds. The second floor, formerly observation bed space, is now proposed to be finished as a 30-bed MSGA unit. The third level of the building addition is identified as unfinished space in both the original and modified set of proposals.

The evolution of the proposals is illustrated in the following table.

Table I-2: Bed Capacity Changes
Three UCHS Proposals

Facility	Space	July 2017 Application Havre de Grace	Nov 2018 Application Aberdeen	October 2019 Modifications Aberdeen
FMF	Emergency treatment spaces	25	25	25
	Observation beds	25	25	17
UCMC Expansion	MSGA beds	32	0	30
	Observation beds	41	77	42
UC BHP	Acute psychiatric beds (adult)	40	40	33

Please see Appendix 1 for a complete record of documents in this review.

B. Interested Parties and Participating Entities in the Review

There are no interested parties in this review.

C. Local Government Review and Comment

Dr. Russell Moy, the Health Officer for Harford County, and Laurie Humphries, acting Health Officer for Cecil County, both wrote letters of support for the project, as did Patrick McGrady, the Mayor of Aberdeen, and other Aberdeen City officials. (DI #30).

D. Other Comments

The Directors of both the Harford and Cecil County Mental Health Agencies, and Dr. Szumel, CEO of Union Hospital of Cecil County, submitted letters of support, as did the Harford County Fire and EMS Association. Letters supporting the project also came from the Director of the Harford County Crisis Center and the CEOs of the Upper Bay Counseling and Support Services and Key Point Health Services. MHCC also received a number of supporting emails and petitions from the director from the medical staff of University of Maryland Upper Chesapeake Health. (DI #2, p. 23 and Exh.12; DI #38).

III. Background

<u>Acute Psychiatric Hospital Services in Maryland</u>

Twenty-nine of Maryland's 45 general acute care hospitals provide acute inpatient psychiatric services. There are four special psychiatric hospitals in the state; Brook Lane in Hagerstown (Washington County); Sheppard and Enoch Pratt Hospital in Towson (Baltimore County); Sheppard Pratt of Ellicott City (Howard County); and the recently completed J. Kent McNew Family Medical Center established by Anne Arundel Medical Center.

Between 2011 and 2018, adult psychiatric discharges at Maryland hospitals, including general and special hospitals, declined 14.7%. However, only a negligible decline was seen in the average daily census of adult patients during these years, because of the increase in average length of stay (ALOS). The average stay of discharged adult psychiatric patients in CY 2011 was 6.9 days. By CY 2018, the ALOS had risen to 8.0 days in these hospitals from psychiatric hospitalization of adults diagnosed with psychiatric diseases or disorders declined by 9.5%. Within that ten-year span, adult hospitalization peaked in 2011 before starting a steady decline.

As shown in the following table, per capita use of psychiatric hospital facilities by adults has been steadily declining in Maryland since 2011.

Table III-1: Hospital Discharge Rate of Maryland Residents
Maryland and D.C. Hospitals

Age Group	Discharges Per 100,000 Maryland Residents										Change, 2008- 2017
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	
Child (0-12)	179	189	204	209	217	201	192	170	175	183	+ 2.2%
Adolescent (13-17)	1,008	1,199	1,190	1,291	1,294	1,328	1,329	1,318	1,273	1,273	+ 26.3%
Adult (>18)	853	896	896	905	887	869	850	804	802	772	- 9.4%
All Ages	**752**	**799**	**801**	**816**	**804**	**790**	**775**	**734**	**731**	**709**	**- 5.7%**

Source: Discharge data sets for Maryland (HSCRC) and the District of Columbia discharge abstract and HSCRC files for private special psychiatric hospitals; Population data from the U.S. Census Bureau for 2008 and 2009; Maryland Department of Planning Projections, March 2018.
Note: For the HSCRC and D.C. data, psychiatric discharges are defined as records with major diagnostic category (MDC) coded for psychiatric diseases and disorders. All records from private psychiatric hospitals are included regardless of the MDC category. The discharge rates do not incorporate discharges from State psychiatric hospitals, which primarily serve forensic patients.

Acute Inpatient Psychiatric Care at UM Harford Memorial Hospital

Consistent with trends in the state, adult psychiatric patient discharges at HMH have declined in recent years, from an annual average of 1,380 discharges over the 2011-2014 time period to an annual average of 1,163 discharges over the 2015-2018 period, a decline of just under 16 percent. However, because of increases in the average psychiatric patient stay (an average of 5.1 days in 2011-14 and 6.0 days in 2015-18, the average daily census of adult psychiatric patients has been flat, an average of 19.1 patients in 2011-14 and the same average in the most recent four years, 2015 to 2018.

Table III-2: Utilization of Psychiatric Hospitalization Services
HMH, CY 2011 – CY 2018

	2011	2012	2013	2014	2015	2016	2017	2018
Discharges	1,516	1,345	1,302	1,355	1,119	1,228	1,187	1,117
Patient Days	6,836	6,928	6,912	7,186	6,117	7,380	6,815	7,571
ALOS	4.5	5.2	5.3	5.3	5.5	6.0	5.7	6.8
ADC	18.7	18.9	18.9	19.7	16.8	20.2	18.7	20.7

Source: HSCRC Discharge Data Base

Table III-3: Projected Population Change in Harford County and Maryland between 2010 and 2029

Geography by Age	2010	2015	2020	2025	2029	% Change in Pop Y2010-15	% Change in Pop Y2015-20	% Change in Pop Y2020-25	% Change in Pop Y2025-29
POP 0-14	48,341	45,954	43,994	42,795	41,826	-4.9%	-4.3%	-2.7%	-2.3%
POP 15-44	91,662	91,849	92,462	94,596	96,351	0.2%	0.7%	2.3%	1.9%
POP 45-64	69,330	69,967	70,126	68,039	66,398	0.9%	0.2%	-3.0%	-2.4%
POP 65-74	16,777	20,955	26,117	31,812	36,422	24.9%	24.6%	21.8%	14.5%
POP 75+	12,800	14,479	16,390	18,485	20,156	13.1%	13.2%	12.8%	9.0%
Harford County Total	**238,910**	**243,204**	**249,089**	**255,727**	**261,153**	**1.8%**	**2.4%**	**2.7%**	**2.1%**
POP 0-14	1,110,371	1,111,720	1,117,787	1,119,389	1,119,929	0.1%	0.5%	0.1%	0.0%
POP 15-44	2,357,570	2,369,902	2,390,682	2,416,933	2,440,170	0.5%	0.9%	1.1%	1.0%
POP 45-64	1,597,953	1,617,215	1,634,530	1,613,117	1,596,515	1.2%	1.1%	-1.3%	-1.0%
POP 65-74	386,354	479,904	596,856	721,671	822,189	24.2%	24.4%	20.9%	13.9%
POP 75+	321,292	352,065	391,879	446,575	490,425	9.6%	11.3%	14.0%	9.8%
Maryland Total	**5,773,540**	**5,930,807**	**6,131,733**	**6,317,685**	**6,469,228**	**2.7%**	**3.4%**	**3.0%**	**2.4%**

Source: Nielson Demographic Data

The Harford County population aged 75+ is aging faster than the state through 2020, while the population under 14 is declining in Harford County, which is stable for the state during this period. Compared to the state, there is a greater decrease in the population age 45-64 between 2020 and 2029 in the county

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IV. REVIEW AND ANALYSIS

The Commission is required to make its decisions in accordance with the general CON review criteria at COMAR 10.24.01.08G(3)(a) through (f). The first of these six general criteria requires the Commission to consider and evaluate this application according to all relevant State Health Plan ("SHP") standards and policies.

A. The State Health Plan

COMAR 10.24.01.08G(3)(a) State Health Plan.
An application for a Certificate of Need shall be evaluated according to all relevant State Health Plan standards, policies, and criteria.

The relevant State Health Plan chapter to be considered in the review of this project is COMAR 10.24.07, State Health Plan for Facilities and Services: Overview, Psychiatric Services, and Emergency Medical Services (Psychiatric Services Chapter). Many of the standards in the Psychiatric Services Chapter have become obsolete over time because of changes in the use of psychiatric hospital beds and changes in the role and scope of State psychiatric hospital facilities that have occurred since the regulations were last updated in the late 1990s. This section reviews standards that are still relevant and applicable.[1]

A number of other standards do not apply in this review:

- AP 2a, 2b, 2c, and AP 3c are not applicable because all refer to psychiatric units in acute general hospitals, and the applicant seeks to establish a behavioral health hospital that would be licensed as a special hospital by the Maryland Department of Health (MDH)
- AP 3b, AP 9, and AP 12c reference inpatient child and adolescent programs, which are not within the scope of the proposed project.
- AP 4a and 4b requires separate CONs for each age category, and requires physical separation and clinical/programmatic distinctions between two or more age-specific acute psychiatric groups; this proposed project does not include distinct age-specific programming.

It is important to note that UCHS, while proposing to establish a special psychiatric hospital, is an experienced provider of psychiatric hospitalization services for adults in the general hospital setting. This project serves to replace the program at HMH, which is planned for closure and replacement with an outpatient facility. Among the relevant and applicable standards are several that prescribe policies, facility features, and staffing and/or service requirements that an applicant must meet or agree to meet prior to first use. Staff has reviewed the CON application and confirmed that the applicant provided information and affirmations that demonstrate that its proposed introduction of an acute inpatient psychiatric service for adult patients complies with these standards:

AP5: Availability of services
AP12a: Supervision by a psychiatrist
AP12b: Staffing requirements
AP13: Discharge planning

The text of these standards is in Appendix 3.[2] Staff has confirmed that the application provided information and affirmations with respect to compliance with these standards, concluding

[1] Standards AP 1a through AP 1d and AP 10 are outdated and no longer applicable.
[2] The applicant's responses to these standards can be found between pages 27 and 36 of the CON application and in UCHS's response to completeness questions on the application. Specific docket item and page numbers for responses to each standard are referenced in Appendix 3. The application can be found on the MHCC website at
https://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_con/hcfs_con_upper_chesapeake_aberdeen.aspx

that it will operate with appropriate procedures for: providing psychiatric emergency inpatient treatment; screening and evaluating patients' psychiatric problems on intake; admitting patients; arranging for transfer of patients when appropriate; and planning for the discharge of patients with an appropriate referral for post-hospital treatment.

UCHS pledged to provide the minimum required array of services, which includes drug therapy, individual psychotherapy, group therapy, family therapy, social services, and adjunctive therapies, such as occupational and recreational therapies.

Finally, the applicant has committed to appropriately staff the new program, i.e., it will assure that clinical service provision is supervised by a qualified psychiatrist, the hospital's staff will include therapists for patients without a private therapist, and staff will be assigned duties as aftercare coordinators to facilitate referrals and further treatment.

Standard AP 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.

The applicant states that its acute inpatient psychiatric program will include each of the services required by this standard. In addition, the Joint Commission will accredit the program.

