Kansas Department of Social and Rehabilitation Services Rainbow Mental Health Facility: Closure of Fourteen Beds

April 18, 2011

In late 2010 RMHF was surveyed by the Centers for Medicare and Medicaid Services (CMS). One of CMS' findings was that RMHF actually had four units instead of the two units RMHF had designated. CMS requires each unit to have around the clock registered nursing (RN) coverage. RMHF's nursing coverage was only sufficient to cover two units. So CMS cited RMHF for insufficient RN staffing and required RMHF to provide RN staffing for four units instead of two. The cost of providing additional RNs is \$812,000.

The Superintendent's corrective action plan to CMS tried to address their concerns and convince them RMHF has only two units, but CMS did not approve the corrective action plan and held to their original findings. Failure to satisfactorily address this finding places all of RMHF's Medicaid funding in jeopardy. SRS decided that addressing CMS' findings and OSH's \$500,000 FY 2012 budget reduction required closing two of RMHF's smallest units, thereby reducing the number of beds at RMHF by 14 reducing its maximum capacity to 36 patients.

Last year Larned State Hospital increased the number of its budgeted beds by 11. The loss of 14 beds at RMHF means the system has been reduced by a net three (3) beds from last year.

Making this change necessitated an adjustment in state mental health hospital catchment areas so that expected demand for all three state mental health hospitals is more in line with their service capacities. Therefore, after consultation with the affected community mental health centers (CMHCs), it was decided that beginning March 4, 2011:

- Johnson County Mental Health Center would start admitting persons to Osawatomie State Hospital, and
- Cowley County Mental Health and Counseling Center and South Central Mental Health Counseling Center would begin admitting adults to Larned State Hospital.

Wyandot Center for Community Behavioral Healthcare, Kanza Mental Health and Guidance Center, and the Guidance Center continue to admit persons to RMHF.

SRS understands there has been an increased demand for state mental health hospital admissions, especially by persons with no insurance who were not previously receiving CMHC services. Because of this, CMHCs are being urged to examine what can be done to safely and effectively avoid hospitalizing persons they know and serve. Nine CMHCs reduced their utilization of state mental health hospitals from FY 2009 to FY 2010. Reducing admissions of these people would greatly contribute to freeing up state mental health hospital space to serve the persons who are new to the system. We look forward to working collaboratively with CMHCs and advocates to ensure people with severe mental illness receive the services they need.

Appropriations Committee

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