



August 9, 2022

Minnesota Department of Health  
625 Robert Street North  
P.O.Box 64975  
St. Paul, MN 55164-0975

Dear Mr. Gildemeister:

Fairview Health Services and Acadia Healthcare provide the enclosed responses to your additional requests for information on the proposed inpatient mental health hospital.

Sincerely,

A handwritten signature in black ink that reads "Laura Reed".

Laura Reed, RN, MBA, DNP  
Executive Vice President  
Chief Operating Officer, Chief Nurse Executive  
Fairview Health Services

A handwritten signature in black ink that reads "Jeffrey Woods".

Dr. Jeffrey Woods, MS, MPH, MSN, DNP  
Operations Group President  
Acadia Healthcare

## Proposed Hospital Treatment Capabilities

- **Materials submitted to date by Fairview and Acadia have stated that the specialized psychiatric hospital would focus on one service line thereby forgoing costly medical and personnel overhead expenses to treat medically intensive acute care needs of other physical health conditions. In a recent correspondence, Acadia also mentioned that the hospital would provide 'integrated medical care' staffed by internal medicine doctors and primary care teams. To align our understanding with actual, documented plans we ask for the following detail.**
  - **Please provide the detailed staffing plan for:**
    - **All five identified units that include information on the number and type of advanced practitioners in each area, and whether they are psychiatric or other medical staff.**

Response: The hospital will employ or contract and credential psychiatrists, internal medicine/family practice physicians, psychiatric and family practice nurse practitioners, and such other specialist physicians as may be required to address the total health of patients (e.g., podiatrist, clinical psychologist, cardiology, nephrology, anesthesiology, gastroenterology, neurology, endocrinology, etc.). Full time psychiatrists will generally carry a census of 14-16 patients. Primary medicine providers will carry a case load that will vary based on the medical needs of patients on any given day, but in no event at least 8-10 clinical encounters daily (initial History and Physical and follow up consultation/care). Upon admission and consistent with CMS, Joint Commission, and State regulations, every patient will have a full history and physical examination by a credentialed member of the medical staff, including necessary laboratory and diagnostic examinations (e.g., radiology, physical therapy, occupational therapy, speech therapy, consult with other specialty physicians, etc.). Also consistent with CMS, Joint Commission, and State regulations, all patients will have a complete psychiatric evaluation and a multidisciplinary treatment plan that individually addresses the mental health, substance use disorder (if applicable), and applicable physical health needs of the patient.

- **The intake and assessment area. Please indicate if staff are specifically psychiatric or other medical staff.**

Response: The intake and assessment area staff will consist of a licensed clinical director with either a masters or doctoral degree in counseling, therapy, psychology, social work, or nursing. The assessment staff working under the clinical director will have the same academic and experience credential requirements as the director. A Registered Nurse (BSN or higher) will be within the department 24/7 to perform initial Medical Screening Examinations (MSE). The Registered Nurse will consult psychiatry and/or medicine on the MSE findings to confirm whether a psychiatric or medical emergency exists and is within the capability and capacity of the hospital to treat. In the event of a non-psychiatric medical emergency that is beyond the scope of the hospital, the hospital will stabilize and arrange transfer to the appropriate level of care provider (e.g., cardiac event, traumatic injury, labor and delivery). In the event of a psychiatric emergency, the patient will be admitted to the hospital for evaluation, management, and treatment of their emergency psychiatric condition (e.g., danger to self, others, gravely disabled) as capacity allows.

- **Application materials indicate a plan to have at least one security officer 24 hours a day, and to adjust as needed. Please confirm if this is still the plan.**

Response: Yes, that remains the plan.

- **Please provide a statement on whether the following services would be available onsite, or a detailed description on how services would be provided to patients while admitted through contracted services, including whether these services would be billed separately from the hospital stay:**

Response: As a CMS and Joint Commission deemed status psychiatric hospital, reimbursement for services will be a fixed rate per diem from payers. All care and resources to provide that care, including the items listed below, are considered inclusive in the per diem rate, with the general exception of professional fees charged by physicians, nurse practitioners, and other advanced medical professionals who can bill/collect for their services directly from the payer. In the event a patient is transferred to an acute care general hospital for medical evaluation and management, any charges resulting from that transfer encounter is charged back by the receiving hospital and paid by the psychiatric hospital provided that the patient returns within 24 hours and is not admitted to the acute care general hospital.

- **Laboratory services including, both specimen collection and testing, in the intake and assessment area, and for the inpatient units:**

Response: The intake and assessment department will be equipped with a point of care laboratory instrument (e.g., i-Stat <https://www.globalpointofcare.abbott/en/product-details/apoc/i-stat-system-us.html>) that produces highly reliable immediate laboratory results for virtually any diagnostic question (e.g., BMP, CMP, CBC, renal and liver function, Acetaminophen levels, cardiac enzymes, etc.). In addition, the intake and assessment department will be equipped with an alcohol breathalyzer and immediate access to opioid antagonist emergency medications (e.g., naloxone hydrochloride). Upon admission to the hospital, each patient will receive a full initial and/or confirmatory laboratory blood/urine/specimen evaluation. The hospital will contract with a third-party laboratory company or M Health Fairview to perform the ordered tests and provide results, including critical levels, to the hospital through the hospital's electronic medical record portal. Stat laboratory results are drawn and resulted in 60 minutes or less. Note that all the hospital's third-party vendor contracts will contain measurable quality standards as required by CMS and Joint Commission.