Staff concludes that the applicant meets the requirements of this standard.

Standard AP 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.

UCHS reiterated that it plans to provide general acute inpatient care (a psychiatric illness and co-occurring secondary substance use) for adults with a specialized program and beds for geriatric patients diagnosed with a psychiatric illness, including those with a secondary diagnosis of substance use disorder.

The applicant attached copies of its Patient Safety and Quality Plan, a Patient Safety and Quality Plan Addendum for UC Behavioral Health, and a Behavioral Health Performance Improvement Plan. (DI#26, exh.26).

Staff believes that the applicant should have submitted *distinct* quality assurance programs, program evaluations, or treatment protocols for the special populations identified in the standard (which staff believes to be patients with a psychiatric illness and a secondary diagnosis of substance use disorder and geriatric patients). The plans submitted by UCHS were generic,

covering all types of patients. When asked to tailor these plans during completeness review, the applicant responded:

> Prior to opening, UC Behavioral Health will implement separate written quality assurance programs, program evaluations, and treatment protocols for special populations, including patients with a secondary diagnosis of substance abuse and geriatric patients. The Applicant agrees to submit such policies to the Commission as a condition of CON approval.

Staff believes that the applicant should be able to articulate how its performance in effectively treating these two patient population will be evaluated and how that evaluation will be integrated with program-specific quality assurance measures and also describe its treatment protocols for the two populations. Staff also believes that the intent of this standard was to have this information in the record of the CON project review, which will be completed with first use approval of the project. For this reason, staff recommends that approval of this project should include the following condition:

> Prior to requesting first use approval, Upper Chesapeake Health System shall submit written quality assurance programs, program evaluations, and treatment protocols for the special populations of behavioral health patients with a secondary diagnosis of substance abuse, and geriatric patients to be treated at the Upper Chesapeake Behavioral Health Pavilion.

Standard AP 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.

UCHS states that it bases its admission criteria for psychiatric inpatients on the availability of appropriate clinical programming for the patient's needs and that UCHS does not deny patients admission based on legal status. UCHS accepts involuntary admissions based upon emergency petitions, regardless of the legal status of the person for whom emergency admission is sought. (DI #26, p. 31).

Staff concludes that the applicant meets the requirements of this standard.

Standard AP 8

All acute general 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.

Staff notes that HSCRC does not disaggregate uncompensated care totals by service line. Thus, an applicant can only be measured based on its aggregate level of uncompensated care compared to other hospitals' aggregate level of uncompensated care.

UCHS states that it “intends to provide a level of uncompensated care that equals or exceeds the average of uncompensated for acute psychiatric patients in the service area.” (DI#26, p.31). It states that it projected the UC BHP level of uncompensated care, defined as a percentage of gross patient revenue, based on that of HMH’s overall operation in FY 2017, the latest available information when the application was being prepared, when that value was 6.8%. The financial projections for the proposed hospital show the value of uncompensated care to be equivalent to 4.8% of gross revenue in year 3. Citing HSCRC data, UCHS pointed out that the only other general hospital in its projected psychiatric hospital service area, Union Hospital, in Cecil County, reported an uncompensated care level of 4.1% in FY 2017. For all Maryland hospitals in FY2017, the uncompensated care level was 4.1%. (DI #26, pp. 31-32).

Staff concludes that the applicant meets the requirements of this standard.

<u>Standard AP 14</u>

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 Mental Hygiene; and***
- ***(iv) the city/county mental health department(s).***

Letters from other consumer organizations are encouraged.

UCHS submitted letters acknowledging awareness of and support for the proposed project from the Secretary of the Maryland Department of Health and the Harford and Cecil Health Officers at the time of the application submission. As previously noted, MHCC received a number of letters supporting the project. (DI #20-29, and DI #26, Exh.12).

Staff concludes that the applicant meets this standard.

B. Need

COMAR 10.24.01.08G(3)(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 unmet needs of the population to be served, and established that the proposed project meets those needs.

The applicant calculated its need and bed need projection based on the following variables:

- Definition of its service area;
- Population projections for the defined service area;
- Historic and projected use rates for adult inpatient psychiatric services in the defined service area;
- Market share assumptions for the defined service area;
- Historic and projected length of stay for psychiatric patients; and

- A target average annual occupancy rate of 80%.

Defined Service Area

UCHS defined a service area for this project "as the zip codes that comprise the top 85% of adult psychiatric discharges at HMH and other northeast Maryland hospitals." In addition to HMH, these hospitals include UCMC and Union Hospital. The service area was comprised of 26 zip code areas, 24 in Harford and Cecil, one in Baltimore County, and one in Delaware. In 2017-2018, this area generated an average of 1.035 adult psychiatric hospital discharges. The hospitals in this area also served an average of 180 patients in those years that originated outside of the defined service area. Detailed information can be found in Appendix 5.

Population in the Applicant's Defined Service Area

Historic and projected population data for the defined service area are shown in Table IV-1 below. The applicant projects that the service area's adult (18 and older) population will be approximately 514,088 in 2024, a 6% increase over the 2017 projection (the FY 2022 projections are highlighted because that is the year that the project is expected to come on line).

Table IV – 1 UM BH Historic and Projected Service Area Population FY2015 FY2024[3]

Service Area Population	Estimated			Projected							
	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	Change FY17-FY24
18-64	386,962	387,727	387,797	387,866	387,935	388,004	388,074	388,143	388,212	388,282	0.1%
65 +	90,670	93,778	97,286	100,925	104,701	108,618	112,681	116,897	121,270	125,806	29.3%
Total Population	477,632	481,505	485,083	488,791	492,636	496,622	500,755	505,040	509,482	514,088	6.0%

Source: DI #26, pg. 40

Inpatient Psychiatric Use Rates

The applicant calculated the use rates per 1,000 population for both the geriatric and non-geriatric patient populations by dividing the number of psychiatric discharges for residents in the projected service area from acute and specialty hospitals in Maryland and Delaware by the estimated population in the service area.[4] The result of that analysis is shown in Table: IV-2 below.

[3] The applicant stated that it used a 2021 population projection it received from Nielsen Claritas to interpolate the population data between 2016 and 2021, and to extrapolate it for 2022 through 2024 to arrive at the projected service area population for both the 18-64 and 65+ age cohorts through 2024.

[4] The applicant cited the following sources for the psychiatric discharges in the service area: St. Paul Group's non-confidential abstract patient level database for acute hospitals in Maryland; St. Paul Group's summarized database of discharges for specialty hospitals in Maryland; and the Delaware Health Information Network summarized database of discharges for hospitals in Delaware.

Table: IV – 2 Historic and Projected Inpatient Psychiatric Use Rate (Discharges per 1,000 population) Defined UC BHP Service Area

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
18 – 64 Cohort										
Use Rate, Geriatric Psychiatric Diagnosis	0.11	0.21	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20
Use Rate, Non-Geriatric Psychiatric Diagnosis	29.7	29.9	30.3	30.3	30.3	30.3	30.3	30.3	30.3	30.3
Use rate, Total (18-64)	29.81	30.11	30.23	30.23	30.23	30.23	30.23	30.23	30.23	30.23
65+ Cohort										
Use Rate, Geriatric Psychiatric Diagnosis	4.8	5.5	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6
Use Rate, Non-Geriatric Psychiatric Diagnosis	9.0	8.9	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7
Use Rate, Total (65+)	13.8	14.4	14.3	14.3	14.3	14.3	14.3	14.3	14.3	14.3

UCHS then projected the total number of service area discharges by multiplying the use rates for each of these cohorts by their respective population estimates to arrive at the projected total discharges for both the geriatric and non-geriatric psychiatric diagnoses.

Market Share

The applicant's next step was to project the market share UC BHP would have of the total psychiatric discharges that the service area was projected to produce. UCMC states that it based its market share assumptions on the number of psychiatric discharges at HMH and UCMC in fiscal years 2015 through 2018 for the 18-64 and 65+ age cohorts as percentages of the total geriatric and non-geriatric psychiatric discharges within the projected service area.[5]

Table IV-3: Actual and Projected Psychiatric Market Share, HMH and UC BHP

	Actual		Projected		
	FY2015	FY2017	FY2019	FY2021	FY2023
Geriatric	24.4%	17.3%	16.6%	16.1%	20.7%
Non-Geriatric	8.2%	8.4%	8.0%	8.0%	8.0%

[5] The service area discharges were obtained for the acute and specialty hospitals in Maryland, as well as all hospitals in Delaware from The St. Paul Group's non-confidential abstract patient level database for acute hospitals in Maryland, The St. Paul Group's summarized database of discharges for specialty hospitals in Maryland, and the Delaware Health Information Network summarized database of discharges for hospitals in Delaware. (DI#26, p. 44).

The applicant combined the result of that calculation with HMH historical data in Table IV-4 below.

Table IV-4: Historic and Projected Psychiatric Discharges, HMH and UC BHP, FY 2015-FY 2024

	Historic Volume				Projected Volume						Change FY18-FY24
Inpatient Discharges	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	
HMH	1,226	1,236	1,233	1,195	1,185	1,191	1,197				
UC BHP											
Geriatric	-	-	-	-	-	-	-	157	163	168	
Non Geriatric	-	-	-	-	-	-	-	1,156	1,158	1,160	
TOTAL	**1,226**	**1,236**	**1,233**	**1,195**	**1,185**	**1,191**	**1,197**	**1,313**	**1,320**	**1,328**	
Percent Change		0.8%	-0.2%	-3.1%	-0.8%	0.5%	0.5%	9.7%	0.5%	0.6%	11.1%

Source: DI #26, pg. 47.

The data in the table shows that psychiatric discharges at HMH declined modestly (2.5%) between 2015 and 2018, explained by the applicant as resulting from declining market share. This trend continued in fiscal year 2019, but the applicant expects the decline to level off beginning in fiscal year 2020. UCHS projects that the opening of a geriatric psychiatry program at the specialty hospital proposed for Aberdeen in fiscal year 2022 will drive a 9.7% increase in case volume as dually-diagnosed MSGA patients and psychiatric patients with diagnoses compatible with its proposed program are admitted. The applicant expects this service enhancement, combined with population growth, to result in an 11% increase in psychiatric discharges from fiscal year 2018 to 2024, with annual case volume climbing to over 1,300 patients. (DI #26, p. 47).

Length of Stay

The applicant states that the ALOS of adult psychiatric patients at HMH increased between 2015 and 2019. The applicant projects that it will continue to increase "with the aging of the population into age cohorts with higher average lengths of stay." (DI #26, p. 47). Beginning in fiscal year 2022, the applicant expects the ALOS of non-geriatric psychiatric patients to decline to about 6.18 days, as care plans shift to shorter inpatient stays combined with post-discharge use of expanded partial hospitalization program capacity. On the other hand, the applicant states that "the aging of the population into age cohorts with longer lengths of stay" will result in an overall increase in ALOS as "patients treated in the geriatric psychiatric program will require more services and…[an] average length of stay of 14.0 days."[6] Table IV-5 shows the applicant's actual and projected ALOS compared to the Maryland average through 2019.

