COMMONWEALTH OF VIRGINIA DEPARTMENT OF HEALTH MEDICAL CARE FACILITIES CERTIFICATE OF PUBLIC NEED

S CERTIFIES THAT Chesapeake Hospital Authority d/b/a Chesapeake Regional Medical Center is authorized to initer roposal as described below.

IE OF FACILITY: Chesapeake Regional Medical Center

ATION: 736 Battlefield Boulevard, North, Chesapeake, Virginia 23320

NERSHIP AND CONTROL: Chesapeake Hospital Authority d/b/a Chesapeake Regional Medical Center

PE OF PROJECT: Introduce inpatient psychiatric services with the addition of 20 beds for inpatient adult psychiatri at Chesapeake Regional Medical Center's resulting total licensed hospital bed city will be 330 beds. Capital costs associated with this project total \$6,139,142. The project is expected to be complete uary 29, 2024. This certificate is issued with the condition that appears on its reverse.



Pursuant to Chapter 4, Article 1:1 of Title 32.1, Sections 32.1-102.1 through 32.1-102.12 of the Code of Virginia (1950), as amended policies and procedures promulgated thereunder, this Medical Care Facilities Certificate of Public Need is issued contingent upon sul and continuing progress towards implementation of the proposal within twelve (12) months from the date of issuance. A progres shall be submitted to the State Health Commissioner within twelve (12) months from the date of issuance along with adequate assu completion within a reasonable time period. The Commissioner reserves the right not to renew this Certificate in the event the application to fulfill these conditions. This Certificate is non-transferable and is limited to the location, ownership, control and scope of the project herein.

ficate Number: VA-04732

of Issuance: <u>January 25, 2021</u>

ration Date: January 24, 2022 M. Norman Oliver, MD, MA, State Health Commissioner

apeake Hospital Authority d/b/a Chesapcake Regional Medical Center will provide psychiatric services to all person of these services, regardless of their ability to pay, and will provide as charity care to all indigent persons free service reductions in services and facilitate the development and operation of primary care services to medically undersons in an aggregate amount equal to at least 5.1% of Chesapeake Hospital Authority d/b/a Chesapeake Regional Medical Center's total patient services revenue derived from psychiatric services provided at Chesapeake Regional Medical Center dunder the provider reimbursement methodology utilized by the Centers for Medicare and Medicaid Services oursement under Title XVIII of the Social Security Act, 42 U.S.C. § 1395 et seq. Compliance with this condition we mented to the Division of Certificate of Public Need annually by providing audited or otherwise appropriately cercial statements documenting compliance with the preceding requirement. Chesapeake Hospital Authority apeake Regional Medical Center will accept a revised percentage based on the regional average after such time regional average after such time regions at a valued under the provider reimbursement methodology utilized by the Centers for Medicare and Medicaid Services for reimbursement under Title XVIII of the Social Security Act, 42 U.S.C. § 1395 et seq. is available from Vir the Information. The value of charity care provided to individuals pursuant to this condition shall be based on the provursement methodology utilized by the Centers for Medicare and Medicaid Services for reimbursement under Title XVIII of Social Security Act, 42 U.S.C. § 1895 et seq. is available from Vir the Information.

apeake Hospital Authority d/b/a Chesapeake Regional Medical Center will provide psychiatric services to individuals ligible for benefits under Title XVIII of the Social Security Act (42 U.S.C. § 1395 et seq.), Title XIX of the Social Security Act (42 U.S.C. § 1396 et seq.), and 10 U.S.C. § 1071 et seq. Additionally Chesapeake Hospital Authority d/b/a Chesapeak Medical Center will facilitate the development and operation of primary and specialty medical care service at medically underserved areas of the applicant's service area.

City of Chesapeake



August 20, 2020

Dr. M. Norman Oliver State Health Commissioner Virginia Department of Health 109 Governor Street, 13th Floor Richmond, VA 23219 Office of the City Manager 306 Cedar Road Chesapeake, Virginia 23322 Office: (757) 382-6166

Fax (757) 382-6507 TDD: (757) 382-8214

Re: COPN Request No. VA-8490 – Chesapeake Regional Medical Center – Add 20 Acute Inpatient Psychiatric Beds

Dear Dr. Oliver:

I write to express the City of Chesapeake's support for Chesapeake Regional Medical Center's ("CRMC") Certificate of Public Need application to add twenty acute inpatient psychiatric beds to the hospital. CRMC is the first choice for Chesapeake and surrounding area residents when they need top-quality health care. CRMC constantly looks to expand the services it offers to meet the current and future health care needs of its primary service area population.

