**Additional Questions/Modifications for Bed Capacity Project**

I had already taken the Massachusetts Throughput Survey and modified to what I thought was critical to understand in Maine. One thing I did not include, that I would like to include now, is coverage status. Massachusetts lists all coverages available, which would be slightly different in Maine. Specifically, we do not have the following in Maine:

*MassHealth: Includes all MassHealth populations (i.e., Managed and Non-Managed)*

*MassHealth Family Assistance: Includes populations who are ineligible for MassHealth standard but are Massachusetts residents*

*MassHealth Limited: Emergency health services provided to populations who have an immigration status that limits their access to additional services*

*MassHealth Presumptive Eligibility: The Affordable Care Act (ACA) allows qualified hospitals to make presumptive eligibility determinations for immediate, time-limited Medicaid coverage using self-attested information from certain individuals who appear to be eligible for Medicaid coverage, but are unable to complete a full Medicaid application at that time.*

So, they would need to be replaced by MaineCare (Medicaid) and Medicaid Presumptive Eligibility.

I also did not include the race and ethnicity of patients awaiting discharge because I think that this would be overly burdensome on Maine hospitals to report (they would have to look up each patient).

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In addition to the questions regarding LTC, Res Care, and homecare, I would like to include a section on patients in the Emergency department. This would be a separate section of the survey, and would include some of the following questions:

1. How many licensed ED beds are in your hospital?
2. How many of your licensed ED beds are staffed in your hospital?
3. How many patients are currently in your ED?
4. Of those patients reported in question 4, how many are age 17 or younger?
   1. Of those patients aged 17 or younger, how many have been boarding in your emergency department for more than:
      1. 48 hours
      2. >48 hours but less than one week
      3. 7 to 14 days
      4. 15 to 30 days
      5. 31 to 60 days
      6. 61 to 120 days
      7. >3 months
   2. LOOK AT LD 118 REPORTING FILE ATTACHED TO EMAIL. DO WE/COULD WE INCLUDE ANY OF THESE ELEMENTS TO GET AT POTENTIAL REASONS OR BARRIERS FOR PROLONGED BOARDING OF CHILDREN IN THE ED? (DHHS is currently asking for these data every month from hospitals, however they are not making them public or available. It would be great to capture this data for ourselves.)
   3. Of those patients reported in question 4, how many are awaiting beds/placements in the following settings:
      1. Inpatient bed for medical management
      2. Detox/SUD/OUD Tx facility
      3. Inpatient psychiatric
      4. Behavioral Health Home/PNMI/IDD Facility
      5. Other (write in?)
5. Of those patients report in question 3, how many are 18 and older?
   1. Insert boarding length of time as noted above.
   2. Of those patients reported in question 5, how many are awaiting beds/placements in the following settings:
      1. Inpatient bed for medical management
      2. Detox/SUD/OUD Treatment facility
      3. Inpatient psychiatric
      4. LTC/SNF
      5. Behavioral Health Home/PNMI/IDD Facility
      6. Other (write in?)

6. Maybe a broad qualitative question about the biggest factors affecting boarding patients in your emergency department?

Anything else you can suggest?

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Lastly, I would like to survey the associations of Nursing Homes, HomeCare and Hospice, and Mental Health & Addiction Providers to try to, at a minimum, gain additional insight into some of what may driving the larger throughput challenges across the state. Here is some of what I am thinking about, but open to suggestions/ideas.

1. Number of licensed beds in all facilities

2. Number of staffed beds in all facilities.

3. Number of open or available beds in all facilities

4. Please rank in order between 1 and 9, with 1 being most significant and 9 being least significant, the factors impacting facilities from opening bed capacity.

* Lack of Nursing Staff (RN, LPN)
* Lack of unlicensed professional care staff (CRMA, CNA, PCA, etc.)
* Lack of reimbursement, or low reimbursement rates.
* Insurance coverage/eligibility of patients
* Mental health needs or status of patients, including those with psychiatric diagnoses.
* Patients requiring complex care needs such as dialysis, wound care, obesity, and other chronic conditions.
* Patients requiring SUD/OUD treatment.
* Patients that have violent behaviors, or have a history of violent behavior, requiring more resources.

5. Please rank in order between 1 and 9, with 1 being most significant and 9 being least significant, the factors impacting facilities from accepting a transfer from a hospital setting.

* Lack of Nursing Staff (RN, LPN)
* Lack of unlicensed professional care staff (CRMA, CNA, PCA, etc.)
* Lack of reimbursement, or low reimbursement rates.
* Insurance coverage/eligibility of patients
* Mental health needs or status of patients, including those with psychiatric diagnoses.
* Patients requiring complex care needs such as dialysis, wound care, obesity, and other chronic conditions.
* Patients requiring SUD/OUD treatment.
* Patients that have violent behaviors, or have a history of violent behavior, requiring more resources.

Briefly please provide your thoughts on what would help facilities to maintain/increase bed capacity and accept patients from a hospital setting.