Table IV-5: Actual and Projected Acute Psychiatric Average Length of Stay

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
HMH	5.6	6.1	6.1	6.5	6.5	6.7	6.7	7.1	7.2	7.2
Maryland Average	7.6	7.8	6.4	6.5	7.2					

Source: DI #26, pp. 47, 48; HSCRC Discharge Database Inpatient and Psychiatric Files.

[6] For the three-year period of FY2022-FY2024 the applicant projects that 12.3% of its admissions will have a gero-psychiatric diagnosis.

Beds Needed

To calculate the number of beds needed to serve this population, UCMC multiplied the projected number of discharges in each service cohort (i.e., geriatric or non-geriatric diagnosis) times the projected ALOS for each of those cohorts to arrive at an annual number of patient-days for each of those service cohorts. For the first three years of operation, the expected patient day count for the geriatric diagnosis admissions averages just under 2,300 per year; the non-geriatric diagnosis patient days are projected at a yearly average of approximately 7,200. Based on maintaining a target average annual occupancy rate of 80%, the applicant projected a need for 25 beds for the non-geriatric diagnosis patients and 8 beds for the geriatric diagnosis patients by the third year of operation, a total of 33 beds.

Staff Analysis

To test the applicant's projections, MHCC staff made its own independent assessment, beginning with a review of the key statistical indicators for the psychiatric service line at HMH in recent years. As detailed in Table IV-6, over the six-year period ending in 2018, HMH averaged 1,218 psychiatric discharges, had an average daily census of 19.2 patients, and had a trend of longer ALOS, reaching 6.6 days in 2018.

Table IV-6: HMH Total Psychiatric Discharges, Days, ADC, and ALOS by Patient Age 2013 -2018

	Discharges					
Age Group	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**
18-64	1,240	1,274	1,037	1,138	1,122	1,031
65 +	62	81	82	90	65	90
Total	**1,302**	**1,355**	**1,119**	**1,228**	**1,187**	**1,121**
	Patient Days					
Age Group	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**
18-64	6,414	6,722	5,596	6,468	6,370	6,610
65 +	498	464	521	912	445	982
Total	**6,912**	**7,186**	**6,117**	**7,380**	**6,815**	**7,592**
	Average Daily Census					
Age Group	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**
18-64	17.6	18.4	15.3	17.7	17.5	18.1
65 +	1.4	1.3	1.4	2.5	1.2	2.7
Total	**18.9**	**19.7**	**16.8**	**20.2**	**18.7**	**20.8**
	Average Length of Stay					
Age Group	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**
18-64	5.2	5.3	5.4	5.7	5.7	6.4
65 +	8.0	5.7	6.4	10.1	6.8	10.9
Total	5.3	5.3	5.5	6.0	5.7	6.8

Source: HSCRC Inpatient and Specialty Psychiatric Discharge Data, CY2013-2018

Staff applied a different definition in creating a service area as a base for utilization projection. Staff defined it as the zip code areas from which the first 80% of HMH's current psychiatric discharges originated rather than defining an 85% relevance service area, as defined by the applicant, for "HMH and other northeast Maryland hospitals," which includes areas primarily served by Union Hospital in a neighboring jurisdiction and UCMC, which produces a

much larger area than one that MHCC typically defines in evaluating demand or use of hospital services. This service area is detailed in Appendix 6.

Staff calculated the applicable use rate for this service area and made a range of market share assumptions for the service area; 46% (HMH's actual 2018 share), and two higher levels of penetration, 50% and 55%. These assumptions were used to project discharges originating from the defined service area. From there, bed need was and in the next line the discharge volume was increased by 20% to account for out-of-area discharges. The calculation continued with an ALOS of 7.2 days (as assumed by the applicant) and a target occupancy rate of 80%.

Table IV-7: Summary of MHCC Staff Projection of Adult Psychiatric Hospital Bed Need New UCHS Psychiatric Hospital in Aberdeen, 2023

Total adult psychiatric discharges projected for the defined service area in 2023 based on 80% relevance service area definition for HMH's psychiatric service in 2018	1,781		
Market share assumption range	46%	50%	55%
Projected discharges from service area captured by the new Behavioral Health Pavilion	819	891	980
Projected total discharges at BHP (includes 20% out-of-service area adjustment)	983	1,069	1,175
ALOS assumption (same as applicant)	7.2	7.2	7.2
Projected patient days	7,078	7,697	8,460
Projected average daily census	19.4	21.1	23.2
Projected bed need @ 80% average annual occupancy	24.2	26.4	28.9

Sources: Zip code area population data from Claritas. Staff analysis uses the HSCRC data files as described in the text preceding this table.

Rounding up, this calculation results in a 2023 bed need range of 25 to 30 beds. The applicant is seeking approval to set up and staff 33 beds in a building designed to operate 40 beds. As can be seen in Table IV-4 above, the applicant is counting on capturing a niche of patients from its expansive defined service area, patients whose characteristics and treatment needs match a "geriatric" diagnostic template, by marketing the availability of a specialized program for geriatric patients. These patients are assumed to require an average stay in the hospital that is twice as long as the overall patient population and this segment of the projected market is driving the applicant's assumption of substantial growth in demand for adult psychiatric beds. MHCC staff has taken a more conservative approach in its analysis, based on the observed service area of HMH and projected change in the overall adult population.

MHCC staff agrees that psychiatric hospital services should be maintained in Harford County as HMH is converted to an outpatient service campus. There is a population need for this service. While staff believes UCHS has used a fairly aggressive approach to modeling demand for this service, we do not believe that the hospital capacity proposed should serve as a basis for denial of this project. In the long-term, the capital costs that could be labeled as excessive are much less significant than the operating cost of the service, which are primarily staffing expenses. UCHS will staff the hospital to the average daily census it can generate and not the full potential capacity of the hospital. Staff concludes that the applicant has demonstrated a need for replacing the psychiatric hospital program of HMH. The capacity it proposes to operate is reasonable. The capacity it proposes to develop will only be used if UCHS is successful in reshaping the psychiatric hospital market which it has historically served and significantly bolstering its strength within this market. But the reduced expenditure possible by bringing the size of the hospital in line with a more conservative bed need forecast is not substantial, over the life of the building. For this reason,

staff recommends that the Commission find that the applicant has demonstrated a need for the project.

C. Availability of More Cost-Effective Alternatives

COMAR 10.24.01.08G(3)(c): Availability of More Cost-Effective Alternatives.
The Commission shall compare the cost effectiveness of the proposed project with the cost effectiveness of providing the service through alternative existing facilities, or through an alternative facility that has submitted a competitive application as part of a comparative review.

As written, this criterion suggests that the applicant must only provide information on using alternative existing facilities to accomplish the proposed project's objectives. This is not a competitive project review, the other specific circumstance noted in the criterion. As such, it suggests that a comparison of the cost effectiveness of simply closing HMH and operating UCMC as an alternative would be responsive. UCMC provides full-time emergency medical care, observes patents, and could be modified to provide inpatient and outpatient psychiatric hospital services, which would cover the services that are being deployed by the three capital projects that are proposed by UCHS. The second comparison responsive to the specific language of the criterion would be modernization of HMH, which is described as a $240 million option that fails to adequately address any of UCHS's objectives. In its review of options, the applicant never defines the first option, providing all future hospital care at one campus, UCMC, as a specific alternative. Construction of a new health care facility, an FMF, is a feature of all the other alternatives described.

The primary alternative for maintaining good availability and accessibility to psychiatric hospital services in Harford County if HMH is converted to an FMF is Upper Chesapeake Medical Center. This would be the expected location for replacement of the HMH psychiatric beds based on the pattern seen in Maryland. Only one other hospital in Maryland provides acute psychiatric services through a freestanding hospital.[7] In recent years, Adventist HealthCare, the only hospital system operating a freestanding psychiatric hospital prior to 2020, consolidated its psychiatric hospital with one of its general hospitals. No jurisdiction with only one general hospital in its borders, as Harford County is proposed to be, has a special psychiatric hospital operated by the jurisdiction's sole general hospital.

UCHS reports that it considered three primary alternatives to its chosen plan for reconfiguring the delivery system it operates in Harford County (five project options, including the chosen option, are outlined in a table below):

1. Partial and/or full renovation and expansion of HMH;

2. Relocation of all of HMH's acute inpatient psychiatric beds as well as all HMH MSGA and outpatient services to UCMC; and

[7] That 16-bed psychiatric hospital is part of the Luminis Health. It opened this year and is, in effect, the psychiatric hospital service of Anne Arundel Medical Center in Annapolis.

3. Maintenance of all behavioral health services on the HMH campus and relocating emergency services to a freestanding medical facility and relocating acute inpatient and surgical services to UCMC's campus.

UCHS described its evaluation of these options and the chosen option, replacing HMH with a psychiatric hospital and an FMF and expanding UCMC, in the light of four objectives:

1. Coordination of health care services across the continuum of communities served by UCHS to improve efficiency, patient outcomes, and reduce redundancy of clinical care services;

2. Reduction in the total per capita health care expenditures for service area residents by reducing unnecessary acute care hospital utilization;

3. Efficient use of capital expenditures; and

4. Establishment of modern, innovatively designed facilities with future expansion capability.

UCHS scored the selected project package that included the subject of this CON application as the best option. In summary, it describes the "fit" of the chosen alternative as follows:

- It will improve efficiency by reducing redundancy of services, and it would improve access and service for the populations of Harford and Cecil Counties. Furthermore, it will enhance recruitment and retention of behavioral health service providers;

- It will not require an increase in rates;

- The cost of the chosen option is as low as any of the alternatives considered and one that will result in a new, modern facility for the FMF and psychiatric hospital at the Aberdeen site and a three-story addition at UCMC for inpatient and observation beds. In addition, it includes shell space for later expansion at both UC BHP and UCMC; and

- It will be modern with an innovative design. UC BHP will offer expanded inpatient psychiatric services including a new dedicated geriatric psychiatric unit as well as expanded and new outpatient behavioral health programs.

UCHS's description, analysis, and evaluation of the alternatives is summarized in the chart on the following page. The project under consideration is an element of the last option, which is the plan for Harford County proposed by UCHS.

In 2019, MHCC staff requested that the applicant consider the option of using the floor of shell space proposed for approval as part of the building addition at UCMC for its psychiatric unit, which would substantially reduce the expenditure required to replace the facilities at HMH, reduce the need for transport of patients, and could result in economies of scale in the provision of

inpatient hospital services by concentrating overhead and support service expenditures at a single, larger hospital campus rather than spreading those costs over two hospital campuses in the county. Continuing to operate a general hospital psychiatric unit would also maximize the sharing of Medicaid expenses in Maryland by the federal government.[8]

UCHS argued that the UCMC campus would be overburdened by adding a psychiatric hospital program, requiring additional expenditures to support this consolidation of inpatient hospital facilities (e.g., additional parking capacity), and would lose the opportunity for needed expansion of other services. UCHS has indicated that the floor of shell space it is proposing is slated for expansion of oncology-related services but has continuously identified the space as "shell space."