Consistent with CRMC's mission, the hospital has constantly expanded its offered services to incorporate new specialties and meet the evolving health care demands of our community. This project will build upon CRMC's mission and will develop new health care programs and services in connection with area behavioral health providers and community organizations, such as Chesapeake Integrated Behavioral Health.

This project requires approval so CRMC can continue to meet the health care needs of its patients. The City of Chesapeake currently has no licensed acute inpatient psychiatric beds. As a fast-growing, and the second-most populated, city in the Commonwealth, the City of Chesapeake needs this project approved so we can care for our most vulnerable residents who need access to this invaluable health care service.

CRMC is an excellent hospital that provides top-quality care and is our trusted hospital in Chesapeake. CRMC, and the City of Chesapeake, need this project approved so CRMC can continue to meet the ever-expanding health care demands of our rapidly growing city. I respectfully request that you approve CRMC's application for a Certificate of Public Need to add twenty acute inpatient psychiatric beds in order to meet current and future demand.

Sincerely.

Christopher M. Price

City Manager



Chesapeake Integrated Behavioral Healthcare Services 224 Great Bridge Boulevard Chesapeake, VA 23320 Tel: (757) 547-9334 Fax: (757) 819-6292

08/20/2020

Dr. M. Norman Oliver State Health Commissioner Virginia Department of Health 109 Governor Street, 13th Floor Richmond, VA 23219

Re: COPN Request No. VA-8490 – Chesapeake Regional Medical Center – Add 20 Acute Inpatient Psychiatric Beds

Dear Dr. Oliver:

I write in support of Chesapeake Regional Medical Center's ("CRMC") Certificate of Public Need application to add twenty acute inpatient psychiatric beds. The addition of these acute inpatient psychiatric treatment beds at CRMC would have a significant positive impact on residents of Chesapeake and Planning District 20. At present, there are no licensed acute psychiatric treatment beds in Chesapeake. Approval of this project would allow patients to access inpatient psychiatric services locally. Local access to psychiatric treatment services is absolutely vital to the long-term health and treatment of psychiatric patients.

As the Executive Director of Chesapeake Integrated Behavioral Healthcare ("CIBH"), my job is to oversee my agency's assessment of, and responses to, the behavioral health treatment needs of Chesapeake residents. CIBH serves an essential role in providing outpatient behavioral health services in our area as well as evaluating patients for the need of inpatient services. Although inpatient services are available in hospitals outside of Chesapeake, an inpatient program within Chesapeake itself would help better meet the treatment needs of Chesapeake residents closer to their homes.

Our experience in identifying placement for individuals with a need for inpatient treatment underscore the need for additional, local inpatient psychiatric beds. For example, in Fiscal Year 2020 (July 1, 2019 through June 30, 2020), 40% of bed days funded through LIPOS funding for Chesapeake residents receiving inpatient psychiatric care were provided at facilities outside of Planning District 20. We place every patient in need of services at the closest facility with an available and appropriate bed, so there is a significant need for better access to local services. Distant bed placements result in significant disruption to the patient's continuity of care as the local CIBH professional working with the patient is not able to travel to distant placement hospitals to continue to provide care.

CIBH looks forward to building on our current strong partnership with CRMC. Currently, CIBH partners with CRMC in two important programs, the Bridges Program and the PROUD Program. In the Bridges Program, we coordinate with CRMC and the Chesapeake Police Department and Sheriff's Office to provide security and custody services to individuals in psychiatric or substance abuse crisis brought to CRMC's Emergency Department by the police for assessment and treatment. Through the PROUD Program, CRMC refers substance abuse patients who come to CRMC in crisis to CIBH for medication-assisted treatment, counselling, and case management.

If this project is approved, CIBH looks forward to expanding on this established strong relationship with CRMC to provide Chesapeake residents with an integrated complement of needed psychiatric treatment services. To that end, CIBH and CRMC plan to enter into an agreement that guarantees CIBH patients a certain amount of bed days at CRMC. This agreement will prioritize the admission of CIBH patients based on medical necessity and will have controls in place to ensure that CIBH patients are receiving an appropriate amount of bed days from CRMC. Further, CIBH and CRMC will coordinate to ensure that patients are effectively discharged back to their home communities when discharge is appropriate. I strongly encourage you to approve this project to bring this vital service to Chesapeake.

