

NOTICE OF INTENT

**Department of Health
Bureau of Health Services Financing**

**Crisis Receiving Centers
Licensing Standards
(LAC 48:I.Chapter 96)**

The Department of Health, Bureau of Health Services Financing proposes to amend LAC 48:I.Chapter 96 as authorized by R.S. 36:254 and R.S. 40:2100-2115. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health, Bureau of Health Services Financing proposes to amend the provisions governing the licensing of hospital crisis receiving centers in order to adopt provisions to allow free-standing psychiatric hospitals which do not have dedicated emergency departments (EDs) to designate crisis receiving center-specialty units (CRC-SUs) as EDs for patients in need of psychiatric crisis treatment, if the CRC-SU meets all of the same regulations as a hospital ED.

**Title 48
PUBLIC HEALTH-GENERAL
Part I. General Administration
Subpart 3. Licensing and Certification**

Chapter 96. Hospitals-Crisis Receiving Centers

Subchapter A. General Provisions

§9601. Introduction

A. A hospital crisis receiving center is a specialty unit of a hospital that provides health care services to individuals who are experiencing a behavioral health crisis.

B. ...

§9603. Licensure Requirements

A. All crisis receiving center specialty units shall be licensed by the department and shall comply with the provisions of §9333 of these hospital licensing standards.

B. A crisis receiving center specialty unit (CRC-SU) shall have approval from the Office of Behavioral Health (OBH) and/or the appropriate human service district or authority before applying to become licensed as part of the hospital.

C. Prior to securing licensure and operating the CRC-SU, the hospital shall submit architectural plans of the CRC-SU to the Office of the State Fire Marshal (OSFM) for licensing approval.

D. - F. ...

G. If the CRC-SU is located at an offsite campus or is at a free-standing psychiatric hospital which does not have a dedicated emergency department, the CRC-SU shall be considered a dedicated emergency department. The CRC-SU shall comply with all EMTALA regulations if the unit meets one of the following criteria:

1. the entity is licensed by the state as an emergency department of the hospital;

2. - 3. ...

H. The following levels of a CRC-SU may be licensed as an optional service of the hospital:

1. Level I CRC-SU only; or

2. Level I CRC-SU and Level II CRC-SU.

I. A CRC-SU shall maintain compliance with the:

1. Office of Public Health (OPH) regulations; and

2. Office of State Fire Marshal regulations.

3. Repealed. J. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:513 (March 2010), amended by the Department of Health, Bureau of Health Services Financing, LR 45:

§9605. Licensing Process

A. The hospital shall submit the following items to the department in order to add a CRC-SU to its existing license:

1. ...

2. the required licensing fee, if applicable;

3. a copy of the prerequisite approval from OBH and/or the appropriate human service district or authority; and

4. other documentation as required by the department, including a current Office of Public Health (OPH)/Sanitation approval and Office of State Fire Marshal approval for occupancy and licensing plan review.

B. - C. ...

1. The sub-license/certificate shall designate the level of the CRC-SU and the licensed capacity of the CRC-SU.

C.2. - E. ...

F. The sub-license/certificate shall be valid only for the designated geographic location and shall be issued only for the person/premises named in the application. The geographic location of the CRC-SU shall not be moved, changed, or relocated without notification to HSS, approval by HSS, and the re-issuance of the sub-license/certificate.

G. The department may conduct on-site surveys and inspections at the CRC-SU as necessary to ensure compliance with these licensing standards.

H. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:513 (March 2010), amended by the Department of Health, Bureau of Health Services Financing, LR 45:

§9607. Discharges, Referrals or Transfers

A. Patients who are discharged home from the CRC-SU shall be given verbal and written discharge instructions and any referral information, including information for appointments regarding follow-up care and treatment.

B. - C. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.
40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:514 (March 2010), amended by the Department of Health, Bureau of Health Services Financing, LR 45:

§9609. Training Requirements

A. A CRC-SU shall ensure that all staff providing direct patient care has documentation of successful completion of crisis services and intervention training in accordance with this Chapter.