MHCC staff's main critique of the evaluation of the costs and effectiveness of options by the applicant, as described in the table, is the relative weight given to long-term operational cost differences. Capital costs appear to weigh heavily in consideration of the options but reducing the total cost of care is only referenced with respect to reducing unnecessary hospital utilization and not in terms of productivity or efficiency improvements. None of the overall system options examined precisely model the one change that the applicant was asked to consider in 2019, the incorporation of the psychiatric unit into the building addition planned for UCMC. Only other UCMC expansion plans are described as options for incorporating psychiatric hospital services.

[8] Special psychiatric hospitals with more than 16 beds are defined as "Institutes for Mental Disease" (IMDs) in federal law and the federal government limits its participation in funding care for Medicaid patients in IMDs. It does provide approximately half of the funds needed to pay for psychiatric hospital care in general hospitals, that are, by definition, not IMDs, no matter how large those general hospital-based programs are.

Alternative Project Options Evaluated Against UCHS Goals

	Coordination of the continuum of services for the communities served by UCHS to improve efficiency, patient outcomes, and reduce redundancy of services	Reduction of total per capita health care expenditures by reduction of unnecessary acute care hospital utilization	Efficient use of capital spending	Establishment of modern, innovatively designed facilities with future expansion capability
Partial and/or full renovation and expansion of HMH ***$239.3M***	Not improved. Efficiency, outcomes and redundancy of services would be maintained.	Would increase total per capita expenditures due to the need for rate increases from HSCRC to cover capital costs.	Not efficient. Renovation of the HMH facility would require relocation of emergency rooms and radiology, full renovations of the patient tower, and extensive asbestos abatement. The costs would be higher than some other options considered.	Innovation limited by the existing infrastructure. Future expansion possible but limited by the current site.
Relocate HMH's inpatient and non-ED outpatient services to UCMC via vertical expansion above existing bed towers **New FMF on Aberdeen site** ***$282.2M***	Not improved. UCMC lacks the contiguous space to house inpatient psychiatric beds and proposed new behavioral health outpatient programs. Relocation of behavioral health services exclusively to UCMC would result in a vacuum of such services in the communities formerly served by HMH.	Would increase the cost of care due to the need for a rate increase from the HSCRC to support the increased capital costs and depreciation and interest expenses. A new psychiatric unit at UCMC would require a rate increase that would exceed that of Alternative 2.a. presented below.	Not efficient. The relocation would require two separate expansion projects at UCMC. The construction of an FMF without an associated psychiatric hospital would be more expensive than it would be as part of a larger construction project. The costs would be higher than all other options considered.	The new construction at UCMC would allow for modern design. Future expansion possible but limited by the current site.
Relocate HMH's inpatient and non-ED outpatient services to UCMC in a new building on the campus **New FMF on Aberdeen site** ***$275.3M***	Not improved. UCMC lacks the contiguous space to house inpatient psychiatric beds and proposed new behavioral health outpatient programs. Relocation of behavioral health services exclusively to UCMC would result in a vacuum of such services in the communities formerly served by HMH.	Would increase the cost of care due to the need for a rate increase from the HSCRC to support the increased capital costs and depreciation and interest expenses. Changes In volume would have an unfavorable impact to the net patient revenue and operating expenses in the current projections and UCMC would need to obtain additional rate relief from the HSCRC to compensate for these changes.	Not efficient – The relocation would require two separate expansion projects at UCMC. The construction of an FMF without an associated psychiatric hospital would be more expensive than it would be as part of a larger construction project. The costs would be higher than some other options considered.	The new construction at UCMC would allow for modern design Future expansion possible but limited by the current site.
Maintain all behavioral health services on the HMH campus **Relocate emergency service to an FMF** **Relocate non-psychiatric inpatient and surgical services**	No improvement in efficiency, patient outcomes, or reduction of redundancy of services	Would increase the cost of care due to duplication of overhead and support services on multiple campuses. Need for ongoing and incremental capital expenditures associated with the need to maintain the aging HMH facility. Would require a rate increase from the HSCRC to support the increased capital costs and associated depreciation and interest expenses.	Not efficient. The construction of an FMF without an associated psychiatric hospital would be more expensive than it would be as part of a larger construction project. Would require extensive capital expenditures to renovate HMH's existing psychiatric unit and to accommodate expansion of outpatient services. While the lowest capital cost, this option would require ongoing costs to maintain the aging HMH facility	The freestanding medical facility would be innovatively designed. Innovation at the HMH site limited by the existing infrastructure. Expansion possible at both the HMH site and UCMC site.

to the UCMC campus ***$202.5M***				
Construct a new special psychiatric hospital and FMF on the Aberdeen site **Add three stories above UCMC Cancer Center to accommodate additional MSGA beds and observation beds** ***$204M***	Efficiency and outcomes would be improved, redundancy of services would be reduced. Better patient access and service for the populations of Harford and Cecil Counties, and will improve behavioral health service provider recruitment and retention.	Pending an agreement with the HSCRC an increase in rates from the HSCRC will not be required under Alternative 4, which includes the proposed project. UM UCH is negotiating with the HSCRC to reallocate revenue from HMH's global budget revenue cap to cover capital expenses and volume redistribution at UC Behavioral Health, UCMC, and UC FMF.	Efficient. A relatively low cost option which will result in a new, modern facility for the FMF and psychiatric hospital at the Aberdeen site and a 3 story addition at UCMC housing MSGA beds with shell space available for later expansion.	Modern, innovatively designed. The new special psychiatric hospital will offer expanded inpatient psychiatric services including a new dedicated geriatric psychiatric unit as well as expanded and new outpatient behavioral health programs. There is room for future expansion of the UC Medical Campus at Aberdeen and into shell space at the UCMC site.

DI #26, pp. 52-66, with minor editing by MHCC staff to fit the report format

MHCC staff finds that UCHS, within the specific terms of this criterion, has considered alternative plans for changing its system and provided a basis for the key element of this change, eliminating one of the two general hospital operations it currently maintains. It has described the basis for its choice of replacing the HMH psychiatric hospital program with a freestanding special hospital rather than continuing the model of operating a general hospital-based program, primarily making this case on the basis of challenges imposed by the current state of the UCMC campus as it has evolved in the last 20 years. It is developing the FMF it proposes and the psychiatric hospital as part of a single new building, which undoubtedly provides some capital cost savings and what should be an effective relationship between a facility, the FMF, with a specialized component for intake and stabilization of patients in a psychiatric crisis and a psychiatric hospital within the same structure. For these reasons, staff recommends that the Commission find this project to be a cost-effective approach to meeting the project's objectives.

D. Viability of the Proposal

COMAR 10.24.01.08G(3)(d): Viability of the Proposal.
The Commission shall consider the availability of financial and nonfinancial resources, including community support, necessary to implement the project within the time frames set forth in the Commission's performance requirements, as well as the availability of resources necessary to sustain the project.

As previously noted, this project will establish a new freestanding psychiatric hospital in Aberdeen, co-located with an FMF, that will replace and expand the capacity of the inpatient behavioral health service currently housed at HMH.

Availability of Resources Necessary to Implement the Project

The estimated cost of the project is $62,991,120. (See Appendix 2 for detail.) This project and the entire three project package described in this staff report will be funded with money raised through the sale of bonds and interest earned on the bond proceeds during the construction of the project.

Availability of Resources Necessary to Sustain the Project

Table IV-8 below summarizes key utilization and financial projections for the first three years this of the new psychiatric hospital's operations.

Table IV-8: Key Utilization and Financial Projections - UC BHP Psychiatric Service

	FY2022	FY2023	FY2024
Discharges	1,313	1,320	1,328
Patient-Days	9,358	9,445	9,535
Net Patient Revenue	$ 21,268 000	$21,832,000	$22,415,000
Other Operating Revenue	124,000	125,000	127,000
Total Operating Expenses	$ 21,456,000	$ 21,891,000	$ 22,316,000
Net Income	($64,000)	$ 66,000	$ 226,000

Source: DI #26, Table J, Revenue and Expenses, Inflated; DI #33, Table F.

Staff believes that the utilization and the revenue and expense projections used by UCHS in its modeling of the projected performance of its proposed inpatient psychiatric services are reasonable. A slim operating margin is projected.

The Health Services Cost Review Commission (HSCRC) reviewed the financial projections provided in the CON application and subsequent filings. In its review, HSCRC staff focused on the three-project package in its analysis and its negotiations with UCHS. HSCRC staff states (Appendix 4) that "HSCRC staff believes that this project can be feasible…[but] will depend on UCHS's ability to manage the project and the resulting operating expenses after the completion of the project." HSCRC's letter also stated that it would be phasing in GBR reductions that would save the statewide health system "$15.2M in the first year of operations; $18.2M in the second year; and…$21.2M in the third year of operations and forward." (DI #44)

Community Support

As previously noted, UCHS submitted a number of letters and petitions supporting this proposed project.

Staff concludes that UCHS has the available resources to initiate and successfully sustain this proposed project and recommends that the Commission find the project to be viable.

E. Compliance with Conditions of Previous Certificates of Need

COMAR 10.24.01.08G(3)(e): Compliance with Conditions of Previous Certificates of Need.
An applicant shall demonstrate compliance with all terms and conditions of each previous Certificate of Need granted to the applicant, and with all commitments made that earned preferences in obtaining each previous Certificate of Need, or provide the Commission with a written notice and explanation as to why the conditions or commitments were not met.

UCHS and its affiliates have complied with all terms and conditions of Certificates of Need issued since 2000.

It received a Certificate of Need on May 19, 2005 to construct a three-story addition. This CON did not include any conditions. Construction of the addition was completed and this space is operational. On February 14, 2006, the Commission approved a Modification Request for approval to add one floor of shell space as the top (fourth) floor of the addition approved on May 19, 2005. Two conditions were imposed in conjunction with the CON; i.e., that UCMC not finish the shell space without obtaining Commission approval and not seek an adjustment of rates that would include depreciation and interest costs associated with the construction of the shell space until UCMC obtains Commission approval to fit-out that space. UCMC complied with both conditions. On November 15, 2007, the Commission issued a CON authorizing the fit-out of the shell space floor approved for construction in February 2006. This included two conditions denying any rate increases from HSCRC due to the project. In 2008, UCHS completed the fit out of shell space without any extraordinary adjustment of rates.

Staff recommends that the Commission find the applicant has demonstrated compliance with the terms and conditions of previously awarded Certificates of Need.