- **Radiology services including x-ray and advanced diagnostic imaging (computerized tomography, magnetic resonance imaging, or nuclear medicine):**

Response: The hospital will provide full radiology services through third-party contracts with accredited companies. Like laboratory services, these contracts will comply with CMS and Joint Commission requirements for measurable quality metrics.

- **Other medical equipment necessary for patients including intravenous therapies, nasal gastric or other types of feeding tubes, oxygen, telemetry, transfusions, or any additional medical needs (please specify which would and would not be available):**

Response: The hospital is expected to provide services to its full capabilities. Among other things, we expect to provide intravenous therapy under direct staff observation for safety to conditions including dehydration, electrolyte imbalance, antibiotic therapy, etc. The hospital will not provide intravenous therapies for conditions considered medically "critical" (e.g., Cardizem, Insulin, Chemotherapy, Ativan). Oxygen will be provided as needed through condensers or standard wall manifolds for oxygen and suction in designated areas. The hospital will not provide medical telemetry, however, it will employ an electronic patient monitoring and observation technology to ensure patient safety at all time (ObservSMART <https://www.observsmart.com/>). The hospital will not provide blood transfusions. The hospital will be equipped to provide ECT, TMS, and hemodialysis and peritoneal dialysis (depending on the community need for dialysis services for patients with psychiatric conditions).

- **Please indicate if you will have separate seclusion or other specialty rooms for inpatients, including how many rooms are planned, and which unit(s) will have these spaces:**

Response: Each patient care unit of the hospital will be equipped with a separate seclusion room, anteroom, and patient bathroom. The seclusion rooms are on the patient care unit and connected to the nurse's station. In addition, each patient care unit is equipped with a "comfort room" designed to serve as a space for patients to decompress, engage in sensory activities, and includes furnishing like psychiatrically safe rocking chairs, bean bag lounges, adjustable lighting, and sound (e.g., music or nature sounds).

### **Ability to Accept Transfers and Unexpected Patients at the Facility**

- **The new facility would be required to accommodate patients that walk up or are delivered by ambulance and law enforcement.**
  - **What percent of admissions, or daily volume at the hospital, do you anticipate would be planned admissions, transfers from other hospital emergency departments, or unexpected arrivals?**

Response: We would expect 95+ percent of admissions to originate from acute care medical hospital emergency departments or transfers from acute care medical hospital inpatient floors. We expect through the partnership with M Health Fairview that psychiatric patients will be referred through its regional and statewide intake, assessment, and placement protocol process.

- **We are seeking some input on this question from the regulatory team, but based on your understanding, is the intake and assessment area in the new hospital subject to EMTALA?**

Response: Yes, as a CMS deemed status psychiatric hospital, we will be subject to and compliant with EMTALA.

- **Please clarify whether the facility would offer screening and provision of basic medical care including oral alcohol withdrawal, wound care, pain management, and other continuation of outpatient medications:**

Response: Yes the hospital will provide screening and provision of all of the above listed services.

- **Please clarify whether the facility would have psychiatric observation and stabilization capability and be held out, or advertised, to the public as providing treatment for emergency psychiatric care:**

Response: Under EMTALA, any psychiatric patient presenting to the hospital will receive a medical screening examination, including observation and stabilizing treatment. The hospital will identify as a location for such services

- **Will the facility accept patients from emergency medical services (EMS) and law enforcement for voluntary and involuntary treatment irrespective of the patient's reasons for involuntary detention or previous psychiatric history? Please describe guidelines or protocols for the new hospital that could be used by EMS to help determine if their patients' medical needs exceed the hospital capacity; for example, specific medical conditions or levels of acuity for patients that could not be accommodated.**

Response: The hospital expects patient admissions to come primarily from M Health Fairview emergency departments following their long-established protocols for medical/psychiatric screening and transfer. Based on our experience in other states, it is very uncommon for EMS to “drop patients off” at a psychiatric hospital without first obtaining medical clearance from an emergency department. In the event that does occur, the hospital will engage its MSE and stabilize the patient to the extent of its capabilities and capacity. Law enforcement “drop offs” may occur. Again, the above protocols would apply. Once on the hospital property, the hospital has an affirmative obligation to perform the MSE and determine the best safe next steps for care.