B. Crisis services and intervention training shall include, but is not limited to the following:

1. an organized training program that includes an initial 40 hours of training to be completed upon hire and a minimum of 12 hours of training to be completed annually thereafter. Required training includes, but is not limited to the following areas:

a. - j. ...

k. an overview of mental illness and substance abuse diagnoses and treatment;

l. - n. ...

o. confidentiality and Health Insurance Portability and Accountability Act (HIPAA) regulations; and

p. ...

C. All formal training shall be provided by a licensed mental health professional (LMHP) or other qualified licensed behavioral health personnel with extensive experience in the field in which they provide training. Nonviolent physical interventions shall be taught by a trainer with documented current certification by a nationally established crisis intervention program (e.g. Crisis Prevention and Intervention, Tactical Crisis Intervention, Crisis Intervention Training, etc.).

1. An LMHP is an individual who is currently licensed to practice independently and in good standing in the state of Louisiana to practice within the scope of all applicable state laws, practice acts, and the individual's professional license, as one of the following:

- a. medical psychologist;
- b. licensed psychologist;
- c. licensed clinical social worker (LCSW);

- d. licensed professional counselor (LPC);
- e. licensed marriage and family therapist (LMFT);
- f. licensed addiction counselor (LAC);
- g. advance practice registered nurse (APRN); or
- h. licensed rehabilitation counselor (LRC) .

D. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:514 (March 2010), amended by the Department of Health, Bureau of Health Services Financing, LR 45:

Subchapter B. Level I Crisis Receiving Centers

§9615. General Provisions

A. ...

B. The length of a patient stay for a Level I CRC-SU shall not exceed 24 hours, unless there is documented evidence of the CRC-SU's measures taken to transfer the patient to the appropriate level of needed care and the reasons the transfer of the patient exceeds 24 hours.

C. Services required of a Level I CRC-SU include, but are not limited to:

1. - 2. ...

3. assessment services, including medication management;

4. brief intervention and stabilization; and

5. ...

D. The Level I CRC-SU shall develop and implement policies and procedures for instituting an increased level of supervision for patients at risk for suicide and other self-injurious behaviors.

E. - F. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:514 (March 2010), amended by the Department of Health, Bureau of Health Services Financing, LR 45:

§9617. Level I Services

A. - B.3. ...

4. The triage/screening shall include:

a. - e. ...

f. a medical screening including at a minimum, vital signs and a medical history, as soon as the patient's condition permits.

5. The triage/screening shall be conducted by licensed professionals in the medical or behavioral health

fields that have the training and experience to triage/screen individuals for both behavioral and medical emergent needs in accordance with the scope of practice of their licensed discipline.

B.6. - C.2. ...

3. The assessment shall be initiated within two hours of the triage/screening evaluation and shall include:

a. a full psychiatric assessment;

b. - c. ...

4. A full psychiatric assessment shall include:

a. patient interviews by board

certified/eligible licensed psychiatrist(s) or psychiatric nurse practitioner(s) trained in emergency psychiatric assessment and treatment;

b. a review of the medical and psychiatric records of current and past diagnoses, treatments, medications and dose response, side-effects and compliance, if available;

c. contact with current behavioral health providers whenever possible;

d. - g. ...

h. a detailed assessment of substance use, abuse, and misuse; and

i. an assessment for possible abuse and neglect; such assessment shall be conducted by an LMHP trained

in how to conduct an assessment to determine abuse and neglect. The CRC-SU shall ensure that every patient is assessed for sexual, physical, emotional, and verbal abuse and/or neglect.

5. All individuals shall be seen by a licensed psychiatrist or a licensed APRN within eight hours of the triage/screening. The board certified/eligible psychiatrist or APRN shall formulate a preliminary psychiatric diagnosis based on review of the assessment data collected.

a. The APRN must be a nurse practitioner specialist in adult psychiatric and mental health, family psychiatric and mental health, or a certified nurse specialist in psychosocial, gerontological psychiatric mental health, adult psychiatric and mental health, or child-adolescent mental health and may practice to the extent that services are within the APRN's scope of practice.

