State Health Services Plan Task Force

November 18, 2024

Time 9:00 a.m.

Board Room 1, 9960 Mayland Drive

Henrico, Virginia 23233

Task Force Members in Attendance (alphabetical by last name): Jeannie Adams; Karen Cameron; Carrie Davis; Michael Desjadon; Paul Dreyer; Amanda Dulin; Dr. Thomas Eppes, Jr.; Paul Hedrick; Shaila Menees; Dr. Marilyn West.

Staff in Attendance (alphabetical by last name): – Erik O. Bodin, COPN Director, VDH OLC; Joseph Hilbert, Deputy Commissioner of Governmental and Regulatory Affairs, VDH; Val Hornsby, Policy Analyst, VDH OLC; Dr. Karen Shelton, State Health Commissioner, VDH.

1. **Call to Order and Welcome**

   Dr. Thomas Eppes, Jr. called the meeting to order at 9:03 a.m.

2. **Roll Call**

   Val Hornsby called the roll of the Task Force members. Mr. Hornsby noted that Dr. Baker, Dr. Berger, Mr. Elliott, Mr. Orsini, and Mr. Phillips were absent from the meeting.

3. **Review of § 32.1-102.2:1 of the Code of Virginia**

   Mr. Hornsby reviewed the mandate for the Task Force in § 32.1-102.2:1 of the Code of Virginia with the group.

4. **Review of Agenda**

   Mr. Hornsby reviewed the agenda with the Task Force members. There was discussion regarding the official recommendations and the status of the Commissioner's report of the Task Force, the establishment of guiding principles for the State Health Services Plan (SHSP), the presentation of data observations by VDH staff, and the regulatory and legislative process presentation to be delivered by staff.

5. **Review of Meeting Materials**

   Mr. Hornsby reviewed the meeting materials with the Task Force members upon which no task force members had questions.

6. **Approval of Prior Meeting Minutes**

   The Task Force members did not have the meeting minutes from the September 6, 2024, meeting at this point in time. VDH staff stated that meeting minutes would be provided after the break to the Task Force members.

7. **Public Comment Period**

No members of the public signed up for public comment and no State Health Services Plan Task Force member had public comment to give.

8. The State Health Services Plan

8.1. Establishment of Guiding Principles

Mr. Erik Bodin reviewed the current SMFP Guiding Principles and the two guiding principles that had been discussed, but not voted on, by the 2019 SMFP workgroup with the Task Force members. Mr. Bodin replied that these are the five guiding principles that the State Medical Facilities Plan (SMFP) currently have in place, and that while adopting the current principles and the two considered principles would be the easier course for the Task Force members to take, the Task Force has the ability to start from a clean slate when creating and adopting guiding principles.

Mr. Desjadon asked if it is possible for VDH staff to provide minutes or information from the 2019 SMFP workgroup for context to which VDH staff replied that they would see what records they have from that previous workgroup.

VDH staff replied that they would provide any information from the 2019 SMFP workgroup to the Task Force.

Ms. Carrie Davis questioned if new institutional facilities were a part of the concern around guiding principle 6.

Ms. Karen Cameron stated that those were not traditionally a part of CON, based on her background of knowledge and experience reviewing projects.

The Task Force members discussed concerns with triple aim of care in reference to guiding principles 6 and 7.

Mr. Bodin emphasized that guiding principles 6 and 7 were not adopted into the regulatory process.

Mr. Michael Desjadon asked why the two principles from the previous SMFP workgroup were not adopted.

Mr. Bodin replied that those had been previously advanced for discussion, but that the Task Force was free to come up with their own guiding principles.

Dr. Eppes suggested that the Task Force members think on these guiding principles and make suggestions for adoption at the next SHSP Task Force meeting.

Dr. Marilyn West asked if guiding principles 6 and 7 were items that VDH wanted to add to the current SMFP.

Ms. Shaila Menees asked if this list was exhaustive.

Mr. Bodin replied in the affirmative and stated that if the Task Force members had other options for discussion, VDH staff could create a document for the Task members to review.

Mr. Paul Dreyer emphasized that in establishing these guiding principles, the Task Force is simply building the overarching framework for the State Health Services Plan, but not selecting criteria for COPN review to which Mr. Bodin replied in the affirmative.

Ms. Karen Cameron stated that the Task Force should keep these guiding principles more succinct and keep them broad so that they may be adjusted over time, and that being more specific can cause the Task Force to not be as adept at changing the SHSP over time.