F. Impact on Existing Providers and the Health Care Delivery System

COMAR 10.24.01.08G(3)(f): Impact on Existing Providers.
An applicant shall provide information and analysis with respect to the impact of the proposed project on existing health care providers in the service area, including the impact on geographic and demographic access to services, on occupancy, on costs and charges of other providers, and on costs to the health care delivery system.

Impact on Other Providers in the Service area

The hospital will replace an existing psychiatric hospital service at HMH with a larger facility with more inpatient and outpatient service capacity. The applicant is seeking to improve its market share in a service area that includes parts of Cecil County. To the extent it is successful in achieving this objective, the project could have an impact on the psychiatric hospital service of Union Hospital in Elkton. Union Hospital provided a letter of support for the project.

Impact on geographic and demographic access to services

UCHS states that the proposed project will improve access to behavioral health services in the service area. It would not appear that geographic access to psychiatric hospital services will change to a significant extent. The proposed hospital is within five miles of the HMH campus. The applicant states the proposed project includes the development of specialized geriatric inpatient psychiatric services, a program specialty which does not exist at HMH. The project will provide more service capacity so access limitations that have existed that have their basis in insufficient capacity should be mitigated.

Impact on costs to the health care delivery system

HSCRC and UCHS negotiated on the reallocation of revenue from HMH's global budget revenue cap to cover capital expenses and volume redistribution at UC Behavioral Health, UCMC, and UC FMF. Assuming that a sufficient amount of HMH's global budget revenue cap is reallocated within UCHS, UCHS anticipates that an increase in rates will not be required. See Appendix 4 for input provided by HSCRC on the HMH projects under review.

Staff concludes that the proposed project will not have an unacceptable impact on other providers of psychiatric hospital services. The project will significantly modernize the behavioral health facilities operated by UCHS, to the benefit of patients, physicians, and hospital staff. HSCRC found that the suite of UCHS projects of which this project is one component will generate savings for the health system. Staff recommends that the Commission find that the impact of this project is, on balance, positive.

V. SUMMARY AND STAFF RECOMMENDATION

Commission staff concludes that UCHS's proposed project complies with applicable State Health Plan standards and Certificate of Need criteria. The applicant has demonstrated a need to maintain psychiatric hospital services when these services are no longer available at its Havre de Grace hospital, which is being converted to a freestanding medical facility in Aberdeen. UCHS has considered alternative plans for changing its system and provided a rationale for the cost-effectiveness of these changes. The project should be viable and its impact will be positive.

Based on its review and analysis of the record in this review, Commission staff recommends that the Commission **APPROVE**, with a condition, the application of University of Maryland Medical Center for a Certificate of Need to establish a special psychiatric hospital, providing inpatient and outpatient services for adults.

IN THE MATTER OF	*	
	*	**BEFORE THE**
UNIVERSITY OF MARYLAND	*	
UPPER CHESAPEAKE HEALTH	*	**MARYLAND**
BEHAVIORAL HEALTH	*	
PAVILLION AT ABERDEEN	*	**HEALTH CARE**
	*	
Docket No. 18-12-2436	*	**COMMISSION**
	*	

* *

FINAL ORDER

Based on Commission staff's analysis and recommendation, it is, this 16th day of April, 2020, **ORDERED** that the application of University of Maryland Upper Chesapeake Health System for a Certificate of Need to establish a 33-bed special psychiatric hospital in Aberdeen, at an approved cost of $62,991,120 be, and hereby is, **APPROVED,** with the following condition:

> Prior to requesting first use approval, Upper Chesapeake Health System shall submit written quality assurance programs, program evaluations, and treatment protocols for the special populations of behavioral health patients with a secondary diagnosis of substance abuse, and geriatric patients to be treated at the Upper Chesapeake Behavioral Health Pavilion.

MARYLAND HEALTH CARE COMMISSION

APPENDIX 1

RECORD OF THE REVIEW

RECORD OF THE REVIEW

IN THE MATTER OF

UM- Upper Chesapeake Medical Campus
Behavioral Health Pavilion at Aberdeen
Docket No. 18-12-2436

Docket Item #	Description	Date
1	MHCC Staff to UC BHP – Acknowledge receipt of Letter of Intent and waiver of the 60-day waiting period	11/15/18
2	MHCC Sent Notice to Maryland Register soliciting additional Letters of Intent for New Psychiatric Hospitals	11/19/18
3	Certificate of Need Application Filed	11/21/18
4	MHCC Staff to UC BHP – Acknowledge receipt of application for completeness review	11/26/18
5	MHCC Staff to Baltimore Sun – Request to publish notice of receipt of application	11/26/18
6	MHCC Staff to Maryland Register – Request to publish notice of receipt of application	11/26/18
7	MHCC Staff Receive Notice of receipt as published in the Baltimore Sun	12/5/18
8	Gullege Letter of Support from Cecil CO. Health Dept.	1/3/19
9	Kraus Letter of Support from Office of Mental Health Harford County	1/7/19
10	Glassman Letter of Support from Harford County	1/22/19
11	MHCC Staff to UC BHP – Request for Completeness Information on application	3/26/19
12	UC BHP – Files Completeness Information	4/5/19
13	Discussion between UC BHP and MHCC on the Need for Beds in Harford County	6/25/19
14	MHCC Staff to UC BHP – Follow up to 6/25/ Meeting – Summary of the Issues	7/10/19
15	UC BHP – Sends Response to 7/10/19 Letter	9/13/19
16	MHCC Staff to UC BHP – Request for comparative Analysis for psychiatric services	9/23/19
17	MHCC Staff to UC BHP – Formal Start of Review will be 10/11/19	9/26/19
18	MHCC Staff to Baltimore Sun – Request to publish notice of formal start of review	9/26/19
19	MHCC Staff to Maryland Register – FORM – Request to publish notice of start of review	9/26/19
20	MHCC Staff sends FORM – Request Local Health Planning Comments	9/26/19
21	Comments on Application from Harford County Health Department	10/1/19
22	UC BHP – Confirmation on conversation concerning 9/23/19 Memorandum from Paul Parker	10/1/19
23	MHCC Staff Sends Notice of formal start of review as published in Baltimore Sun	10/2/19
24	MHCC Staff to UC BHP – Response to 10/1/19 Letter	10/4/19
25	UC BHP – Sends Modified Letter of Intent	10/21/19
26	UC BHP – Sends Modified CON Application	10/21/19
27	E-Mail UC BHP to MHCC– Table F and I	10/30/19
28	E-Mail – UC BHP to MHCC – Table 1	11/01/19
29	Mayor City of Havre de Grace submits comments on project to MHCC	11/01/19
30	Letters of Support	Various Dates
31	Petition to MHCC	11/01/19
32	MHCC Staff to UC BHP – Sends questions for completeness review	11/19/19
33	MHCC Staff to UC BHP – Sends questions for corrected completeness	11/25/19
34	Delegate Reilly letter to MHCC Urge expeditious review application	11/26/19
35	Email of Petition received by MHCC Executive Director from medical staff of University of Maryland Upper Chesapeake Health	11/26/19
36	Email of Petition received by MHCC Executive Director from medical staff of University of Maryland Upper Chesapeake Health	11/26/19

37	UC BHP – Files Completeness Information	12/06/19
38	Email of Petition received by MHCC Executive Director from medical staff of University of Maryland Upper Chesapeake Health	01/03/20
39	Email from UM UCH to MHCC staff with revenue proposal	02/13/20
40	Emails from UM UCH to MHCC staff with replacement exhibits 5 and 8	02/19/20
41	Emails with letters of support from the community	03/05/20
42	MHCC staff request information from HSCRC staff	03/05/20
43	UM UCH sends email to MHCC staff on licensed and physical beds at UCMC	03/11/20
44	HSCRC send comments in response to MHCC staff request for information	03/17/20

APPENDIX 2

PROJECT BUDGET

Project Budget Estimate

Uses of Funds	
Capital Costs	
Renovation	
Building and Fixed Equipment	$2,476,709
Architect/Engineering Fees	$157,921
Permits (Building, Utilities, Etc.)	$20,000
Subtotal-Renovation	**$2,654,630**
New Construction	
Building	$23,264,685
Site and Infrastructure	$1,764,711
Architect/Engineering Fees	$2,556,533
Permits (Building, Utilities, Etc.)	$996,104
Subtotal-New Construction	**$28,582,033**
Other Capital Costs	
Contingency Allowance	$4,200,332
Movable Equipment	$10,896,214
Gross Interest During Construction	$5,266,774
Subtotal-Other Capital	**$20,363,320**
Total Current Capital Costs	**$51,599,983**
Inflation Allowance	$1,716,835
Land Purchase	$2,299,294
Total Capital Costs	**$55,616,112**
Financing Cost and Other Cash Requirements	
Loan Placement Fees	$603,604
CON Application Assistance	
Legal Fees	$110,322
Other Consulting Fees	$884,309
Non-CON Application Assistance	
Legal Fees	$227,508
Other Consulting Fees	$1,181,081
Debt Service Reserve	$4,368,184
Subtotal – Financing and Other Cash	**$7,375,008**
Total Uses of Funds	**$62,991,120**
Sources of Funds	
Bonds	**$61,714,948**
Other (Interest Earned)	**$1,276,172**
Total Sources of Funds	**$62,991,120**

(DI #26, Exh. 1, Table E).

APPENDIX 3

EXCERPTED CON STANDARDS FOR PSYCHIATRIC BEDS FROM STATE HEALTH PLAN CHAPTER 10.24.07

EXCERPTED CON STANDARDS FOR PSYCHIATRIC BEDS FROM STATE HEALTH PLAN CHAPTER 10.24.07

Each of these standards prescribes policies, services, staffing, or facility features necessary for CON approval that MHCC staff has determined have been met by the applicant. Bolding added for emphasis. Also included are references to where in the application or completeness correspondence the documentation can be found.

STANDARD	**APPLICATION REFERENCE (Docket Item #)**
Standard AP 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.	DI# 26, p.30, and Exhibits 6, 7, 8
Standard AP 12a Acute inpatient psychiatric services **must be under the clinical supervision of a qualified psychiatrist.**	DI# 26, p. 35
Standard AP 12b **Staffing of acute inpatient 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.	DI# 26, p.35
Standard AP 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.	DI # 26, pp. 35-36 and Exhibits 10 and 11

APPENDIX 4

HSCRC Opinion Letter

State of Maryland
Department of Health

Adam Kane
Chairman

Joseph Antos, PhD
Vice-Chairman

Victoria W. Bayless

Stacia Cohen

John M. Colmers

James N. Elliott, M.D.