6. A physical health assessment shall be conducted by a licensed physician, licensed advanced nurse practitioner, or a licensed physician's assistant and shall include the following:

a. - d. ...

e. pregnancy test in all women of child-bearing age, as applicable;

f. - h. ...

7. Repealed.

D. Brief Intervention and Stabilization

1. If an assessment reveals that immediate stabilization services are required, the Level I CRC-SU shall provide behavioral health interventions and stabilization which may include the use of psychotropic medications.

2. Following behavioral health interventions and stabilization measures, the Level I CRC-SU shall assess the patient to determine if referral to community based behavioral health services is appropriate or a higher level of care is required.

E. Linking/Referral Services

1. If an assessment reveals a need for emergency or continuing care for a patient, the Level I CRC-SU shall make arrangements to place the patient into the appropriate higher level of care. Patients in a Level I CRC-SU shall be transitioned out of the Level I CRC-SU within 24 hours unless there is documented evidence of the CRC-SU's measures taken to transfer the patient to the higher level of needed care and the reasons the transfer of the patient exceeds 24 hours.

2. If the assessment reveals no need for a higher level of care, the Level I CRC-SU shall provide:

a. referrals, and make appointments where possible, to appropriate community-based behavioral health

services for individuals with developmental disabilities, addiction disorders, and mental health issues; and

b. brief behavioral health interventions to stabilize the crises until referrals to appropriate community-based behavioral health services are established or contact is made with the individual's existing provider and a referral is made back to the existing provider in the form of a follow-up appointment or other contact.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:515 (March 2010), amended by the Department of Health, Bureau of Health Services Financing, LR 45:

§9619. Staffing Requirements

A. - B.2. ...

C. A Level I CRC-SU shall have the following staff on call at all times and available to be onsite at the CRC-SU within one hour and who meets the following criteria:

1. is a licensed mental health professional (LMHP) who has one year of documented crisis services and intervention experience; or

a. - c. Repealed.

C.2. - E. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.
40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health
and Hospitals, Bureau of Health Services Financing, LR 36:516
(March 2010), amended by the Department of Health, Bureau of
Health Services Financing, LR 45:

§9621. Physical Environment

A. - C. ...

D. Interior finishes, lighting, and furnishings shall
conform to applicable fire safety codes. Security and safety
devices shall not be presented in a manner to attract or
challenge tampering by patients.

E. Grab bars, if provided, shall meet the following
specifications:

1. - 2. ...

3. shall be securely fastened with tamper-proof
screw heads;

4. ...

5. if mounted adjacent to a wall, the space between
the wall and the grab bar shall be filled completely to prevent
a cord or string being tied around the grab bar and used for
hanging.

F. Towel racks, closet and shower curtain rods are not
permitted.

G. - M.2. ...

3. The doors on the bathroom/toilet rooms shall swing out or be double hinged.

M.4. - O. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:516 (March 2010), amended by the Department of Health, Bureau of Health Services Financing, LR 45:

Subchapter C. Level II Crisis Receiving Centers

§9631. General Provisions

A. A Level II CRC-SU is an intermediate level of care unit that provides for:

1. - 5. ...

6. an appropriate referral and coordination of care for extended services as necessary.

B. - E. ...

F. The licensed capacity in a Level II CRC-SU shall not be licensed as hospital beds and shall not be counted in the aggregate number of licensed hospital beds.

G. - K.1. ...

L. The Level II CRC-SU shall develop and implement policies and procedures for instituting an increased level of

supervision for patients at risk for suicide and other self-injurious behaviors.

M. - M.1. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:517 (March 2010), amended by the Department of Health, Bureau of Health Services Financing, LR 45:

§9633. Level II Services

A. In addition to the services required in §9617 of this Chapter, the Level II CRC-SU shall provide the following services.

1. - 3.c. ...

4. The Level II CRC-SU shall conduct a psychosocial assessment on each patient within 24 hours of admission. This assessment shall be conducted by a licensed LMHP who has one year of documented crisis services and intervention experience.

a. - a.iii. Repealed.

