

**CERTIFICATE OF NEED
PROJECT SUMMARY**

Closed Acute Care Inpatient Psychiatric Services

Facility: University Medical Center at Princeton CN #: FR 080115-11-01
Applicant: University Medical Center at Princeton Total Project Cost: \$223,000
Location: Princeton (Mercer County) Equity Contribution: 100%
Service Area: Hunterdon, Middlesex, and Somerset Counties

Project Description:

The applicant proposes to add 15 adult closed acute care inpatient psychiatric beds care inpatient psychiatric (closed beds) in two phases. Initially, the applicant plans to convert six (6) adult open acute care inpatient psychiatric beds (open beds) to six (6) closed beds. No construction is required for this conversion.

The second phase involves construction for an additional nine (9) closed beds, with construction expected to be completed within 24 months. Upon implementation of the project, the applicant's bed complement would be: 30 open beds, 36 closed beds.

Justification of Need by Applicant

The applicant's proposal addresses the closed bed need in four counties. The Mercer County facility, currently licensed for 21 closed beds, serves residents of Middlesex, Somerset, and Hunterdon counties.

The applicant states that in 2007, about 20 Mercer County patients from its Emergency Department and another 12-15 patients from its other units in the hospital required admission to closed beds. University Medical Center at Princeton would not have had to refer those patients for admission to either of the other two providers in Mercer County if two (2) of the seven (7) beds needed were approved for Princeton.

The applicant reported the facility's occupancy rates for adult closed beds according to county bed designation as follows.

County Served at Princeton	Number of Beds by County at Princeton	Closed Bed Occupancy by County 2007
Hunterdon	2	83.8%
Middlesex	12	96.6%
Somerset	7	90.1%

Compliance with Statutory and Regulatory Requirements:

The applicant has stated its compliance with statutory criteria set forth in the Health Care Facilities Planning Act, as amended, at N.J.S.A. 26:2H-1 et seq., as follows:

- (a) *Availability of facilities or services, which may serve as alternatives or substitutes:*

The applicant notes there are a total of 19 closed beds in Mercer County, three (3) closed beds in Hunterdon County, 12 closed beds in Somerset County, and 27 closed beds in Middlesex County. For the reasons indicated above, the available number of closed beds in each of the aforementioned counties is insufficient to meet the need of the population served, and there are no other alternatives or substitutes to address this need.

- (b) *Need for special equipment or services in the area:*

Closed inpatient psychiatric treatment is a special service that requires seven (7) additional beds in Mercer County, three (3) additional beds in Hunterdon County, five (5) additional beds in Somerset County, and 11 additional beds in Middlesex County.

- (c) *Adequacy of financial resources and sources of present and future revenues:*

The capital expense for this project is \$223,000, which will come from existing hospital funds. Additionally, the applicant has demonstrated it has sufficient financial resources at present and in the future to support its request.

- (d) *Availability of sufficient manpower in the several professional disciplines:*

At the present time, the applicant employs sufficient staff to meet the staffing requirements and will continue to do so after this expansion.

(e) *Accessibility to and availability of health care services to low income and medically underserved persons:*

i. Percent of population in the County below poverty level

The applicant reported that 2.6% of residents in Hunterdon County live below the poverty level; 6.6% of residents in Middlesex County live below the poverty level; and 3.8% of residents in Somerset County live below the poverty level.

ii. Percent of care provided to Medicaid recipients, charity care, and uninsured

The applicant failed to provide a breakdown of the percent of care it provided to patients from the above listed payer sources, as requested. Instead, the applicant reported the combined payer source for Medicaid, Charity and Self-Pay accounted as over 30% of its revenue specific to psychiatric inpatients. The applicant also reported that "Princeton House" never received charity care dollars for psychiatric services.

(However, while this is true, it is important to note that the applicant, University Medical Center at Princeton, does receive charity care reimbursement. Princeton House was a separately licensed specialty psychiatric hospital that ceased to exist in 2005, when its inpatient psychiatric beds became licensed under the University Medical Center at Princeton.)

iii. Outpatient clinic services

The applicant reported providing outpatient psychiatric clinic services for only two hours per week, solely for the facility's medical clinic patients. The facility does not refer its psychiatric inpatients to its outpatient clinic, which falls outside the requirements in the Hospital Licensing Standards, as set forth at N.J.A.C. 8:43G-2.12 (a) & 5.21(a).

iv. Public or private transportation services

The applicant reported that part of the discharge planning process involves education regarding travel resources whenever appropriate. Additionally, staff review with the patient any public transportation, bus or train routes, and write it down, if necessary. Also, the applicant reports that their van service picks up and delivers patients to the train station.

v. Assistance with residential placement

The applicant reported the combined percent of admissions of undomiciled medical detox and involuntary patients approximates 20% of admissions to its adult open and closed beds, children/adolescent beds, MICA beds, residential substance abuse beds, and medical detox beds. The Department notes the applicant was asked for the number of homeless psychiatric admissions in its adult open and closed beds only. The

applicant further explained that discharge planning for placement of homeless individuals begins on admission.

vi. Family support

Applicant reports that every unit provides a weekly one-hour family program in addition to family meetings. Also, families are involved in the Wellness and Recovery Action Plan.

(f) Demonstration of character and competence, quality of care, and an acceptable track record of past and current compliance with State licensure requirements, applicable Federal requirements, and State certificate of need requirements, as follows:

- i. Performance of applicant in meeting its obligation under any previously approved CN is not an issue.
- ii. Capacity to provide quality of care which meets or surpasses the requirements in the licensing standards is not an issue.
- iii. Applicant has a satisfactory track record.

(g) Other applicable requirements which are specified in any health planning adopted by the Department:

The applicant has provided documentation of its compliance with the requirements for initiation and expansion of closed inpatient psychiatric services pursuant to the Certificate of Need Application and Review Process, as set forth at N.J.A.C. 8:33-4.10(a). Specifically, the applicant states that it does not deny inpatient admission to anyone on the basis of inability to pay.

Applicant Bed Utilization CY 2005-2007:

Open Inpatient Psychiatric Services			
	2005	2006	2007
Admissions	838	792	772
Patient Days	9866	8869	8012
Occupancy Rate	92.6%	80.1%	73.2%

Closed Inpatient Psychiatric Services			
	2005	2006	2007
Admissions	212*	465	492
Patient Days	3578*	6046	7071
Occupancy Rate	46.7%	78.9%	92.3%

*Based in part on smaller bed capacity

Recommendations of the local county mental health boards:

- The Mercer County Mental Health Board did not comment on this application.