HANYS ®
Always There for Healthcare

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Ann Marie T. Sullivan, MD
Commissioner
New York State Office of Mental Health
44 Holland Avenue
Albany, NY 12229

Submitted electronically: transformation@omh.ny.gov

Dear Commissioner Sullivan:

The Healthcare Association of New York State, on behalf of our member nonprofit and public hospitals, nursing homes, home health agencies and other healthcare providers, welcomes the opportunity to comment on OMH initiatives and priorities.

HANYS commends OMH's recent efforts to address longstanding challenges in mental health. We are grateful for the ongoing partnership with your staff to advance patient care and meet the demands of the rapidly evolving behavioral health environment, including complex case discharge delays.

Addressing complex case discharge delays

In 2021, HANYS released a [white paper](#) calling attention to the rising number of patients languishing in hospitals for weeks, months and even years after they are ready for discharge. Earlier this year, HANYS conducted a data collection pilot with our members to better understand the scope of the problem. Results of the pilot echoed concerns shared by hospitals and other advocates. Individuals with mental illness were among those most impacted.

During the 90-day pilot, 52 hospitals statewide reported 311 patients with mental illness who were delayed more than four days in the emergency department and/or more than 14 days in an inpatient unit, with a total of 13,500 delay days at an estimated cost of $29 milllion. The average delay in an inpatient unit was 50 days (30-day median) and 11 days (six-day median) in the ED. Children and older adults were most profoundly affected.

Discharge delays for individuals with mental illness were overwhelmingly due to difficulty securing a safe post-discharge placement setting, followed by eligibility and referral for services provided through state and local agencies. When these patients were declined services or a bed, hospitals reported that it was most often because the patient had a mental illness.

Hospitals are sentinels for the health needs in our communities. When all other care options are exhausted and preventive care is not accessible, patients arrive in the hospital. All signs point to tremendous gaps in care. The need for change is urgent. Hospitals are not an acceptable place to live, especially for those seeking to recover from and manage their behavioral health conditions.

HANYS developed the following framework to help focus efforts to ensure patients no longer languish in hospitals after they are ready for discharge:

- prevent unnecessary hospitalization;
- intervene early when patients at high risk of delay arrive at the hospital;
- respond to patient needs during unavoidable extended delays; and
- increase visibility of this problem.

Expand care options
Results of the data collection pilot demonstrated there are severe care shortages, especially for children, older adults and individuals with co-occurring conditions, e.g., intellectual or developmental disabilities, mental illness and/or a medical condition.

Our system of care has a flaw: it is designed for those with a clear care path who do not have complex care needs. Individuals with co-occurring disorders should be the expectation, not the exception. It is time to re-evaluate, update and invest in care models that meet the changing needs of our communities.

To begin to address these challenges, HANYS suggests the following:

- re-examine methods used to determine care needs;
- develop reimbursement models that can sustain services in shortage and cover costs of resource-intensive care;
- identify and remove regulatory obstacles to cross-disciplinary care; and
- invest in the workforce for high-need specialty professions.

Expedite access
Care needs and caregivers' ability to provide care will inevitably, often unexpectedly, change. When a caregiver cannot secure a timely and safe care option, they are forced to seek care in EDs, when the patient would be better served in a more appropriate setting at much lower cost and risk.

The expansion of resource centers, crisis services, respite, mobile crisis and technical assistance are helping to address these challenges. However, the availability of these services is limited and few programs can serve individuals with co-occurring conditions. Wait times for enrollment in supportive services are often months long and eligibility for services such as emergency respite can be limited to those already enrolled.

To ensure patients have timely access to care in the community, instead of having to go to the hospital as a last resort, HANYS suggests the following:

- expand emergency respite services and crisis residential programs;
- streamline and update the process for eligibility and referral to services; and
- mitigate payment barriers, e.g., insurance authorization and eligibility.

Educate patients, caregivers, schools, law enforcement and others
Caregivers and others are often unaware of resources and services outside of the ED that could help better serve those in need. Making information about these options available to care providers, patients, caregivers, law enforcement and schools will help ensure they can take full advantage of existing resources. De-escalation training for caregivers could also help reduce the likelihood of patients arriving in the ED due to behavior challenges that could otherwise be managed at home.

Escalate early

Hospitals can often identify a patient at high risk of discharge delay upon arrival and many have established processes to begin discharge planning at that time. HANYS strongly urges local and state agencies to work together to develop a centralized process for escalating patients at high risk of discharge delay, including a timeline for developing a discharge plan.

Prioritize patients in the hospital

While they have made modifications to support individuals during extended discharge delays, hospitals are designed to provide acute care in the short term. Unnecessary long-term stays deprive patients of more therapeutic care options, disrupt hospital care delivery and cost much more than appropriate care settings. For these reasons, administrative processes should be expedited, and eliminated when possible, for patients in the hospital, e.g., eligibility for agency services, preauthorization and eligibility for insurance and legal process.

Respond to patient needs during extended delays

When all options are exhausted and a patient is expected to experience a protracted hospital stay, hospitals should receive support to ensure they can meet the patient's long-term needs, e.g., education, therapeutic services and mental and emotional well-being. The unreimbursed costs for care of patients experiencing complex case discharge delays is extraordinary. Insurance does not cover, or only partially covers, non-hospital-level care in the hospital setting. Hospitals should be reimbursed for the ongoing intensive care provided during discharge delays.

HANYS urges OMH to work with DOH to identify reimbursement mechanisms that ensure hospitals are equipped with the resources to support patient needs during extended discharge delays.

Increase visibility

Delays in care access provide a strong, early indicator of unmet needs within our community. HANYS recommends that state and local agencies begin routinely documenting the time between when services are sought by individuals in need to when they are received to better understand and respond to delays in care access, specifically with a focus on the referral and eligibility process.

Agencies should develop explicit timeframes and measures to identify challenges early, request needed resources and track the progress of interventions. These timeframes and measures must be made publicly available at a minimum on an annual basis to allow for collaborative development of strategies to address gaps in care access as they arise.

We look forward to continued opportunities to engage with your office. If you have questions, contact me at 518.431.7730 or vaufiero@hanys.org, or Sarah DuVall, director, behavioral health, at 518.431.7769 or sduvall@hanys.org.

Sincerely,

Victoria Aufiero
Vice President, Insurance, Managed Care and Behavioral Health