Sincerely

Joe Scislowicz, LPC

Executive Director

Chesapeake Integrated Behavioral Healthcare





August 25, 2020

Department of Police P.O. Box 15225 Chesapeake, Virginia 23328

M. Norman Oliver, MD State Health Commissioner Virginia Department of Health P.O. Box 2448 Richmond, VA 23218

Re:

COPN Request No. VA-8490 – Chesapeake Regional Medical Center – Add 20 Acute Inpatient Psychiatric Beds

Dear Dr. Oliver:

I write in support of Chesapeake Regional Medical Center's ("CRMC") Certificate of Public Need Application to add twenty acute inpatient psychiatric treatment beds. Approval of this project, and the addition of these beds, would have a significant positive impact on the residents of Chesapeake, particularly those in behavioral health crisis. Approval of this project would lessen the stress placed on the law enforcement resources of Chesapeake by these vulnerable members of our community.

My officers frequently encounter Chesapeake residents in behavioral health crisis. In 2019, my officers encountered approximately 1,000 of such individuals. When we encounter an individual in behavioral health crisis, we transport that individual to the emergency department of CRMC. We know how vital it is to ensure that individuals in behavioral health crisis receive appropriate crisis care as soon as possible before they harm themselves or others. Unfortunately, at the current time, CRMC is only able to provide emergency services to these individuals. If the individual requires admission to inpatient care, CRMC has to transfer that patient to a facility with inpatient psychiatric treatment beds.

Individuals in behavioral health crisis are already under significant stress and many do not understand everything that is happening. It is highly upsetting to many of these individuals to be brought, many of them against their will, to CRMC's emergency department. If an additional transfer to an inpatient facility is required, that causes further disruption to an already highly upset individual. CRMC needs approval for these inpatient psychiatric treatment beds to limit this disruption and provide comprehensive behavioral health care to the residents of Chesapeake.

Chesapeake is the second most populated city in the Commonwealth with over 245,000 people. By 2025, that number is expected to grow to nearly 260,000. I know of the high demand for behavioral health services that exists in Chesapeake because of my officers' numerous encounters with individuals in behavioral health crisis. This demand will continue to increase as our population increases. I strongly encourage you to approve this project to bring this vital and necessary service to Chesapeake.

Sincerely,

Kelvin L. Wright Chief of Police



Richard V. Hornan, Jac President and Previous around the School of Medicine

August 27, 2020

Dr. M. Norman Oliver State Health Commissioner Virginia Department of Health P.O. Box 2448 Richmond, VA 23218

Re: COPN Request No. VA-8490 - Chesapeake Regional Medical Center - Add 20 Acute Inpatient Psychiatric Beds

Dear Dr. Oliver,

Eastern Virginia Medical School ("EVMS") is pleased to support Chesapeake Regional Medical Center's ("CRMC") Certificate of Public Need application to add twenty acute inpatient psychiatric beds. If this project is approved, EVMS is excited to collaborate with CRMC to provide professional services to the Psychiatric and Behavioral Health Unit at CRMC. This collaboration will allow us to further our mission of achieving excellence in medical and health professions education, research, and patient care.

Through our collaborative agreement with CRMC, the chair of our Department of Psychiatry and Behavioral Sciences, Dr. Stephen I. Deutsch, will serve as the Consulting Psychiatrist and Interim Acting Medical Director of the proposed Psychiatric and Behavioral Health Unit at CRMC. EVMS staff will have a hand in developing CRMC's behavioral health plans and policies for this proposed unit. EVMS wholeheartedly supports the opportunity this unit will provide to Chesapeake, especially its most vulnerable residents, and help CRMC provide this vital service to Chesapeake and the surrounding communities.

Adults with psychiatric needs who require inpatient treatment should receive treatment within their home community whenever possible. There are currently no licensed acute psychiatric treatment beds located within the City of Chesapeake. Chesapeake is the second most populated city in the Commonwealth; however, the lack of available local beds for adults and geriatric patients forces many Chesapeake residents to travel outside of their community to seek this necessary service. Many must travel to facilities outside of Planning District 20 to receive behavioral health services.

Office of the President and Provost
Dean of the School of Medicine

www.evms.edu

Approval of this project would be a meaningful, incremental step to help fill the gap in local access to inpatient psychiatric services and reduce the number of patients required to travel outside of their community for care. EVMS strongly encourages you to approve CRMC's application.

