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March 25, 2024

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

Submitted electronically: [regs@omh.ny.gov](mailto:regs@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, appreciates the opportunity to comment on proposed regulations (Title 14 NYCRR, Part 580 and 590) that would standardize admission and discharge criteria for comprehensive psychiatric emergency programs and inpatient psychiatric units.

Hospitals statewide agree that high-quality admission and discharge practices are essential to improving behavioral health outcomes. Strengthening the connections between hospitals and community-based providers will help improve patient outcomes. Many hospitals have invested in transitional care initiatives to address the unique challenges faced by people living with mental illness. In addition, existing regulatory and accreditation standards include measures that align with several of the proposed OMH standards.

HANYYS strongly supports improving these practices but urges OMH to consider hospitals' requests for clarification and concerns about the feasibility and potential repercussions of implementing the regulations as written.

### Scheduling follow-up appointments

HANYYS and our members have concerns about the proposed requirement to schedule and confirm follow-up appointments within seven calendar days before discharge. This might not be feasible for weekend or evening discharges, particularly if community providers aren't available, resulting in extended hospitalizations.

### Care management

The proposed level of in-hospital care management may strain already short-staffed hospitals and result in extended hospital stays. Community-based care management, where patients have established relationships, will be more effective in most cases.

OMH proposes requiring hospitals to coordinate discharge plan details and timing with care managers, including supporting unit predischarge visits by community-based organization care managers. While hospitals welcome care management support from community-based organizations, hospitals are responsible for protecting staff, patients and visitors, and unit predischarge visits would require thoughtful planning and consideration.

#### **Extended hospital stays**

The proposed regulations as written could very easily lead to longer stays for non-acute patients, delaying their return to the community and decreasing access to acute care for those who truly need it during a period of overwhelming demand for mental health services. Extended stays would also further strain the already limited acute care workforce. Once ready for discharge, most patients would be better served in settings outside the acute care environment.

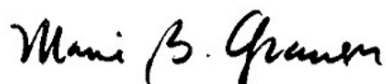
#### **Data accessibility**

The requirement to review data from specific platforms, like the Psychiatric Services and Clinical Knowledge Enhancement System and Statewide Health Information Network for New York, might be difficult for some hospitals due to limited access and lack of integration with existing electronic medical records. Some of these data systems are not yet designed for clinical purposes. For example, in certain care settings, access to SHIN-NY is limited to only a small number of people, such as administrators.

Stronger alignment with existing practices and standards is achievable and essential to effectively advance patient care. Hospitals statewide are eager to work with your office to improve timely access to care and support recovery for individuals seeking mental health services. We offer the expertise of our statewide behavioral health taskforce, comprised of multidisciplinary hospital leaders, to discuss these practices and standards.

If you have questions, contact Sarah DuVall, director, behavioral health, at 518.431.7769 or [sduvall@hanys.org](mailto:sduvall@hanys.org).

Sincerely,



Marie B. Grause, RN, JD  
President