Brattleboro Retreat

FY2024 Budget Narrative

I. Executive Summary

Provide a high-level overview about key considerations for the proposed budget, highlighting any adjustments required to the budget reference year (FY2022 actuals). Indicate areas where the proposed budget deviates from parameters specified in this Guidance. For hospitals whose budget interacts with or includes other entities, explain any differences in what is happening at the hospital versus consolidated level.

The Brattleboro Retreat is a private, non-profit, psychiatric hospital offering comprehensive services designed to meet the mental health needs of children, adolescents, and adults. The Retreat currently operates 100 inpatient hospital beds, outpatient therapy services, partial hospitalization and intensive outpatient programs, residential services, and specialty medication services. The Retreat serves over 3,000 individuals from Vermont annually. The inpatient beds are split into a patient mix as follows.

- 10 child beds
- 12 adolescent beds
- 52 general adult beds
- 26 level one adult beds

The Retreat's mission is as follows: Inspired by the courage of our patients, the Brattleboro Retreat is dedicated to children, adolescents, and adults in their pursuit of recovery from mental illness, psychological trauma, and addiction. We are committed to excellence in treatment, advocacy, education, research, and community service. We provide hope, healing, safety, and privacy through a full continuum of medical and holistic services delivered by expert caregivers in a uniquely restorative Vermont setting.

FY2022 was quite challenging due to lingering and repeated Covid outbreaks at the Retreat as well as ongoing workforce shortages. The pandemic surge lasted months affecting the Retreat's ability to accept patients. It is particularly important to note that the Retreat serves inpatients in a congregate setting where patients mingle during their stay. This patient care setting presents unique risks during Covid outbreaks and notably limits admissions.

As a direct result of the pandemic, demand for services dramatically diminished. Inpatient average daily census (ADC) for 2020 was 69, down from the prior year's ADC of 99. In December of 2020, the Retreat had a major reduction in force to mitigate expenses. Despite these measures, the census worsened in 2021 resulting in an ADC for the year of 52 and the Retreat entered into a forbearance agreement with its mortgage holder. To complicate the situation, in 2022, several key executives departed: CEO and

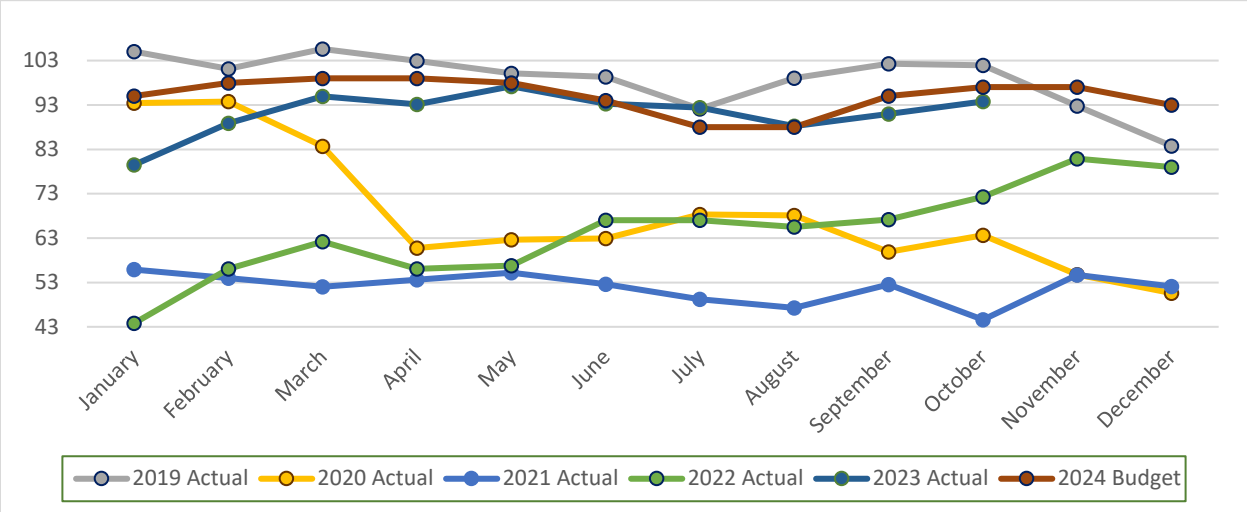
CMO; followed by the CFO, CNO, Controller, Director of IT, and the Director of Quality. In early 2022, the Retreat was in a financial crisis and the outlook was dire.