Health Services Cost Review Commission
4160 Patterson Avenue, Baltimore, Maryland 21215
Phone: 410-764-2605 · Fax: 410-358-6217
Toll Free: 1-888-287-3229
hscrc.maryland.gov

Katie Wunderlich
Executive Director

Allan Pack, Director
Population Based
Methodologies

Chris Peterson, Director
Payment Reform &
Provider Alignment

Gerard J. Schmith, Director
Revenue & Regulation
Compliance

William Henderson, Director
Medical Economics &
Data Analytics

MEMORANDUM

TO: Kevin McDonald, Chief - CON, MHCC

FROM: Katie Wunderlich, Executive Director, HSCRC
Jerry Schmith, Deputy Director, Hospital Rate Setting, HSCRC

DATE: March 17, 2020

RE: University of Maryland Upper Chesapeake Health Projects:
Modified Request for Merge/Consolidation UM UCMC and UM HMH, Matter No. 17-12-EX003
Modified Request to Convert UM HMH to an FMF in Aberdeen, Matter No. 17-12-EX004
Modified Certificate of Need for Special Psychiatric Hospital at Aberdeen Medical Center, Docket No. 18-12-2436

****

On March 5, 2020, MHCC sent a memo requesting HSCRC staff to review and comment on the financial feasibility of University of Maryland Upper Chesapeake Health System's (UCHS) three intertwined proposals. Because of their interdependence, HSCRC staff reviewed them as concurrent projects and understand that MHCC will act on them simultaneously.

As per the description in the March 5 memo, two projects involve requests for exemption from Certificate of Need (CON), while one is a CON application. One exemption request is to convert University of Maryland Harford Memorial Hospital (HMH) to a freestanding medical facility (FMF) to be built in Aberdeen, while the other is to merge and consolidate certain inpatient services from HMH with University of Maryland Upper Chesapeake Medical Center (UCMC). The third element of this package is a CON application to establish a Special Psychiatric Hospital in Aberdeen, which would occupy the second floor of a building, constructed above the first floor FMF. This facility would be the centerpiece of what Upper Chesapeake Health System is calling the "Aberdeen Medical Campus" (AMC).

According to the memo, the primary objectives of the project package are to reconfigure and modernize the UCHS's delivery system to enable the continuation of quality of care and to consolidate services for cost savings and efficiency. A brief description of each project follows:

Upper Chesapeake Behavioral Health at Aberdeen:

- approximately 75,000 square feet ("SF") of new construction;
- 33 beds and shell space that could eventually accommodate 7 more beds;
- Total project budget is just below $63 million.

FMF:

- 25 ED treatment spaces
- 17 observation rooms
- approximately 69,000SF of new construction (on the first floor of the building that would include the psychiatric hospital)
- a diagnostic imaging suite with related staff and support spaces;
- non-treatment spaces, including triage/blood draw rooms, consultation rooms, staff support spaces, and offices; and
- a laboratory and pharmacy;
- Total project budget is $56,665,400.

Addition at UCMC to accommodate merging of HMH services:

- addition of three floors above the current cancer center (approximately 98,000SF);
- a shelled floor to accommodate actual and anticipated cancer center growth;
- one floor with 42 observation beds;
- one floor with 30 medical/surgical beds;;
- Total project budget of $84.4 million.

UM UCHS will fund the total project as well as the other capital projects for which UM UCHS and its constituent hospitals have sought approval from MHCC through a combination of $214.3 million in tax exempt debt and $4.0 million of interest earned on bond proceeds. The bonds are anticipated to be issued in fiscal year 2020 through the University of Maryland Medical System.

In commenting on the revenue and expense projections and financial feasibility of the proposed project, MHCC staff advised HSCRC staff to assume that UM UCH will achieve the projected volumes for the FMF and psychiatric hospital, but that there is not sufficient need shown for the 30 additional inpatient beds in the merger.

HSCRC Staff Comments:

We have reviewed the financial projections presented by UCHS and numerous schedules and narratives in support of such projections. These projections were reviewed in the context of the individual projects and the collective UCHS system, with a focus on the regulated service entities while maintaining awareness of the unregulated service components. The main purpose of our review was to determine what level of revenue should be retained by the regulated entities of UCHS and to determine the financial feasibility of the resulting UCHS as a whole.

The proposed construction is to be complete, and the related services are to commence by fiscal 2023. At that time, the projected GBR equivalent of HMH is to be approximately $119,400,000. Based upon the data provided by UCHS, the volume of business previously conducted at HMH would be redirected as follows: approximately $43.8M to UCMC; $17.0M to the Special Psychiatric Hospital; $36.0M to the FMF; and $22.6M to other third party regulated hospitals or to unregulated components.

Of the $22.6M volume directed to other third party/unregulated, UCHS would be allowed to retain $11.3M in revenue. Of the remaining $96.8M volume directed to regulated UCHS entities, UCHS would

be allowed to retain $86.9M in revenue to be distributed among those entities, respectively. Therefore in total, UCHS would be allowed to retain $98.2M in GBR revenue.

The state-wide public health care system would save approximately $9.9M (gross reduction in retained GBR of $21.2M less $11.3M retained by UCHS). This would be coupled with approximately $4.7M of savings resulting from reduced Medicare reimbursement on billings from a standalone psychiatric hospital. Such reimbursement would not be based upon HSCRC rates as was approved at HMH, and which rates were paid by Medicare, but rather based upon the national Medicare fee schedule.

Financial Feasibility:

When the aforementioned $21.2M reduction in GBR revenue is applied to the 5-year projections (FY 2023 through FY 2027) the results imply the need to ramp up the reduction as follows: $15.2M in the first year of operations; $18.2M in the second year; and the full $21.2M in the third year of operations and forward. Focusing on the projected fifth year of operation (FY 2027) for the regulated entities (UCMC and AMC), gross patient revenues approximate $503M; net operating revenues approximate $425M; total operating expenses approximate $412M yielding an approximate $13M positive operating margin or 3%.

Although the HSCRC is focused upon regulated volumes, revenues and profitability, we noted the impact upon UCHS as a whole inclusive of UCHS owned physicians' practices and other UCHS owned but unregulated components. Again focusing on the fifth year of operation (FY 2027), the profit/loss was measured at a net loss of approximately $4M before non-operating income, which has averaged a positive $11M per year over the past three fiscal years, and averaged a positive $5M per year over the past five fiscal years. This implies that the UCHS system as a whole has the ability to absorb the planned reduction in GBR and remain profitable. We anticipate that UCHS will take full advantage of the current historically low interest rates on its financing needs, and that UCHS will continue to monitor and manage its operating costs. In addition, UCHS has the prerogative to amend its plans of financing this project should it wish to reduce the interest expense included in the projections. Further, UCHS has the prerogative to increase the shell space and defer certain of the fit-out should it wish to defer the depreciation expense included in the projections.

HSCRC staff believes that this project can be feasible. However, as is often the case, feasibility will depend on UCHS's ability to manage the project and the resulting operating expenses after the completion of the project. As pointed out, decisions on how to finance this project now will have an impact upon future operating margins. HSCRC staff believes that UCHS will make the decisions that they believe are appropriate in the future and that allow them to operate most efficiently.

cc: Ben Steffen, MHCC
Paul Parker, MHCC
Eric Baker, MHCC
Laura Hare, MHCC
Bob Gallion, HSCRC

APPENDIX 5

Applicant's Assumed UC Behavioral Health's Service Area and the Number of Psychiatric Discharges Age 18+ in FY2017 & FY2018

Appendix 5: Applicant's Assumed UC Behavioral Health's Service Area and the Number of Psychiatric Discharges Age 18+ in FY2017 & FY2018

#	Zip Code	Community	County	Total Discharges FY2017	Total Discharges FY2018	Total Discharges Combined	Cummulative % of Discharges
1	21001	Aberdeen	Harford	160	177	337	13.9%
2	21040	Edgewood	Harford	159	134	293	25.9%
3	21014	Bel Air	Harford	115	107	222	35.1%
4	21078	Havre De Grace	Harford	101	94	195	43.1%
5	21009	Abingdon	Harford	86	90	176	50.4%
6	21015	Bel Air	Harford	75	82	157	56.8%
7	21050	Forest Hill	Harford	50	57	107	61.2%
8	21085	Joppa	Harford	43	49	92	65.0%
9	21903	Perryville	Cecil	41	39	80	68.3%
10	21017	Belcamp	Harford	40	33	73	71.3%
11	21921	Elkton	Cecil	24	30	54	73.6%
12	21904	Port Deposit	Cecil	23	21	44	75.4%
13	21901	North East	Cecil	17	18	35	76.8%
14	21028	Churchville	Harford	16	15	31	78.1%
15	21047	Fallston	Harford	16	13	29	79.3%
16	21154	Street	Harford	16	12	28	80.4%
17	21911	Rising Sun	Cecil	15	9	24	81.4%
18	21918	Conowingo	Cecil	11	9	20	82.2%
19	21005	Aberdeen Proving Ground	Harford	9	7	16	82.9%
20	21034	Darlington	Harford	8	6	14	83.5%
21	21084	Jarrettsville	Harford	8	5	13	84.0%
22	21917	Colora	Cecil	6	5	11	84.5%
23	21132	Pylesville	Harford	6	3	9	84.8%
24	21220	Middle River	Baltimore	3	1	4	85.0%
25	21914	Charlestown	Cecil	2	1	3	85.1%
26	19711	Newark	New Castle	2	-	2	85.2%
		Subtotal Service Area		**1,052**	**1,017**	**2,069**	**85.2%**
		Out of Service Area		181	178	359	14.8%
		Total FY2018 Psychiatric Discharges		1,233	1,195	2,428	100.0%