Sincerely,

Richard V. Homan, MD President and Provost

Dean of the School of Medicine

Ruhard V. Aforman

Eastern Virginia Medical School

Kurt Stauder, DPH, MBA

Tx+ Stauder

Chief Executive Officer

EVMS Medical Group



DEPARTMENT OF HUMAN SERVICES
Division of Community Programs
100 Outlaw Street
Chesapeake, Virginia 23320
(757) 382-2226
FAX (757) 382-2354

Dr. M. Norman Oliver State Health Commissioner Virginia Department of Health P.O. Box 2448 Richmond, VA 23218

Re: COPN Request No. VA-8490 - Chesapeake Regional Medical Center - Add 20 Acute Inpatient Psychiatric Beds

Dear Dr. Oliver:

I write today in support of Chesapeake Regional Medical Center's (CRMC) Certificate of Public Need application to add twenty acute inpatient psychiatric beds. My position is the 55+ Coordinator, Chesapeake Human Services, Division of Community Programs. When I learned that CRMC was proposing a project that would include inpatient psychiatric beds that could treat Geropsych patients, I was eager to lend my support to the project.

Chesapeake must rise to the challenges created by a growing and aging population in the coming years. From 2012 to 2040, Weldon Cooper Population Center projects that the 65+ community of Chesapeake will grow 114.5%. An aging population creates unique challenges for a city, particularly when it comes to providing population appropriate health care services. Chesapeake has launched the "Chesapeake 55 + Comprehensive Plan" (the "Plan") to ensure the city rises to the occasion. Through the Plan, the Department of Human Services is partnering with CRMC to track and ensure that the health care needs of the 55+ community are met and optimal health is maintained.

There are no licensed inpatient psychiatric treatment beds in Chesapeake. Services available to senior citizens needs to be as accessible as possible because of the difficulty senior citizens have in accessing distant services. Currently, when an elderly Chesapeake resident is in need of inpatient psychiatric treatment, they have to travel outside Chesapeake to seek these services, creating a significant geographic barrier to access of inpatient psychiatric services. Chesapeake cannot meet the goals of the Plan and provide adequate health care services to the 55+ community without inpatient psychiatric treatment beds that can meet the needs of Geropsych patients. Therefore, I respectfully request that you approve CRMC's application for a Certificate of Public Need to add twenty acute inpatient psychiatric beds that includes the ability to treat Geropsych patients.

Sincerely,

Jennifer Ireland

55 Plus Coordinator, Division of Community Programs

Chesapeake Department of Human Services

"The City of Chesapeake adheres to the principles of equal employment opportunity.

This policy extends to all programs and services supported by the City."



PO Box 2893 | Chesapeake, VA | 23327 | (757) 204-5693

08/24/2020

Dr. M. Norman Oliver State Health Commissioner Virginia Department of Health 109 Governor Street, 13th Floor Richmond, VA 23219

Re:

COPN Request No. VA-8490 – Chesapeake Regional Medical Center – Add 20 Acute Inpatient Psychiatric Beds

Dear Dr Oliver:

I am pleased to write today in support of Chesapeake Regional Medical Center's ("CRMC") Certificate of Public Need application to add twenty acute inpatient psychiatric beds. I am the Chair of the Chesapeake Task Force on Aging and have worked and advocated for the needs of elderly members of our community for several years. I was overjoyed when I learned that CRMC was proposing a project that would introduce seven beds that could be used to treat the needs of geriatric psychiatric patients.

I write today because I know, firsthand, that the psychiatric treatment beds available in and around Chesapeake are not meeting the needs of elderly members of our community who require psychiatric and behavioral health treatment. Geriatric patients experiencing acute psychiatric episodes are particularly underserved by the current complement of available services in our area.

Currently, when an elderly Chesapeake resident experiences an acute psychiatric episode, they are brought to the emergency department of CRMC. Unfortunately, because CRMC does not have any licensed inpatient psychiatric beds that can meet the needs of geropsych patients, the patient must then be transferred to another facility that has an available bed that can meet the needs of this patient. These multiple, repeated transportations add to the stress of the already highly upset and confused patient. CRMC needs approval of this project so Chesapeake has a facility with the ability to provide medication management to a geropsych patient experiencing an acute episode in a safe and secure environment. If this project is not approved, our elderly community members will continue to be harmed by the lack of a local, available resource that can meet their acute psychiatric needs. Therefore, I respectfully request that you approve CRMC's application for a Certificate of Public Need to add twenty acute inpatient psychiatric beds that includes beds that can treat geropsych patients.

Sincerely,

Julie Ulrich

Chair, Chesapeake Task Force on Aging