In early 2022, the Retreat constructed a Sustainability Plan with the Agency of Human Services (AHS). With an infusion of funds from AHS to fund contract labor, the Retreat quickly grew the census to 65. The Retreat further committed to increase inpatient capacity to 80 by December 31, 2022. Despite fulfilling this commitment, fiscal year 2022 experienced an operating loss of ($582,445). By year-end, the Retreat complied with all bond covenants, but the status of the Retreat remained fragile.

FY2023 has been a turnaround year at the Retreat. Going into FY2023, AHS established a growth target for the Retreat of 100 beds by June 30, 2023. The Retreat's staff and leadership have worked diligently to adhere to the state's request for growth and had 100 beds operating by April 2023.

Due to an aging facility, the Retreat desperately needed to upgrade bathrooms in one of its buildings, repair a roof, and renovate an inpatient unit. These projects resulted in units being temporarily closed for construction. As a result as of October 2023, the annual inpatient ADC had dropped to 91, nonetheless a performance increase of 42% over the prior year. This performance contributed to an anticipated increase in Net Patient Revenue of 51%.

The forecasted operating income for 2023 is $3.8M. This bottom line reflects a proposed change in the Retreat's current 2023 APM contract as well as the proposed 2024 contract with AHS. The following chart depicts changes in inpatient ADC for the past five years and 2024. Please note that the Retreat no longer operates 103 beds as it did in 2019. Several beds were taken out of service in order to provide more effective space for patient care.



The Retreat also experienced a number of unbudgeted, but Board approved, expenses during 2023 in order to preserve inpatient capacity and remain compliant with all bond covenants.

Workforce shortages continue to cause a major issue for the Retreat. Currently, approximately 45% of direct inpatient staff are agency travelers. Use of travelers is problematic in that the Retreat experiences a considerably higher cost of labor. Having a revolving door of staff creates a significant impact on inpatient employee morale, continuity of care, and a strain on administrative departments.

The use of agency staff is the only way that the Retreat could open bed capacity, meet its financial obligations, and fulfill its agreement with AHS. With grueling hard work and unending diligence, inpatient capacity expanded. Consequently, net patient revenue is slated to grow $36.8M or 60.8% from FY2022 to the budget for FY2024 compared to growth guidance of up to an aggregate of 8.6% for FY2023 and FY2024 combined over the FY2022 budget for the many reasons described above. The point is that FY2022 was an aberrant year for the Retreat and therefore is not a sound business baseline for 2024 comparisons.

The Retreat has employed several mitigation strategies beginning in FY2022 to increase the average daily census, produce more revenue, and break-even financially. The use of traveling staff is one primary strategy. Using traveling nurses, behavioral health technicians, and social workers has enabled the Retreat to open additional capacity. Traveler usage has more than doubled from FY2022 through today, now employing approximately 130 FTEs of travelers. In conjunction with traveler usage, the Retreat has leased space to rent to travel staff as living accommodations. Holton Home, a former and vacant nursing home, was refurbished through a $350,000 capital investment by the Retreat in early 2023 and now houses 20 travel staff with capacity for up to 35.

In an effort to reduce Emergency Department boarding of mental health patients and open access, the Retreat entered into a contract with Rescue, Inc. (an ambulance service) to aid in transportation of voluntary patients to the Retreat. This strategy has aided in moving patients out of Emergency Departments in acute care hospitals across Vermont more quickly. According to the VAHHS ED Waits for Care Reporting, there have been some modest drops in volume and adults moving much quicker than in 2022. Since March 2023, the percent of adults waiting more than 24 hours point-in-time has consistently been less than 50%.

Through an agreement with Brattleboro Memorial Hospital (BMH) in 2023, the Retreat has begun utilizing a shared services model as part of its cost containment strategy. Currently one position, the Chief Information Officer, is shared 50/50 between the organizations. Efforts are underway between the two facilities to expand shared services to include employee health and other overhead functions. Moving into 2024, the Retreat has moved its lab services to BMH to improve not only costs, but also service.

Other expense mitigation strategies have included an intense review of open, non-clinical positions ensuring the Retreat does not add unnecessary administrative staff. Other measures include the use of leadership approvals prior to offering premium pay shift differentials, wage adjustments for frontline staff, and timecard audits ensuring accuracy and tight control of labor costs. Additionally, in 2023, clinical leadership reviewed the caseloads for providers, frontline staff, and social workers, and reviewed the organizational chart to determine that the right structure is present. Moving into 2024, a team is performing an exercise on revenue integrity to review the Retreat's services and ensuring that billing is occurring for all relevant services. The FY2024 budget approach is to balance the need to maintain access to care with the need to be responsible in controlling healthcare costs.