5. - 5.g. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:518

(March 2010), amended by the Department of Health, Bureau of Health Services Financing, LR 45:

§9635. Staffing Requirements

A. - A.1. ...

2. The Level II CRC-SU shall have sufficient numbers and types of qualified staff on duty and available at all times to provide necessary care, services, treatment and safety, based on the acuity of the patients, the mix of the patients present in the CRC-SU, the need for extraordinary levels of care and to meet the needs of the patient throughout the length of any patient stay in the CRC-SU.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:518 (March 2010), amended by the Department of Health, Bureau of Health Services Financing, LR 45:

§9637. Physical Environment

A. - F. ...

G. Bathrooms

1. The Level II CRC-SU shall have a minimum of two bathrooms that contain all of the following:

a. - c.i. ...

2. If the Level II CRC-SU has more than a capacity for 12 patients, there shall be one additional bathroom for each additional capacity for four patients.

3. - 4. ...

H. The Level II CRC-SU shall have a separate bathroom and a break room designated for staff use.

I. Separate and apart from the seclusion room required in a Level I CRC-SU, the Level II CRC-SU shall have a minimum of one seclusion room for each capacity for 12 patients.

1. - 2. ...

J. The Level II CRC-SU shall have separate consultation room(s) with a minimum floor space of 100 square feet each, provided at a room-to-bed ratio of one consultation room for each capacity for 12 patients. Consultation rooms within the unit shall be available for use for interviews with the patient and/or their families. The consultation room(s) shall be designed for acoustical and visual privacy.

K. - M. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:518 (March 2010) amended by the Department of Health, Bureau of Health Services Financing, LR 45:

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule will have a positive effect on the stability of the family functioning and autonomy as described in R.S. 49:972 by ensuring that recipients in need of psychiatric crisis treatment have increased access to appropriate services without delay and ensuring the safe and effective operation of hospital crisis receiving center specialty units.

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have a positive effect on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973 by ensuring that recipients in need of psychiatric crisis treatment have increased access to appropriate services.

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on the staffing level requirements or qualifications required to provide the same level of service, no direct or indirect cost to the provider to provide the same level of service, and will have

no impact on the provider's ability to provide the same level of service as described in HCR 170.

Interested persons may submit written comments to Cecile Castello, Health Standards Section, P.O. Box 3767, Baton Rouge, LA 70821 or by email to MedicaidPolicy@la.gov. Ms. Castello is responsible for responding to inquiries regarding this proposed Rule. The deadline for submitting written comments is at close of business, 4:30 p.m., on March 1, 2019.

Interested persons may submit a written request to conduct a public hearing either by U.S. mail to the Office of the Secretary ATTN: LDH Rulemaking Coordinator, Post Office Box 629, Baton Rouge, LA 70821-0629, fax to (225) 342-5568, or email to LDHRulemaking@la.gov; however, such request must be received no later than 4:30 p.m. on February 9, 2019. If the criteria set forth in R.S. 49:953(A)(2)(a) are satisfied, LDH will conduct a public hearing at 9:30 a.m. on February 28, 2019 in Room 118 of the Bienville Building, which is located at 628 North Fourth Street, Baton Rouge, LA. To confirm whether or not a public hearing will be held, interested persons should first call Stanley Bordelon at (225) 219-3454 after February 9, 2019. If a public hearing is to be held, all interested persons are invited to attend and present data, views, comments, or arguments, orally or in writing. In the event of a hearing, parking is available to the public in the Galvez Parking Garage which is

located between North Sixth and North Fifth/North and Main Streets (cater-corner from the Bienville Building). Validated parking for the Galvez Garage may be available to public hearing attendees when the parking ticket is presented to LDH staff at the hearing.

Rebekah E. Gee MD, MPH

Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES

Person

Preparing

Statement: Veronica Dent

Phone: 342-3238

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Financing

Return P.O. Box 91030

Address: Baton Rouge, LA

Rule Title: Crisis Receiving Centers
Licensing Standards

Date Rule Takes Effect: April 20, 2019

SUMMARY

In accordance with Section 953 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a fiscal and economic impact statement on the rule proposed for adoption, repeal or amendment. The following summary statements, based on the attached worksheets, will be published in the Louisiana Register with the proposed agency rule.