8.2. Presentation of Data for Psychiatric Services & Discussion

Mr. Hornsby presented the data for psychiatric services to the Task Force members. These data showed utilization data for inpatient psychiatric beds in Virginia as well as a comparison of SHSP psychiatric service considerations between Virginia and other CON states.

Ms. Menees asked for clarification on occupancy rate between SFY 2018 and SFY 2022, and whether 61.1% was the current occupancy rate.

Mr. Hornsby specified that this was the average rate of occupancy across the years of provided data.

Ms. Menees asked if there were significant changes over that period of time because of the number of beds likely changing over that period of time.

Mr. Bodin explained that occupancy was fairly flat over the course of those five state fiscal years.

Ms. Cameron stated that Medicaid expansion was during that time period, that more individuals had access to care, and that occupancy rate remaining fairly flat across that period is interesting.

Ms. Menees stated that much of Medicaid care expanded access for psychiatric services was from non-inpatient facilities not regulated by COPN and that the hope for the decrease in pediatric patients was that pediatric patients were being seen in a non-inpatient setting.

Mr. Hedrick asked if the data provided included the state operated psychiatric hospitals to which Mr. Hornsby replied in the negative.

Dr. Eppes asked if the occupancy rate was different geographically across Virginia.

Mr. Bodin replied that there is some variation, but not as great as expected, and that before the next SHSP meeting, he would provide planning district specific data to the Task Force members. Mr. Bodin further stated that licensed bed capacity is not an issue for state hospitals, but rather distribution and staffing, and that the Department of Behavioral Health and Developmental Services (DBHDS) is moving away from inpatient services and toward residential and outpatient psychiatric services as a department.

Dr. Eppes asked if staffing was a problem for new psychiatric facilities.

Ms. Cameron stated that there have been workforce initiatives for licensing in a psychiatric setting.

Mr. Desjadon expressed that a main concern is reimbursement for mental health.

Ms. Menees agreed, stating that Medicaid expansion has helped reimbursement for mental health in a positive direction. Ms. Menees said that the inpatient setting is the least likely for new providers in the workforce to enter into and discussed new facility types for behavioral health that younger individuals would choose over an inpatient setting.

Ms. Cameron mentioned that with an increase in beds, staff at inpatient facilities would be spread even thinner to manage those beds.

Dr. West discussed the criterion of staffing for a COPN project and the concerns with health care workforce development.

Mr. Bodin stated that DCOPN looks at recruitment pages, on some occasions, to determine their ability to recruit staff for a proposed project.

Dr. Eppes asked if its within the purview of the Task Force to recommend more reimbursement for staffing for Medicaid patients.

Ms. Cameron stated that Medicaid reimbursement for psychiatric services has increased greatly and further proposed that a criterion for COPN projects would be how a provider is recruiting for staff in and out of state.

Mr. Desjadon suggested that a recommendation for the General Assembly that improvements can be made in the areas being discussed.

Mr. Hedrick asked if the map displaying 60-minute drive time was for inpatient psychiatric hospitals to which Mr. Bodin replied in the affirmative.

Mr. Bodin discussed the current drive time standard and suggested options for psychiatric services.

Mr. Hornsby stated that only Maryland had a drive time for inpatient psychiatric services which was 45 minutes for pediatric patients and 30 minutes for adult psychiatric patients.

Ms. Davis asked if occupancy was based off of staffed or licensed beds and if VDH can provide percentages of staffed beds in different planning areas to determine true availability of beds in communities.

Mr. Bodin replied that occupancy rates were based off of licensed beds, but that VDH could provide occupancy based off of staffed beds by planning district.

Ms. Cameron asked if some of the impact was because of private room requirements versus semi-private rooms and asked if VDH staff are retrieving staffing information from a facilities licensure report.

Mr. Bodin replied that VDH will retrieve that information from VHI data.

Ms. Dulin asked if other states have different mechanisms for a similar goal regarding region specific considerations and drive time.

Mr. Hornsby specified that some states have requirements to draw from residents in an area where psychiatric services are being proposed to be offered.

Mr. Dreyer mentioned that there are lots of other criteria and drive time does not necessarily mean that a COPN will be approved.

Dr. Eppes asked what the Task Force should be recommending for the regulatory process for psychiatric services given the data observations provided by VDH staff.

