



September 23, 2015

Stefan Gildemeister, Director
Health Economics Program
P.O. Box 64882
St. Paul, MN 55164-0882

Dear Mr. Gildemeister:

In response to your letter dated September 14, 2015 requesting additional information for the public interest review of the PrairieCare Extended Intensive Services proposal for our Maple Grove facility, we are pleased to provide the following:

- ***Information that documents the proposed facility would treat patients with potential violent and/or aggressive behavior related to a DSM-5 diagnosis(s) established mental illness for which extended psychiatric hospitalization is medically necessary.***

It is our intent to treat patients with violent and/or aggressive behavior related to a DSM-5 established mental illness when the patient meets admission (and continued stay) criteria as established by DHS for the Continuing Care Benefit Program. The current draft DHS contract for providing care under the Continuing Care Benefit Program requires acceptance of all patients that meet admission criteria. PrairieCare has proposed the following exclusionary criteria related to violent/aggressive behavior:

"Patients who are physically assaultive to staff and/or destructive of property not primarily as product of an insufficiently treated DSM-5 mental illness but of a sufficiently volitional nature for which involvement of and intervention by the legal/justice system is more appropriate."

As stated above, this language has been proposed by PrairieCare and is subject to change through ongoing discussions with DHS.

- **De-identified claims information for PrairieCare-provided inpatient services for the years 2012 and 2013**

We have abstracted the demographic and diagnostic information requested from our charge database and have transmitted it electronically under separate cover for your ease of analysis. Please note that we anticipate a difference in demographics between the current short-term acute population PrairieCare serves, with average lengths of stay of 7-10 days, and the extended acute care patient population of the relicensed Maple Grove facility, where patients will likely stay for 30-90 days on average.



- **Detailed data of the staffing plan for the facility over time**

PrairieCare has already hired a Board Certified Child and Adolescent Psychiatrist with experience in treating the target population. He is currently employed partially treating outpatients and partially engaged in program design. By the time of the facility opening, we anticipate he will devote approximately 80-90% of his full time effort to the care of patients admitted to the facility. At this time we do not anticipate hiring any additional psychiatrists to care for admitted patients based on the anticipated average daily census of 14-16 and an average length of stay of 30-90 days.

PrairieCare created an initial staffing plan informed by discussions with Department of Human Services staff. The current staffing plan for an assumed average daily census (ADC) of 14-16 is as follows:

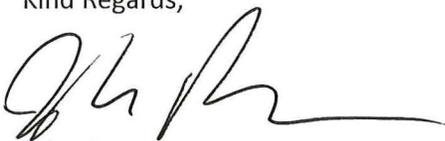
7 Day per week staff		AM	PM	Night	Weekly FTE Total
		RN	3.00	3.00	1.00
LPN	-	-	-	-	
Tech	7.00	7.00	5.00	26.60	

Our current staffing model also includes individual and family psychotherapists (1.0 FTE), behavior analysts (0.75 FTE), licensed social workers (1.0 FTE) and occupational/activity therapists (2.0 FTE). We anticipate staging the onboarding process over a period of several months depending on census “ramp up.” Some staff may also provide services in the partial hospitalization program, after school intensive outpatient programs and clinic services currently made available in the facility.

All staff will be recruited through our normal means of recruiting, including offering internal transfers, advertising locally, and word of mouth. It should be assumed that all staff listed above are “new hires” because any internal transfers would need to be backfilled. Expanding to the fully licensed capacity of 20 is not anticipated to take place for at least one year and may not occur for several years. Such an expansion would likely result in an approximate 20% increase in the FTE allocations noted above.

Thank you for your attention to this matter.

Kind Regards,



John Ryan
General Counsel