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (SUMMARY)

It is anticipated that implementation of this proposed rule will have no programmatic fiscal impact to the state other than the cost of promulgation for FY 18-19 as these services are not currently covered by Medicaid. It is anticipated that \$2,160 will be expended in FY 18-19 for the state's administrative expense for promulgation of this proposed rule and the final rule.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

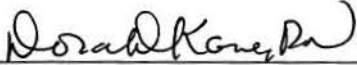
It is anticipated that the implementation of this proposed rule will not affect federal revenue collections or licensing fee collections since the licensing fees, in the same amounts, will continue to be collected.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)

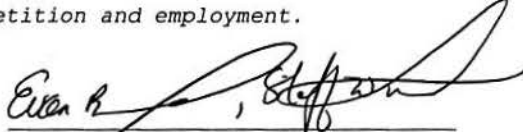
This proposed Rule amends the provisions governing the licensing of hospital crisis receiving centers in order to adopt provisions to allow free-standing psychiatric hospitals which do not have dedicated emergency departments (EDs) to designate crisis receiving center-specialty units (CRC-SUs) as EDs for patients in need of psychiatric crisis treatment, if the CRC-SU meets all of the same regulations as a hospital ED. Implementation of this proposed Rule will expand access to care for patients in need of crisis mental health services by allowing them to be assessed at a psychiatric hospital without delay, rather than being treated at a traditional hospital emergency department. It is anticipated that the implementation of this proposed rule will not result in economic costs to crisis receiving centers for FY 18-19, FY 19-20 and FY 20-21, but will be beneficial providing accurate, clearly identified licensing standards for psychiatric hospitals to provide crisis receiving services as a specialty unit/ED.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This rule has no known effect on competition and employment.



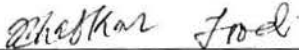
Signature of Agency Head
or Designee



Legislative Fiscal Officer
or Designee

Cecile Castello
Health Standards Section Director
Typed name and Title of
Agency Head or Designee

1/10/19
Date of Signature



LDH/BHSF Budget Head

01/10/19
Date of Signature

FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES

The following information is required in order to assist the Legislative Fiscal Office in its review of the fiscal and economic impact statement and to assist the appropriate legislative oversight subcommittee in its deliberations on the proposed rule.

- A. Provide a brief summary of the content of the rule (if proposed for adoption or repeal) or a brief summary of the change in the rule (if proposed for amendment). Attach a copy of the notice of intent and a copy of the rule proposed for initial adoption or repeal (or, in the case of a rule change, copies of both the current and proposed rules with amended portions indicated).

This proposed Rule amends the provisions governing the licensing of hospital crisis receiving centers in order to adopt provisions to allow free-standing psychiatric hospitals which do not have dedicated emergency departments (EDs) to designate crisis receiving center-specialty units (SUs) as EDs for patients in need of psychiatric crisis treatment, if the CRC-SU meets all of the same regulations as a hospital ED.

- B. Summarize the circumstances that require this action. If the action is required by federal regulations, attach a copy of the applicable regulation.

The Department of Health, Bureau of Health Services Financing proposes to amend the provisions governing the licensing of hospital crisis receiving centers in order to adopt provisions to allow free-standing psychiatric hospitals which do not have dedicated emergency departments (EDs) to designate crisis receiving center-specialty units (CRC-SUs) as EDs for patients in need of psychiatric crisis treatment, if the CRC-SU meets all of the same regulations as a hospital ED.

- (1) Will the proposed rule change result in any increase in the expenditure of funds? If so, specify amount and source of funding.

No. It is anticipated that implementation of this proposed rule will have no programmatic fiscal impact to the state other than the cost of promulgation for FY 18-19. It is anticipated that \$2,160 will be expended in FY 18-19 for the state's administrative expense for promulgation of this proposed rule and the final rule.

- (2) If the answer to (1) above is yes, has the Legislature specifically appropriated the funds necessary for the associated expenditure increase?

- (a) _____ If yes, attach documentation.
(b) _____ If no, provide justification as to why this rule change should be published at this time.