Source: St. Paul's Statewide Non-Confidential Patient Level Detail

DI#26, p. 39

APPENDIX 6
MHCC Assessment of Market Volume Statistics for UC BHP Service Area

APPENDIX 6

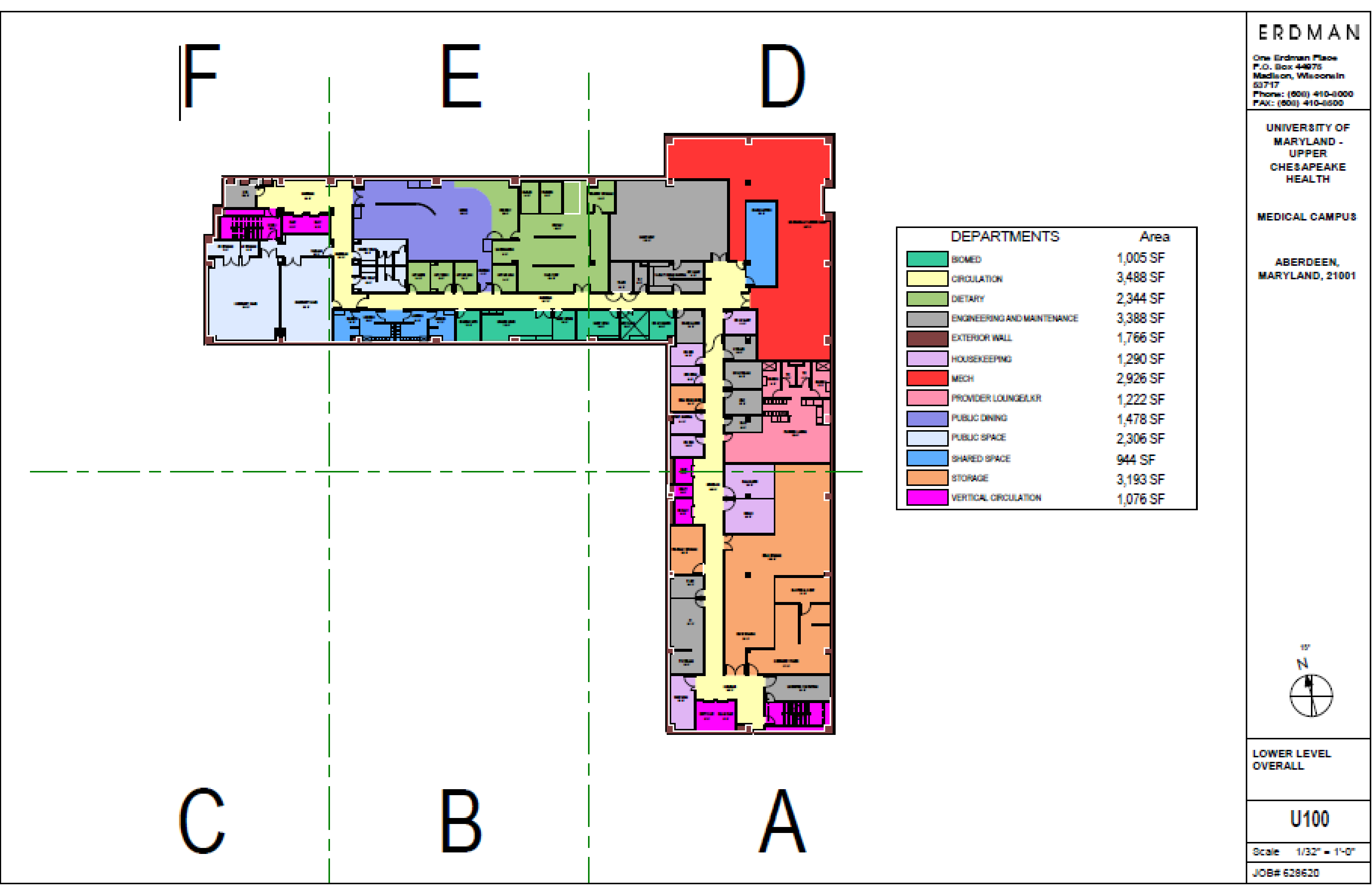
MHCC Assessment of Market Volume Statistics for UC BHP Service Area

HMH Psychiatric Discharges for 80% Relevance Service Area (Age 15+), 2013-2018							
Zipcode	**Name**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**
21001	Aberdeen	197	203	164	172	164	166
21040	Edgewood	152	150	157	135	143	132
21078	Havre de Grace	116	127	111	108	104	101
21009	Abingdon	92	75	67	89	79	86
21014	Bel Air	109	127	113	116	114	84
21015	Bel Air	63	71	57	70	79	64
21017	Belcamp	48	40	42	42	50	50
21085	Joppa	41	48	33	42	42	46
21903	Perryville	37	33	24	33	36	37
21050	Forest Hill	40	28	33	50	40	35
21904	Port Deposit	27	15	23	33	23	31
21921	Elkton	9	26	19	21	23	19
21154	Street	19	21	14	14	17	15
21901	North East	18	9	9	11	25	14
21084	Jarrettsville	15	12	13	6	14	10
21911	Rising Sun	12	12	16	16	10	10
	Market Total	**995**	**997**	**895**	**958**	**963**	**900**
	HMH Grand Total	**1,302**	**1,355**	**1,119**	**1,228**	**1,187**	**1,121**
	% of Relevance	**76%**	**74%**	**80%**	**78%**	**81%**	**80%**

Source: HSCRC Discharge Data files

APPENDIX 7

Project Drawings



DEPARTMENTS	Area
BIOMED	1,005 SF
CIRCULATION	3,488 SF
DIETARY	2,344 SF
ENGINEERING AND MAINTENANCE	3,388 SF
EXTERIOR WALL	1,766 SF
HOUSEKEEPING	1,290 SF
MECH	2,926 SF
PROVIDER LOUNGE/LKR	1,222 SF
PUBLIC DINING	1,478 SF
PUBLIC SPACE	2,306 SF
SHARED SPACE	944 SF
STORAGE	3,193 SF
VERTICAL CIRCULATION	1,076 SF

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FAX: (608) 410-8500

UNIVERSITY OF MARYLAND - UPPER CHESAPEAKE HEALTH

MEDICAL CAMPUS

ABERDEEN, MARYLAND, 21001

LOWER LEVEL OVERALL

U100

Scale 1/32" = 1'-0"