Mr. Bodin asked what other kinds of criteria the Task Force would like to look at for psychiatric care specifically and cautioned against adding additional licensing capacity. Mr. Bodin also discussed current projects and the movement of services within COPN.

The Task Force members discussed how recommendations are made for both legislative and regulatory changes to COPN and asked for the sections of 12VAC5-230 that specify criteria for psychiatric services.

Ms. Menees asked if the Task Force members could see the recommendations they have already put forth for expedited review and psychiatric services and if there is anything in the current criteria that the Task Force may want to modify.

Mr. Bodin said that the current mandate is what criteria go into COPN review, not just whether an item is reviewed through the standard or expedited process.

VDH staff said they would provide the current regulations for psychiatric service criteria to the Task Force members after their request at the break.

Mr. Desjadon asked if there was any data from VDH demonstrating market demand.

Mr. Bodin replied that the closest proxy to demand is occupancy.

The Task Force members discussed data surrounding demand other than drive time and seeking an objective data source to measure availability of services as well as age, socioeconomics, and demographics of individuals receiving inpatient psychiatric care.

Ms. Davis asked if there was a way to recommend new facilities to be private room only because of individual psychiatric patient need.

Ms. Cameron asked if new facilities are seeing private room only building patterns.

Mr. Bodin replied that is the case across all provider types and that VDH staff would look at the Facilities Guidelines Institute (FGI) guidelines to see what proportion of inpatient psychiatric beds require private rooms.

Ms. Menees mentioned that there are pros and cons to having private rooms and that bringing back the Commissioner of DBHDS to discuss this would be a possibility.

The Task Force members discussed finding the balance between regional specific criteria and not making the COPN regulations too onerous for applicants.

Ms. Menees stated that the process for COPN appears to be working properly in finding that balance for psychiatric service review criteria.

The Task Force members discussed concerns regarding criteria surrounding continuum of care and what the relationship between new facilities and services is with advocacy organizations in an area of a proposed project.

Break

9. Regulatory and Legislative Process Presentation

Mr. Bodin began the presentation by providing background on the legislative process and the regulatory process for the Task Force members. Mr. Bodin specifically discussed the standard regulatory process and how the SHSP has a partial exemption from the Virginia Administrative Process Act (APA) and can put forth regulatory text more quickly than the regular process.

The Task Force members reviewed how they decided to tackle each service of the SHSP by COPN review batching cycle and the timeline for recommendations made by the Task Force on each batch cycle.

Mr. Bodin clarified the difference between "batching" regulatory actions versus the batching cycles of the COPN review process.

Ms. Adams asked what the partial exemption meant for the regulatory process for the SHSP.

Mr. Bodin clarified that the partial exemption has elements of the full process but is not the same as the fast-track regulatory process.

VDH staff were unable to find the specific section of the Code of Virginia containing that exemption, but told the Task Force members that they would provide this information at the next SHSP Task Force meeting.

10. Approval of Meeting Minutes

VDH staff provided the meeting minutes from the September 6, 2024, meeting for the SHSP Task Force members. Ms. Cameron and Ms. Menees had technical grammatical amendments to the meeting minutes. Ms. Cameron motioned the meeting minutes be adopted as amended and Ms. Davis seconded the motion. The minutes were approved without opposition.

11. Wrap-Up and Next Steps

The Task Force discussed the feedback they will provide to VDH staff regarding the establishment of guiding principles and recommendations for criteria for psychiatric services before their next meeting. The Task Force members also reviewed the data requests of VDH staff for the next meeting. The Task Force decided the next several dates for meetings.

Mr. Bodin stated that the next batching cycles regarding diagnostic imaging will take several meetings to review, and that it will be easier for the Task Force members to break down service by service in terms of recommending criteria.

Mr. Bodin stated that while there are differences in the medical industry in how a CT scanner is utilized, the regulations currently view all CTs as the same.

The Task Force members discussed the ways in which diagnostic imaging services are utilized, in terms of staffing, whether they are used in an inpatient or outpatient setting, whether they are used for diagnostic or therapeutic use, and what industry standards are for diagnostic imaging.

VDH staff stated they will provide data in regard to diagnostic imaging services to assist the Task Force members in making recommendations, but that the organizations that the Task Force members represent may have current industry standards they can provide.

VDH staff reviewed the expiring member terms and explained that VDH will reach out to member organizations about expiring members terms for nominations, which can include current members.

12. Meeting Adjournment

The meeting adjourned at 11:28 a.m.