FISCAL AND ECONOMIC IMPACT STATEMENT
WORKSHEET

I. A. COST OR SAVINGS TO STATE AGENCIES RESULTING FROM THE ACTION PROPOSED

1. What is the anticipated increase or (decrease) in cost to implement the proposed action?

COST	FY 18-19	FY 19-20	FY 20-21
PERSONAL SERVICES			
OPERATING EXPENSES	\$2,160	\$0	\$0
PROFESSIONAL SERVICES			
OTHER CHARGES			
REPAIR & CONSTR.			
POSITIONS (#)			
TOTAL	\$2,160	\$0	\$0

2. Provide a narrative explanation of the costs or savings shown in "A.1.", including the increase or reduction in workload or additional paperwork (number of new forms, additional documentation, etc.) anticipated as a result of the implementation of the proposed action. Describe all data, assumptions, and methods used in calculating these costs.

In FY 18-19, \$2,160 will be spent for the state's administrative expense for promulgation of this proposed rule and the final rule.

3. Sources of funding for implementing the proposed rule or rule change.

Source	FY 18-19	FY 19-20	FY 20-21
STATE GENERAL FUND	\$2,160	\$0	\$0
SELF-GENERATED			
FEDERAL FUND			
OTHER (Specify)			
Total	\$2,160	\$0	\$0

4. Does your agency currently have sufficient funds to implement the proposed action? If not, how and when do you anticipate obtaining such funds?

Yes, sufficient funds are available to implement this rule.

B. COST OR SAVINGS TO LOCAL GOVERNMENTAL UNITS RESULTING FROM THIS PROPOSED ACTION.

1. Provide an estimate of the anticipated impact of the proposed action on local governmental units, including adjustment in workload and paperwork requirements. Describe all data, assumptions and methods used in calculating this impact.

This proposed rule has no known impact on local governmental units.

FISCAL AND ECONOMIC IMPACT STATEMENT
WORKSHEET

2. Indicate the sources of funding of the local governmental unit that will be affected by these costs or savings.

There is no known impact on the sources of local governmental unit funding.

II. EFFECT ON REVENUE COLLECTIONS OF STATE AND LOCAL GOVERNMENTAL UNITS

- A. What increase or (decrease) in revenues can be expected from the proposed action?

REVENUE INCREASE/DECREASE	FY 18-19	FY 19-20	FY 20-21
STATE GENERAL FUND			
AGENCY SELF-GENERATED			
RESTRICTED FUNDS*			
FEDERAL FUNDS			
LOCAL FUNDS			
Total			

*Specify the particular fund being impacted

- B. Provide a narrative explanation of each increase or decrease in revenue shown in "A". Describe all data, assumptions, and methods used in calculating these increases or decreases.

III. COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS

- A. What persons or non-governmental groups would be directly affected by the proposed action? For each, provide an estimate and a narrative description of any effects on costs, including workload adjustments and additional paperwork (number of new forms, additional documentation, etc.)

This proposed Rule amends the provisions governing the licensing of hospital crisis receiving centers in order to adopt provisions to allow free-standing psychiatric hospitals which do not have dedicated emergency departments (EDs) to designate crisis receiving center-specialty units (CRC-SUs) as EDs for patients in need of psychiatric crisis treatment, if the CRC-SU meets all of the same regulations as a hospital ED.

- B. Also, provide an estimate of any revenue impact resulting from this rule or rule change to these groups.

Implementation of this proposed Rule will expand access to care for patients in need of crisis mental health services by allowing them to be assessed at a psychiatric hospital without delay, rather than being treated at a traditional hospital emergency department. It is anticipated that the implementation of this proposed rule will not result in economic costs to crisis receiving centers for FY 18-19, FY 19-20 and FY 20-21, but will be beneficial by providing accurate, clearly identified licensing standards for psychiatric hospitals to provide crisis receiving services as a specialty unit/ED.

V. EFFECTS ON COMPETITION AND EMPLOYMENT

Identify and provide estimates of the impact of the proposed action on competition and employment in the public and private sectors. Include a summary of any data, assumptions and methods used in making these estimates.

It is anticipated that the implementation of this proposed rule will not have an effect on competition.