

CHAPTER 15: PSYCHIATRIC INPATIENT SERVICES

Draft Language for the Proposed 2016 SMFP

Application of the Methodology

Each step explained below is applied to the nine LME-MCOs to arrive at bed surpluses/deficits in each LME-MCO.

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

- Step 1: The estimated Year ~~2017~~ 2018 days of care for children/adolescents is determined by taking the actual 2013 days of care for the age group birth through 17, multiplying that number by the projected Year ~~2017~~ 2018 child/adolescent population and then dividing by the Year ~~2013~~ 2014 child/adolescent population.
- Step 2: The projected Year ~~2017~~ 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 3: The adjusted Year ~~2017~~ 2018 days of care is divided by 365 and then by 75 percent to arrive at the child/adolescent bed need in Year ~~2017~~ 2018, assuming 75 percent occupancy.
- Step 4: The planning inventory is determined based on licensed beds, adjusted for minus 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 3) in order to arrive at the Year ~~2017~~ 2018 unmet bed need for children and adolescents.

Part 2: Determining Projected Patient Days of Care and Bed Need for Adults

- Step 1: The estimated Year ~~2017~~ 2018 days of care for adults is determined by taking the actual Year ~~2013~~ 2014 days of care for the age group 18 and over, multiplying that number by the projected Year ~~2017~~ 2018 adult population and then dividing by the Year ~~2013~~ 2014 population.
- Step 2: The projected Year ~~2017~~ 2018 days of care is divided by 365 and then divided by 75 percent to arrive at the adult bed need in Year ~~2017~~ 2018, assuming 75 percent occupancy.
- Step 3: The planning inventory is determined based on licensed beds, adjusted for minus CON-Approved/License Pending beds and beds available in prior Plans that have not been CON-approved. The number of existing adult beds in the planning inventory is then subtracted from the bed need (from Step 2) in order to arrive at the Year ~~2017~~ 2018 unmet bed need for adults.