

From: [REDACTED]noreply+1d60c59354f292e0@formstack.com>
Sent: Friday, February 05, 2016 11:47 AM
To: RegReform (ANF)
Subject: A Clearer Code: Regulatory Reform

Formstack Submission for form A Clearer Code: Regulatory Reform

Submitted at 02/05/16 11:47 AM

Name (optional):: Lisa Simonetti

Company/Organization (if applicable) (optional):: Massachusetts Psychiatric Society

Address (optional):: [REDACTED]

Primary Phone (optional):: [REDACTED]

Email (optional):: [REDACTED]

CMR Number (if known): :

General Regulatory Themes:: Health Care

Please list the Agency or Agencies affiliated with this regulation:: Department of Mental Health
EOHHS

Describe the regulatory issue or observation:: Response to other comments submitted calling for a change in the regulations requiring screening prior to admission being conducted by physician.

Suggestions for improvements to the regulation::
MASSACHUSETTS
PSYCHIATRIC
SOCIETY
[REDACTED]

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Testimony to the Executive Office of Health and Human Services
Re: Executive Order 562: To Reduce Unnecessary Regulatory Burden
Massachusetts Psychiatric Society response to comments submitted by
Massachusetts Association of Behavioral Health Systems

February 2, 2016

RE: Regulation 104 CMR 27.03 (6) (b);24/7 On Site Physician Coverage

I am writing as President of the Massachusetts Psychiatric Society to express our strong disagreement with the characterization of the requirement for physician presence and examination for a psychiatric admission as an unnecessary burden. The comments by MABHS suggest that now that there is better screening prior to admission, physician presence is unnecessary. Quite on the contrary, the major shift in inpatient admissions has been toward greater acuity, briefer stays, and more medical complexity. Patients with major mental illness have been shown to have a much higher burden of medical illness and premature death. Studies have found that up to 50% of psychiatric inpatients have comorbid medical illness and for 20% of the psychiatric inpatients, the medical problem was a focus of care during the psychiatric admission. The idea that patients could be admitted and might need a medication, have a medication reaction, or be in restraints for hours without a physician evaluation seems extraordinarily out of touch with the reality of modern inpatient psychiatric treatment.

There has not been data to support the assertion that with adequate funding, psychiatrists cannot be found. If there are particular hardship cases, DMH has a case-by-case waiver process that can be worked on. We fully support explorations of the uses of telepsychiatry, but these merit some pilot trials, not wholesale legislative changes at this time.

We do not believe that the purpose of this regulatory review was to weaken the care for individuals with mental illness by removing this requirement. We would

gladly discuss this with you and will want to work together to continue the highest standards of patient safety and care.

Thank you.

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From: [REDACTED] <reply+6a67ba0200410d8f@formstack.com>
Sent: Friday, February 05, 2016 12:19 PM
To: RegReform (ANF)
Subject: A Clearer Code: Regulatory Reform

Formstack Submission for form A Clearer Code: Regulatory Reform

Submitted at 02/05/16 12:18 PM

Name (optional):: Eric Masi

Company/Organization (if applicable) (optional):: Wayside Youth & Family Support Network

Address (optional):: [REDACTED]

Primary Phone (optional):: [REDACTED]

Email (optional):: [REDACTED]

CMR Number (If known): : 801CMR 21.00; 114.4 CMR 13:00: Youth Intermediate Term Stabilization Services; 114.4 CMR 14.00: Rates for Family Stabilization Services

General Regulatory Themes:: Children and Families

Please list the Agency or Agencies affiliated with this regulation:: Department of Children and Families
Department of Mental Health

Describe the regulatory issue or observation:: There are certain Non-Competitive procurements that serve to "qualify" a provider to be eligible to deliver a given service for the Commonwealth. It would appear that having more qualified providers is a positive for the Commonwealth as it gives it creates more competition and choices for its agencies to choose from. It does not result in increased spending. To exclude new providers from even submitting an application gives the appearance of "protecting" the current roster of providers, by excluding new competitors.

Wayside is interested in submitting an application or proposal to deliver a specific model for which we are not currently approved under the DCF Family Stabilization Services Procurement. We have been told the RFR is "closed" and they are not taking new applications. At one point there was discussion of re-visioning the services and issuing a new RFR for these services, but it is my understand that this process is not far along. In the meantime, there are DCF area offices that could benefit from more providers to choose from to help DCF children and families.

We also want to apply to be eligible to be approved for a specific service model for which we are not currently approved under the DMH/DCF Caring Together (Youth Intermediate Term Stabilization Services) procurement. It is my understanding that RFR is "closed" as well

These are not competitive bids or contracts – we are just trying to get on the approved list of providers for a service for which we are not currently approved.

Suggestions for improvements to the regulation::

Instruct the purchasing agencies to re-open, and leave open non-competitive RFRs (specifically Family Stabilization Services and Caring Together/Youth Intermediate Term Stabilization) indefinitely, as it allows providers to develop new applications to meet current needs of the Commonwealth and its agencies. This increases competition, the likelihood of new ideas being proposed that meet the current needs of its service recipients, and increases choice for area offices, and in some cases the service recipients themselves. It does not result in increased spending. To exclude new providers from even submitting an application gives the appearance of "protecting" the current roster of providers, by excluding new competitors.

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