

State Health Coordinating Council Agency Recommendation Regarding the Child/Adolescent Inpatient Psychiatric Bed Need Methodology 2017 State Medical Facilities Plan

Issue:

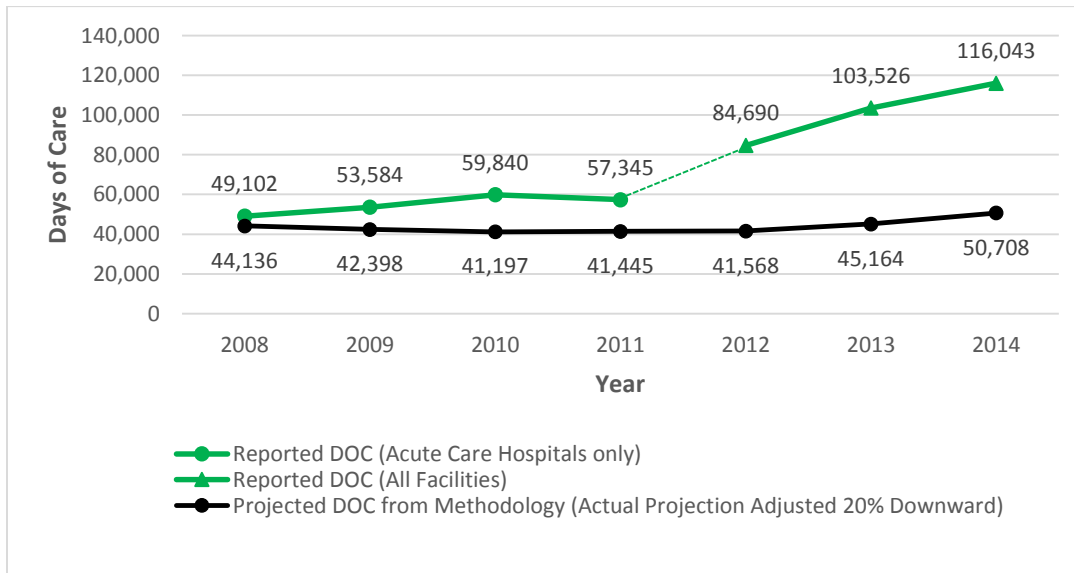
Discussion of the child/adolescent bed need methodology brought forth an issue with the bed need calculations. The agency proposes that the Long-Term and Behavioral Health Committee remove Step 2 of the Child/Adolescent Inpatient Psychiatric bed need methodology. This step automatically reduces the projected bed utilization by 20%.

Analysis:

A major redesign of the psychiatric bed need methodology became effective in the 1993 State Medical Facilities Plan (SMFP). The 1993 SMFP (p. 110) narrative noted that national trend data showed that the average length of stay for adolescents was decreasing. As a result, the new methodology instituted a 20% reduction in projected days of care (DOC) in the child/adolescent section of the methodology.

Recent data from the SMFP, however, shows that since 2008, the utilization of child/adolescent psychiatric inpatient beds has increased consistently. The figure below shows data from the 2008-2014. The black line represents the DOC predicted by the methodology. The green line shows the actual DOC reported by the facilities for the same years.

Child/Adolescent Psychiatric Inpatient Reported and Adjusted Projected Days of Care (DOC), 2008-2014



Changes to data collection methods between 2011 and 2012 resulted in a significant increase in the reported DOC (indicated by dashed line). Before 2012, acute care hospitals were the only data

source for DOC. To improve the accuracy of the methodology, beginning in 2012, the SMFP included DOC data from both acute care hospitals and mental health hospitals. The trend clearly shows increasing utilization, especially after inclusion of DOC in mental health hospitals. It is also clear that the methodology as currently written projects utilization that is substantially lower than actual utilization.

Agency Recommendation:

The Agency recommends that the Long-Term and Behavioral Health Committee remove Step 2 from the Child/Adolescent psychiatric inpatient bed need methodology. (See Attachment for proposed changes to SMFP narrative.) This adjustment will improve the ability of the methodology to predict future bed need by removing the 20% reduction in projected DOC.

Attachment: Proposed Methodology Change to Chapter 15, Inpatient Psychiatric Beds

The Agency proposes eliminating Step 2 of the need determination methodology for inpatient psychiatric beds for children and adolescents. The proposed language is as follows:

Part 1: Determining Projected Patient Days of Care and Bed Need for Children and Adolescents

Step 1: The estimated Year 2019~~8~~ days of care for children/adolescents is determined by taking the actual 2015~~4~~ days of care for the age group birth through 17, multiplying that number by the projected Year 2019~~8~~ child/adolescent population and then dividing by the Year 2015~~4~~ child/adolescent population.

~~Step 2: The projected Year 2018 days of care is then adjusted downward by 20 percent to take into account the projected continued decrease in utilization by this age group.~~

Step 2~~3~~: The ~~adjusted~~ Year 2019~~8~~ days of care is divided by 365 and then by 75 percent to arrive at the child/adolescent bed need in Year 2019~~8~~, assuming 75 percent occupancy.

Step 3~~4~~: The planning inventory is determined based on licensed beds, adjusted for CON-Approved/License Pending beds and beds available in prior Plans that have not been CON-approved. The number of existing child/adolescent beds in the planning inventory is then subtracted from the bed need (from Step 2~~3~~) in order to arrive at the Year 2019~~8~~ unmet bed need for children and adolescents.