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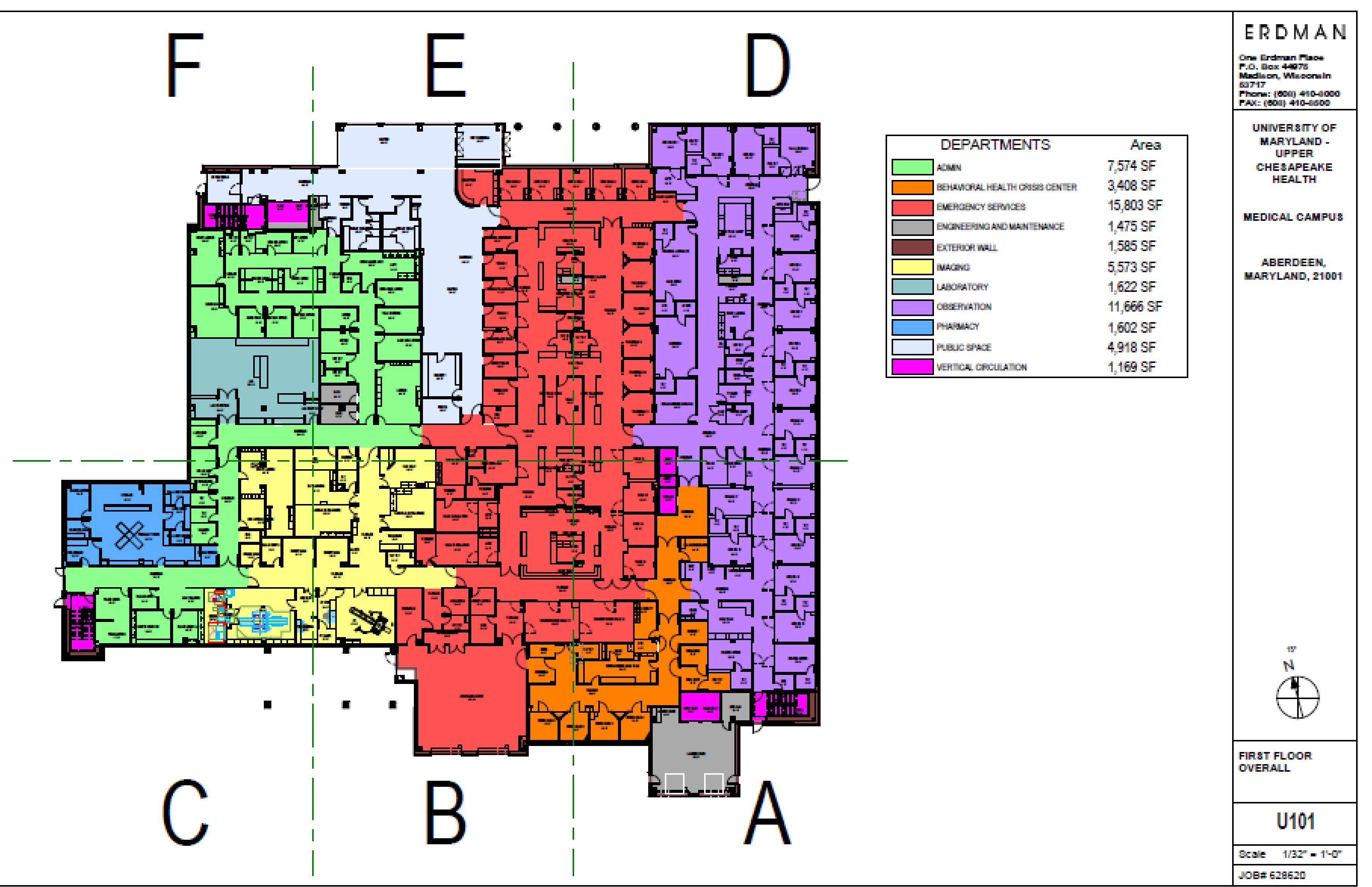
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DEPARTMENTS
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ADMIN
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BEHAVIORAL HEALTH CRISIS CENTER
3,408 SF
EMERGENCY SERVICES
15,803 SF
ENGINEERING AND MAINTENANCE
1,475 SF
EXTERIOR WALL
1,585 SF
IMAGING
5,573 SF
LABORATORY
1,622 SF
OBSERVATION
11,666 SF
PHARMACY
1,602 SF
PUBLIC SPACE
4,918 SF
VERTICAL CIRCULATION
1,169 SF
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53717
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UNIVERSITY OF
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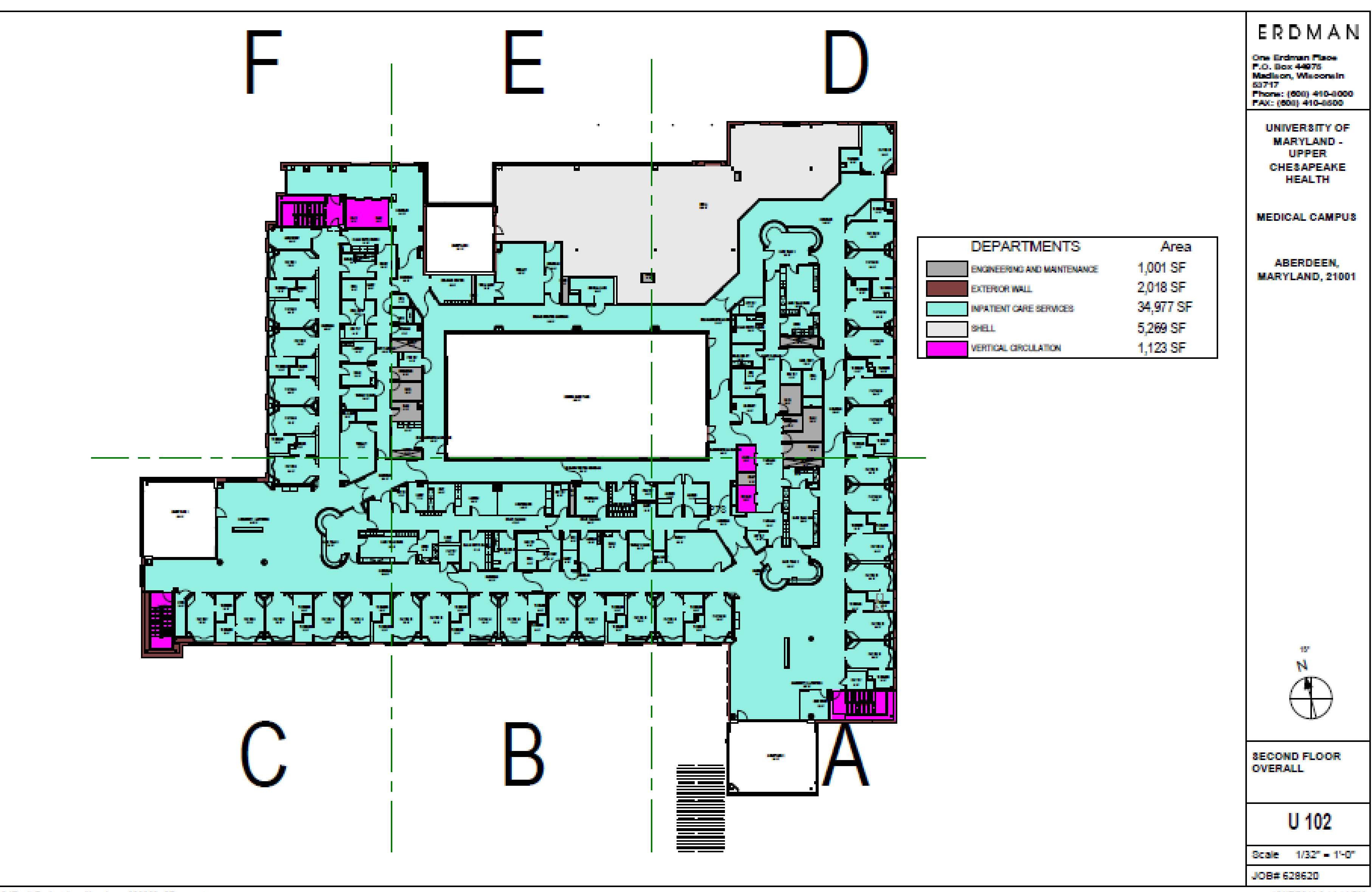
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DEPARTMENTS
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ENGINEERING AND MAINTENANCE
1,001 SF
EXTERIOR WALL
2,018 SF
INPATIENT CARE SERVICES
34,977 SF
SHELL
5,269 SF
VERTICAL CIRCULATION
1,123 SF
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ERDMAN
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P.O. Box 44975
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53717
Phone: (608) 410-8000
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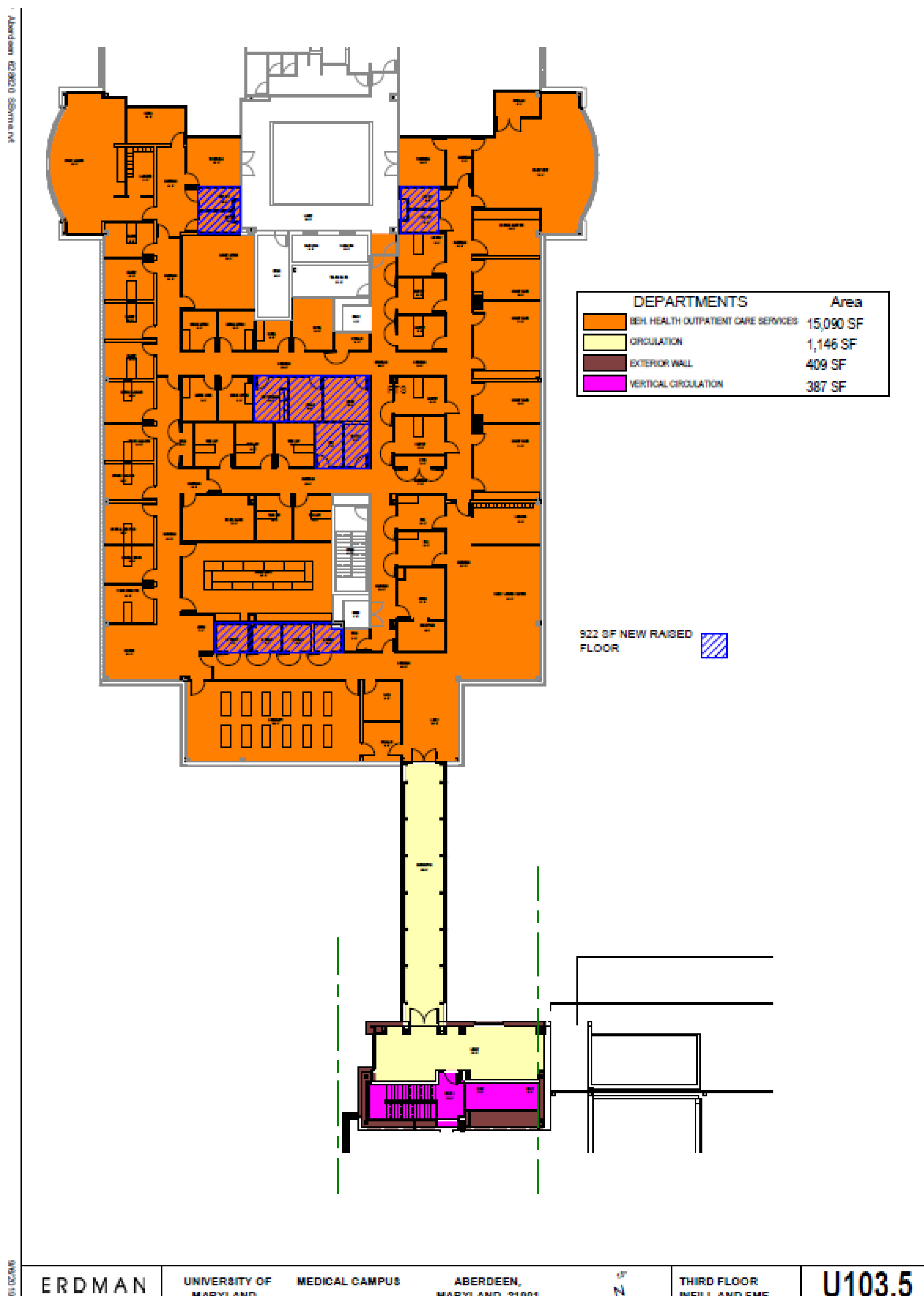
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Area
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CIRCULATION
1,146 SF
EXTERIOR WALL
409 SF
VERTICAL CIRCULATION
387 SF
922 SF NEW RAISED FLOOR
ERDMAN
UNIVERSITY OF MARYLAND -
MEDICAL CAMPUS
ABERDEEN, MARYLAND, 21001
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THIRD FLOOR INFILL AND FMF
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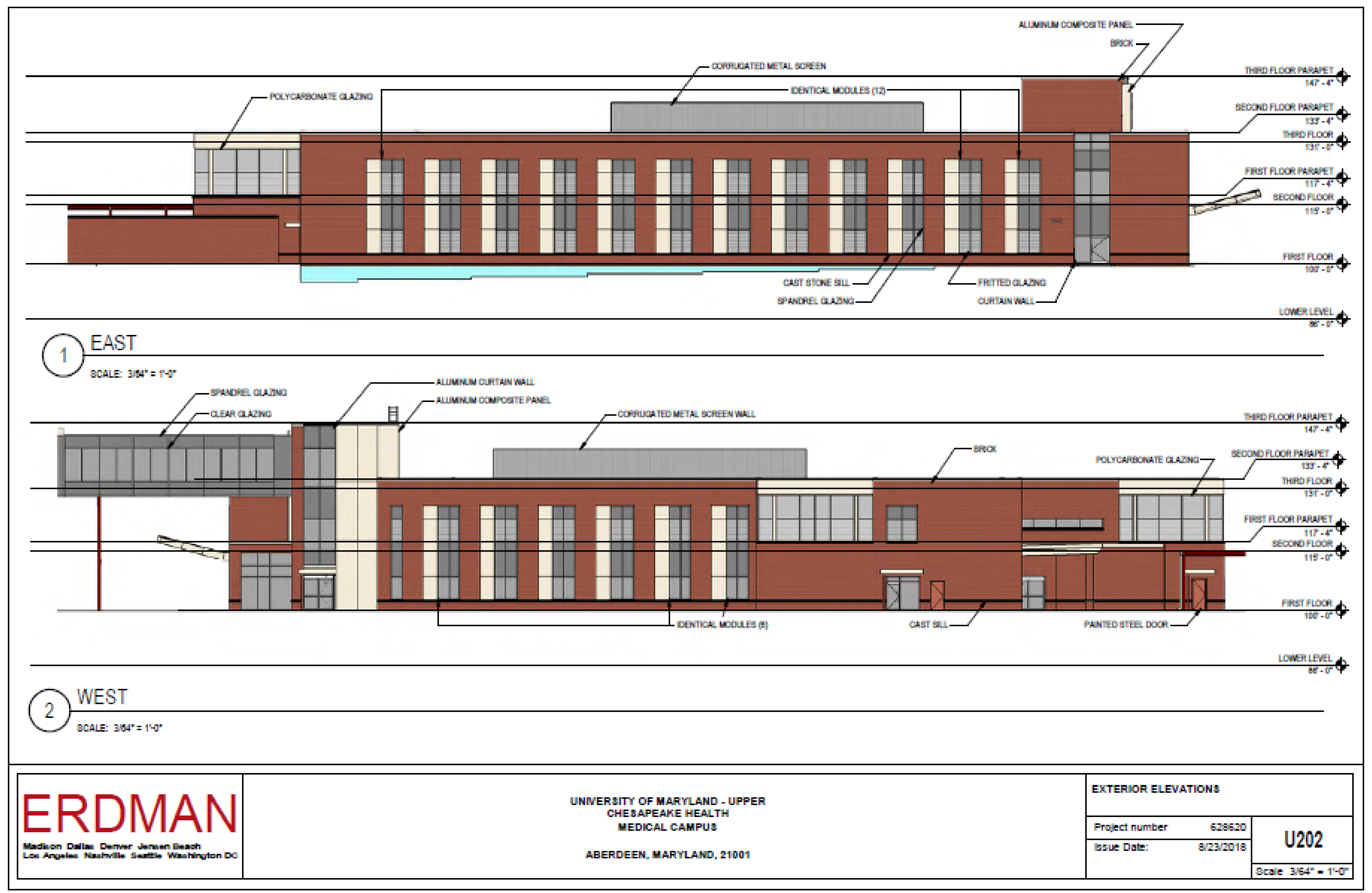

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Los Angeles Nashville Seattle Washington DC

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EXTERIOR ELEVATIONS

Project number	628620
Issue Date:	8/23/2018

U202

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