



Always There for Healthcare

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October 2, 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

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 the repropoed 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.

HANYS greatly appreciates that OMH gave thoughtful consideration to the first round of comments and made a number of revisions; however, we continue to urge OMH to consider hospitals' requests for clarification and concerns about the feasibility and potential repercussions of implementing the regulations.

Scheduling follow-up appointments

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

HANYS appreciates that OMH provides some flexibility regarding the seven calendar days post-discharge appointment: if hospitals are unable to identify an aftercare provider after making diligent efforts to do so, the hospital may document its efforts and schedule the appointment for as soon as possible thereafter.

However, we urge OMH to work with the Department of Health and other state entities to align follow-up appointment timeframe requirements for hospitals, non-hospital providers and payers that take into consideration scarce resources.

### **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.

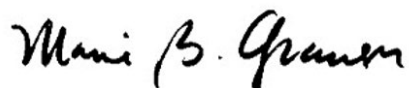
### **Extended hospital stays**

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. As such, we urge OMH to finalize the proposed community-based guidelines to assist with this communication and collaboration.

HANYS and its members are ready to work with OMH and the Office of Hospital Care and Community Transitions to develop guidance that will 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 Victoria Aufiero, vice president, insurance, managed care and behavioral health, at 518.431.7889 or [vaufiero@hanys.org](mailto:vaufiero@hanys.org).

Sincerely,



Marie B. Grause, RN, JD  
President