



STATE OF DELAWARE
STATE COUNCIL FOR PERSONS WITH DISABILITIES
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The Honorable John Carney,
Governor

John McNeal, Director
SCPD

MEMORANDUM

DATE: May 30, 2023

TO: All Members of the Delaware State Senate
and House of Representatives

FROM: Mr. Benjamin Shrader, Chairperson 
State Council for Persons with Disabilities

RE: HB 7 (Pediatric Behavioral Enhancement)

The State Council for Persons with Disabilities (SCPD) has reviewed HB 7 which seeks to require carriers providing coverage under Medicaid to pay an enhanced rate for inpatient behavioral health care for a patient 18 years of age or younger who meets at least one of the following criteria: 1) has a diagnosis of autism spectrum disorder, 2) receives services from the Department of Services for Children, Youth and their Families (or potentially the Department of Health and Human Services for an 18-year-old), 3) requires ongoing medical care for chronic conditions, 4) requires specialized programming, 5) is dangerous to self or others and requires a single room, or 6) is unhoused or at risk of being unhoused.

SCPD has the following observations and recommendations:

- The Council understands the enhanced rate must be at least 30% more than the ordinary per diem rate, and at least another 5% more for every inpatient day that is a Saturday or a Sunday and cannot be paid for more than 14 days. **However, SCPD is not clear on whether this is 14 days per admission, or**

during a set period of time?

- It is essential to minimize the time children in mental health crisis are spending in emergency departments awaiting needed care and it is important to ensure that facilities admitting children with complex needs have sufficient resources to address those needs. But to treat these issues simply by increasing the pay for inpatient psychiatric facilities for admitting certain patients – when the systemwide crisis is evident – is short-sighted.
- In addition to children waiting in emergency rooms for admission to inpatient psychiatric facilities targeted by this legislation, many children are experiencing prolonged stays (in many cases well beyond 14 days) in the facilities targeted by this legislation or are cycling in and out of these facilities on an ongoing basis because a lack of available services in the community. Children in this situation would potentially exhaust the enhanced rate for inpatient treatment contemplated here quickly. There are very limited services available for children who have co-occurring intellectual or developmental disabilities (including autism spectrum disorders) and mental health needs, or for children who exhibit significant physical aggression, leaving many families to feel like repeated hospitalization of their child is the only available option.
- **Until the gaps in the services available in the community are meaningfully addressed, increasing the rate paid to hospitals will do nothing to decrease the larger issue of a surge in demand for hospital beds or the frequency of youth experiencing mental health crises. It arguably may be far more effective to focus on the rates paid for community-based services, including but not limited to therapy, respite, and mobile crisis response.**
- Council is not clear whether the bill intentionally includes 18-year-olds (when the cutoff or dividing line for many applicable services is generally a child's 18th birthday), however as the transition to adult services can be a period where many young people experience gaps in care, so **SCPD supports their coverage by the advanced rate.**
- Additionally, it is not clear whether the bill intends to include children in the custody of or otherwise being served by the Division of Family Services (DFS) or the Division of Youth Rehabilitative Services (YRS) as children “receiving services from the Department [of Services for Children, Youth, and their Families],” or it was just intended to cover children served by the

DPBHS? Council supports the inclusion of children served by DFS and YRS who may encounter additional barriers in accessing appropriate behavioral healthcare.

- This bill would require the creation of a Quality Oversight Committee “to identify quality metrics for facilities admitting patients 18 years of age or younger,” and make ongoing recommendations to the Joint Finance Committee related to “eligibility categories and enhancement rates.” The Committee would review data including but not limited to the number of patient rejections, the number of reduced emergency room visits and readmissions and the length of stay at the facility. However, it does not appear the Committee would examine any indicators relating to services available outside of a hospital, and the Committee would only consist of representatives from state government and the healthcare industry. **The SCPD would like to see the Quality Oversight Committee be more inclusive of consumer voices and to examine the lack of community-based services that cause children to cycle in and out of hospital settings.**

SCPD endorses this bill with the concerns outlined above.

Thank you for your consideration and please contact SCPD if you have any questions or comments regarding our position or observations on the proposed legislation.

cc: Ms. Laura Waterland, Esq.
Governor’s Advisory Council for Exceptional Citizens
Developmental Disabilities Council

HB 7 Pediatric Behavioral Enhancement 5-30-23