Cash reserves remain a priority and concern for the Retreat. Continuous attention to cost containment will remain a priority for the management team. Given that the largest expense at the Retreat is for contract labor, the reduction of travelers and locums is of the utmost concern. A reduction in contract providers has begun and the Retreat plans to focus on frontline travelers in the year ahead.

In 2023, the Retreat hired an expert in Revenue Cycle Management. Positive results are occurring from her guidance and training efforts. She will be launching a Revenue Integrity Project in January that will be comprised of inpatient and outpatient staff. The purpose of this project is to ensure that the Retreat is optimizing all revenue opportunities through timely and accurate coding, billing for all billable services particularly ancillary services, and ensuring that providers are current with CMS billing rules and regulations. Implementation of a new EMR will also assist in capturing all billable activity. Productivity standards for providers and managers will be introduced and monitored to ensure that staff are working to optimal capacity.

In order to remain a sustainable organization, the Retreat will be exploring new business opportunities. The focus for 2024 will be on outpatient services and expanding child and adolescent services including private pay opportunities. Additionally, the Retreat is currently researching emerging treatment options in the mental health field one of which is medically-managed specialty medications.

The Finance Committee of the Board of Directors reviewed and recommended the budget for Board approval on Thursday, November 16, 2023. The budget is slated to be presented to the full Board of Trustees on Friday, December 15, 2023 ahead of the Green Mountain Care Board hearing and deliberation.

II. Questions

a. Concisely describe necessary adjustments to your FY2022 actuals or other considerations required for the proposed budget. Examples may include physician transfers, accounting adjustments, or changes to service offerings, staffing, or infrastructure.

In addition to the difference in ADC discussed in the Executive Summary, there are other areas that require adjustments. In 2022, the Retreat recorded a $14 million grant from the state. Those dollars were used to (1) repay the state $10 million per the APM agreement, (2) repay the state $1 million in provider taxes, and (3) reduce losses by $3 million related to travel staff costs.

Additionally, in FY2023, AHS proposed a Medicaid contract amendment. In prior years level one patient days were trued up to the cost of care. AHS is proposing to end this approach for contract years 2023 and 2024. The Retreat used this amendment in its budgeting process however, neither the amendment nor the 2024 contract with AHS are finalized at this point.

b. Clearly and succinctly explain the factors used in your proposed budget and how they compare with those outlined in Section I of the FY24 GMCB Hospital Budget Guidance, providing evidence to support your assumption(s). Each factor should be addressed:

i. Labor expenses

Using FY2022 as the basis, wages and benefits increased by $6.8M or 17.3% compared to the GMCB budget guidance of 13.4%. This change includes a 4% merit in FY2023 and a 4% in FY2024. This percentage is supported by the Bureau of Labor Statistics Labor Cost Index of 4.8%. FY2023 also brought market adjustments for inpatient (frontline) employees. FTE models project staffing needs based on the collective bargaining agreement, higher trends in patient acuity, and adjustments for vacancies, changing dynamics of staffed beds, planned recruitments, and ADC targets.

Wage increases are determined using market data, inflation, and equity principles. The Retreat targets to the average of the market. The budget includes an additional discretionary factor of 1% for market adjustments that have yet to be determined.

The Retreat expects to have contracts with 112 travelers at any given time in FY2024. The difference to the cost of care using travelers vs. staff is $65.94 per hour for RNs and $51.05 per hour for BHTs. This contributes to significant wage pressures with nearly half of the Retreat's patient-facing workforce being contract labor. Being in the corner of Vermont next to New Hampshire and Massachusetts labor markets makes it critical to be competitive in the regional market. The Retreat currently has 136 open positions with the following critical vacancies. Filling these vacancies with employed staff would diminish use of contract labor.

- Clinical Manager (2)
- Clinical Educator
- RN Supervisor
- Bed Placement Coordinator
- Program Assistant (4)
- Social Worker – Therapist (6)
- RN Staff (31)
- LPN (17)
- Behavioral Health Technician (59)

The Retreat experiences a staff vacancy rate of 21% and turnover rate of 27%.

It is important to note that labor relations with the union are positive as a result of a notable turnaround in 2022. Wages and staffing grids for approximately 250 unionized positions are determined through collective bargaining. The existing agreement is in effect until October 31, 2025.

