

CHAPTER 16: SUBSTANCE ABUSE INPATIENT AND RESIDENTIAL SERVICES (CHEMICAL DEPENDENCY TREATMENT BEDS)

Draft Language for the Proposed 2016 SMFP

Application of the Methodology

A chemical dependency treatment bed's service area is the mental health planning region in which the bed is located. The LME-MCOs comprising the three mental health planning regions are listed in Table 16B. The counties comprising each of the nine LME-MCO catchment areas for mental health, developmental disabilities and substance abuse services are listed in Table 15 B Part 1 & Part 2. Each step explained below is applied individually to the nine mental health LME-MCOs, and then bed surpluses/deficits in the LME-MCOs are combined to arrive at the total surpluses/deficits for the three mental health planning regions. Treatment utilization data from acute care and specialty hospitals and from residential treatment facilities were incorporated into the methodology.

Part 1: Determining Projected Patient Days of Care and Total Bed Need

- Step 1: The estimated Year ~~2017~~ 2018 days of care for all age groups is determined by taking the actual Year ~~2013~~ 2014 days of care, multiplying that number by the projected Year ~~2017~~ 2018 population and then dividing by the Year ~~2013~~ 2014 population.
- Step 2: The Year ~~2017~~ 2018 days of care is divided by 365 and then by 85 percent to arrive at the total bed need in Year ~~2017~~ 2018, assuming an 85 percent occupancy. Eighty-five percent has been determined to be the target occupancy rate for chemical dependency (substance abuse) treatment beds in hospitals and residential treatment facilities.

Part 2: Determining Projected Unmet Bed Need for Children and Adolescents and for Adults

- Step 1: 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 beds in the planning inventory is then subtracted from the total bed need (from Part 1, Step 2) in order to arrive at the Year ~~2017~~ 2018 *unmet* bed need for all age groups ("total bed surplus/deficit").
- Step 2: Nine percent of the total bed need is subtracted as the estimated Year ~~2017~~ 2018 bed need for children and adolescents, based on utilization patterns reflected in past data (nine percent of the days of stay were for children and adolescents).
- Step 3: The child/adolescent planning inventory is subtracted from the child/adolescent bed need (from Part 2, Step 2) to arrive at the Year ~~2017~~ 2018 child/adolescent unmet bed need.
- Step 4: The adult bed need is then calculated by subtracting the child/adolescent bed "surplus/deficit" from the total bed "surplus/deficit".