- **Please provide a description on any differences in how the new facility would operate the 24-hour intake and assessment from the emergency psychiatric assessment & healing (emPATH) unit in place at M Health Fairview Southdale Hospital.**

Response: The 24-hour intake and assessment unit in the new hospital would operate with the previously identified staff providing medical screening examinations for patients. Following the MSE a subsequent determination would be made by staff in the intake and assessment unit to determine whether an inpatient admission is necessary. The emPATH unit at M Health Fairview Southdale operates by providing not only the assessment for a patient and determination of inpatient admission but also as a short-term treatment facility where a patient could remain for observation and treatment for up to 48 hours.

- **Large health care systems that operate in Minnesota often transfer patients within their system. There might arise a situation at the new facility where a patient requires timely medical treatment at a nearby hospital, either within or outside of the Fairview system.**

- **Will inpatient beds be held for patients transferred for medical stabilization that still require inpatient mental health care?**

Response: The hospital will make all reasonable efforts to hold a bed for a patient that requires a transfer to an acute care hospital for more advanced medical care. As a general rule, this bed hold is for 24 hours. However, if the patient is admitted to the acute care medical hospital, under CMS rules, the psychiatric hospitalization encounter is concluded and the patient would require reassessment upon referral to determine whether continuing need exists for inpatient psychiatric care (i.e., after 24 hours or admission to an acute medical hospital, the patient is discharged from psychiatry).

- **What percent of beds at the new facility do you expect to be serving patients *outside* of the Fairview system?**

Response: We would expect to see approximately 10-20% of patients coming from outside of the Fairview system. That number will fluctuate regularly based on bed availability and where patients are presenting across the Twin Cities metro area and more broadly across the state.

- **What is the timeline for establishing bed capacity – across the distinct units – after licensing is complete as well as during and after the accreditation process. Please provide any information on what factors will affect this timeline?**

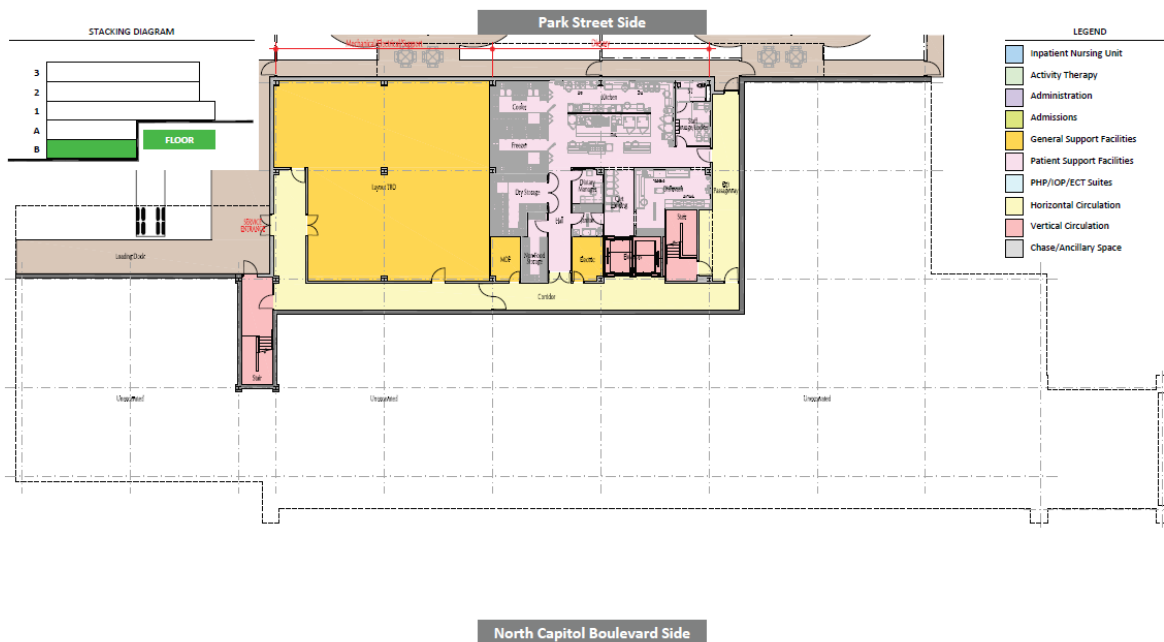
Response: Upon licensing, the hospital is required to have approximately 30 discharges to trigger accreditation survey with the Joint Commission. Because the hospital is new and staff are working through the start-up process, this can take 60-90 days to secure Joint Commission Accreditation. This accreditation is a necessary step required by CMS and all payers before payment contracts can be started. Once accreditation is completed, the hospital will begin admitting patients to each service line

based on the facility's assessment of readiness for safe volume growth and available trained staff to provide the requisite care. It is our expectation that this hospital will ramp rapidly following accreditation based on identified need for services, workforce availability, and training measures.

- Please share with us architectural drawings in order for MDH to review the plant layout, especially as it concerns the intake/assessment unit, relative to the street system.



### Sub-Floor B Floor Plan



# Sub-Floor A Floor Plan



# First Floor Plan



## Second Floor Plan



## Third Floor Plan