Patient acuity changes frequently and has a major impact on staffing for a psychiatric hospital. Attending providers order special observations on individual patients resulting in additional staffing needs above those determined through the collective bargaining agreement. Currently, the average staffing on a unit is one caregiver for two to three patients. In acute units, staffing can be 1:1. The inpatient units of the Retreat are essentially intensive care units for mental health patients.

ii. Utilization

In FY2023, capacity was reduced due to several renovation projects happening on units around the Retreat campus. Throughout FY2023 and moving into FY2024, capacity is increasing to levels consistent with pre-renovation numbers of staffed beds. Outpatient volumes are budgeted with modest increases including in specialty medication services and Transcranial Magnetic Stimulation (TMS). Residential services are unchanged with the ARCC program having a capacity for eight children.

In FY 2022, the Retreat had 3,250 inpatient referrals. Of those, 1,218 individuals were admitted. 275 patients were admitted the day of the referral and 450 patients were admitted within one day of the referral. 277 individuals were admitted three or more days after the referral was received. There are several reasons for the delay. 33% were due to hospital capacity and 9% were due to transportation issues.

Through October 2023, the Retreat has had 3,751 referrals for inpatient service. Of those, 1,508 were admitted. 450 patients were admitted the day of the referral and 575 patients were admitted within one day of the referral. 185 individuals were admitted three or more days after the referral was received. 28.5% of delays were due to hospital capacity and 8.4% of delays were due to transportation issues.

The Retreat operates 26 level one patient beds. These beds must be held for level one patients regardless of referral patterns or demand for beds. During FY2023, there were approximately 100 patient days in which a level one bed was open and there were no referrals.

iii. Pharmaceutical expenses

Pharmaceutical expenses are increasing $725K or 219% from FY2022 compared to guidance of 4.4%. This is due to the increases in the inpatient census from FY2022 and due to the growth of the specialty medication clinic.

The Retreat uses Vizient contract drug pricing through membership in the New England Alliance for Health (NEAH) group purchasing organization. Medications are procured through McKesson as the primary wholesaler in alignment with the NEAH group.
The largest spend for pharmaceuticals is for the drug Spravato for the specialty medication clinic administered through the Outpatient department. High use and high cost drugs for inpatient use have not changed dramatically over the recent years as formulary inclusion is based on price unless there is strong clinical evidence to suggest patient outcomes would improve from inclusion of a specific drug assuming there are no suitable alternatives on the formulary.

iv. Cost inflation

In addition to labor and pharmaceutical expense being subject to inflation, other areas affected by inflation include supplies, purchased services, software, utilities, and insurance. The Retreat used zero-based budgeting to determine necessary operating expenses other than salaries and wages rather than applying an inflationary factor.

From FY2022, contract labor expenses are increasing by $12.2M or 72%. In addition to cost inflation, the primary driver behind contract labor increases are the additional staffed beds and the inability to find local psychiatric care resources.

Other costs are increasing $5.7M or 36.5% in FY2024 versus FY2022 compared to the guidance of 6%. In addition to the increase in capacity, in FY2024 the Retreat is budgeting to begin the implementation of Meditech Expanse electronic health record. The project expenses are budgeted to begin July 2024 and are projected to add $1.3M

to the annual operating costs of the Retreat. This project is imperative since the current EMR is not capable of meeting our billing and patient care needs.

v. Commercial price changes

The Retreat has contracts with commercial payers. From FY2022 to FY2023, commercial prices have changed and average of 15%.

The 2023 inpatient payer mix has changed from prior years as a result of how patients are now classified by the APM contract. Prior to FY2023, a reconciliation was conducted annually to reconcile level one interim payments with the cost of care. This process resulted in increasing some reimbursement while decreasing other reimbursement. This is a cumbersome and unpredictable process making revenue management quite complicated. For the first time ever, in 2022this process resulted in the Retreat having a payback to the state of Vermont. Ending the reconciliation process in 2023 will alter payer mix because Medicare and commercial patients that convert to Medicaid during their stay will be counted as Medicaid. The following chart illustrates the impact of this change.

	2024 Budget	2023 Budget
VT Medicaid	65%	55%
Medicare	22%	34%
Commercial	13%	11%
Other	0.2%	0.8%

vi. Financial indicators

Indicator	FY2024	FY2023	FY2022
Operating Margin	1.12%	4.08%	10.59%
Days Cash on Hand	89.8	109.37	133.0
Liquidity Ratio	2.70	3.11	2.80
Debt Service Coverage Ratio	2.83	4.82	8.37
Average Age of Plant	20.4	22.6	24.4

The Retreat has worked diligently to meet debt covenant targets consistently, which has moved the organization out of forbearance.

vii. Known pricing changes for Medicare and Medicaid

In FY2022, the Medicaid per diem rate for inpatient care was $2,550 January through June and $3,100 July through December. In FY2023, Medicaid per diem rate was $3,100, and in FY2024, the proposed Medicaid per diem rate will be unchanged at $3,100 per inpatient day.

viii. Uncompensated care

Below please find bad debt and charity care at historical rates of gross revenue.

