

DIVISION 600

DEMONSTRATION OF NEED FOR 24- HOUR HEALTH FACILITY INPATIENT CHEMICAL DEPENDENCY SERVICES

General

333-600-0000 In providing information to the Health Division to demonstrate need for various types of chemical dependency treatment services, the applicant must satisfy the criteria in the Certificate of Need Application Instructions (Division 580). In completing the discussion of service area needs required by OAR 333-580-0040, the applicant should use the methodology in this division (Division 600).

Stat. Auth.: ORS 431.120(6), ORS 442.315

Stats. Implemented: ORS 431.120(6), ORS 442.315

Hist.: HD 13-1994. f. & cert. ef. 4-22-94

Definitions

333-600-0010 The definitions of OAR 333-590-0010 also apply to this division. The following definitions categorize specific types of chemical dependency treatment services. Certificate of need is required for sections (1) and (3) of this rule if the project involves the establishment of a new facility:

- (1) “Medical Facility-Based Detoxification” means a short-term treatment, provided in a hospital during which medication is used under continuous medical supervision to restore physiological functioning.
- (2) “Nonmedical Facility-Based Detoxification” means primarily nonmedical treatment by means of rest and fluid, with intermittent or limited medical supervision, not provided in a hospital, to restore physiological functioning.

- (3) “Inpatient Hospital Services” means all medical and nursing services provided to persons who require 24-hour supervision as a result of acute or chronic medical and/ or psychiatric illnesses associated with chemical dependency. Inpatient services may be delivered in a general or specialty hospital.
- (4) “Residential Treatment Services” means services designed to facilitate treatment and rehabilitation of the chemically dependent person by creating a structured, therapeutic environment. Residential treatment services may be provided in the following:
 - (a) “Twenty-four hour residential treatment” means treatment in a residential treatment facility, non-hospital based, housing individuals who require 24-hour support and supervision;
 - (b) “Partial residential treatment” means a part-time day and night and/or weekend residential treatment facility for people who are able to work, or able to live at home, but not both, and who may need further support or supervision.
- (5) “Rehabilitation Services” means a facility-based program of rehabilitation usually greater than 30 days.
- (6) “Residential Maintenance Care” means 24-hour care other than that previously defined as detoxification, residential treatment, or rehabilitation and may include care provided in foster homes, small group homes, or boarding homes for chemically dependent persons.
- (7) “Outpatient Treatment” means individual, family, or group services provided in a physician’s office or clinic; generally on an individual appointment basis rather than the structured, scheduled group programs covered in subsection (4)(b) of this rule.

Stat. Auth.: ORS 431.120(6), ORS 442.315
Stats. Implemented: ORS 431.120(6), ORS 442.315

Hist.: HD 13-1994, f. & cert. ef. 4-22-94; OHD 11-1998, f. & cert. ef. 10-22-98

Principles

333-600-0020 (1) Chemical dependency service systems should provide a continuum of care which gradually increases demands for personal responsibility.

- (2) Chemical dependency services systems should allow entry at any point in the treatment continuum based on individual need.
- (3) All levels of chemical dependency treatment should be readily available for use with no person remaining too long at one level because of the lack of services at the next level.
- (4) The chemical dependency service system should be designed to allow people to remain in less intensive treatment modes longer than in the initial, more intensive modes.
- (5) Chemical dependency services should be delivered in the least expensive, least restrictive setting required to produce the desired results.
- (6) Chemical dependency services systems should provide a variety of treatment approaches to meet any given level of need.
- (7) Quick geographical access is considered essential for outpatient care, detoxification care and day treatment. If 90 percent of the chemically-dependent persons in the proposed service area who need to use a specific non-24-hour treatment program such as outpatient, day treatment, or detoxification are more than 35 miles by road from existing programs of the type that is needed, then more treatment

capacity may be needed in a location accessible to the population.

- (8) Quick geographical access is not considered essential for inpatient hospital care or other types of 24-hour treatment programs. If 90 percent of the chemically-dependent persons in the proposed service area who need to use a specific 24-hour treatment program such as inpatient hospital, residential treatment, rehabilitation, or residential maintenance care are more than 75 miles by road from existing programs of the type that is needed, then more beds may be needed in a location more accessible to the population.

Stat. Auth.: ORS 431.120(6), ORS 442.315
Stats. Implemented: ORS 431.120(6), ORS 442.315

Hist.: HD 13-1994, f. & cert. ef. 4-22-94

Need Methodology

333-600-0030 The method for estimating the needed number of beds or service capacity for each type of chemical dependency treatment setting consist of the following steps:

- (1) For a service which is designed to serve persons in the present service area of a given hospital or hospitals, determine the hospital service area according to OAR 333-590-0040.
- (2) For a service with a geographical targeting different from section (1) of this rule, evaluate the proposed service area according to OAR 333-600-0020(7) and (8), considering also the likelihood of contractual commitments to serve specific groups of potential clients.
- (3) Determine the estimated population for the service area for the calendar year five years beyond the letter of intent year of the application.

- (4) Obtain the estimated number of problem drinkers in the service area in five years for adults by calculating seven percent of the service area's population age 19 and over; and for adolescents by calculating 19 percent of the 12-18 year old population.
- (5) Determine the estimated number of problem drinkers who will seek treatment in a one-year period, by calculating 15 percent of the number derived in section (4) of this rule.
- (6) Determine the specific levels and kinds of services required to meet the need, for all services other than outpatient: Multiply the number derived in section (5) of this rule by the beds per contact figure from Table 1, for the particular type of chemical dependency treatment service requested and divide by .90 to allow for occupancy variations. For outpatient service, utilize the service ratios figures in Table 1:

(OAR 333-600-0030)

Table 1

Chemical Dependency Treatment Services	Beds per Contact	Service Ratios
1. Medical facility-based detoxification	.0014	1
2. Nonmedical facility-based detoxification	.0127	9
3. Inpatient hospital services	.0072	5
4. a. Residential treatment, 24-hour	.00689	49
b. Residential treatment, partial (day, night, or weekend)	.00641	46
5. Rehabilitation (long-term)	.00336	24
6. Residential maintenance care	.01160	83
7. Outpatient care	---	781

- (7) Determine the number of existing beds or service capacity for each of the service elements in the service area.
- (8) Subtract the level of existing services determined in section (7) of this rule from the projected need for services derived in section (6) of this rule.

- (9) Evaluate the estimated need against the principles in OAR 333-600-0020 to determine need for proposed service.
- (10) Although separate bed need standards are not established for specialty types of chemical dependency beds, the division recognizes that chemical dependency beds could be used to deliver various subspecialty services, such as adolescent or geriatric chemical dependency programs, and programs for patients with both a mental illness and a chemical dependency problem ("dual diagnosis" patients).

Stat. Auth.: ORS 431.120(6), ORS 442.315

Stats. Implemented: ORS 431.120(6), ORS 442.315

Hist.: HD 13-1994, f. & cert. ef. 4-22-94