	FY2022	FY2023
Bad Debt	2.0%	1.4%
Charity Care	0.5%	0.2%

The Retreat experiences instances where patients are ready for discharge, but for a myriad of reasons, have no suitable location to which to be discharged. With the closure of the adolescent residential program, it is particularly challenging to find in-state discharge options for youth. Under some of these instances, payers may refuse to continue payment for the patient. Projected amount of un-reimbursable care for FY2023 is $110,030.

ix. Hospitals should include other factors material to the proposed budget along with supporting material.

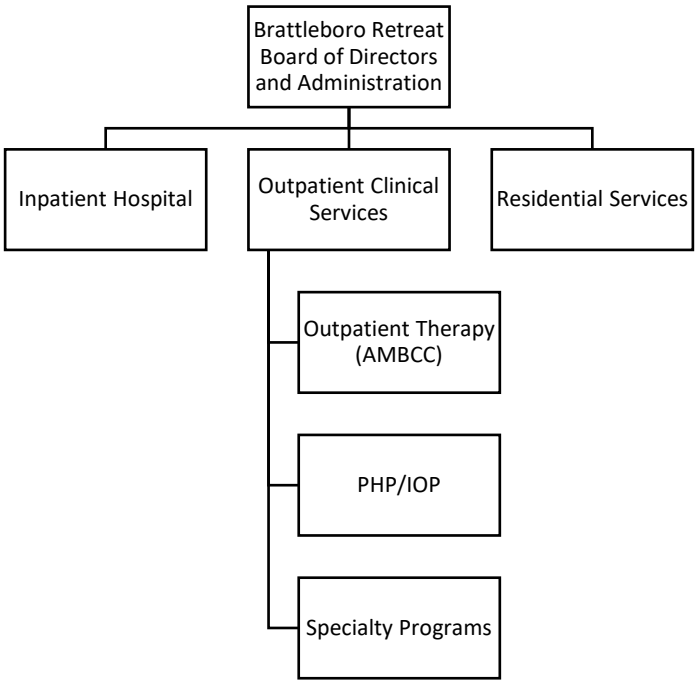
As a side-effect of increasing capacity, the Retreat has been able to reduce the overall cost of care by 10% since FY2022.

c. Briefly summarize known risks in the budget as submitted and indicate how the risks are being addressed. Include the cost, any realized benefit, and descriptions of new or ongoing measures used to reduce or otherwise manage budgeted expenses. Understanding the dollars associated with efforts to decrease or slow the increase in specific categories of expenditures is most helpful in understanding the implications for the proposed budget.

Known budget risks include the Retreat's reliance on contract labor. The seasonal nature of the hospital was accounted for, but census variability and unpredictable volume changes are a risk. Labor relations are positive at the Retreat. Redundancy is built into as many roles as possible with knowledge-sharing to prevent the loss of key personnel.

Additionally, the Retreat campus is comprised of very old historic buildings. Effort is being made to update old infrastructure and plan for deferred maintenance. Challenges with this type of campus include difficult decisions prioritizing needs. Furthermore, the Retreat has to perform continuing maintenance and repairs from damage caused by dysregulated patients.

d. Provide an up-to-date chart or graphic outlining the corporate structure associated with the hospital.



e. For any referrals or appointments requested in the first two weeks of May 2023, report the following metrics separately for each hospital-owned primary and specialty care practice as well as the top five most frequent imaging procedures.

i. Referral lag, the percentage of appointments scheduled within three business days of referral (percentage of all referrals where the clinic or hospital has completed scheduling an appointment within three business days of receiving the referral, regardless of the date on which the appointment will take place).

For outpatient, the Retreat tracks two statistics: time that a person spent waiting from first call to assessment, and time from the first assessment to a subsequent treatment visit. Because an appointment cannot be scheduled until a clinician has availability, the Retreat is not tracking date to the appointment being scheduled as a statistic, but instead the actual time from first call to first service.

Outpatient programs vary with respect to acuity of the persons served, and so in Partial Hospitalization, for example, it is especially important to get people into programming as soon as possible (though across the industry, this tends to be more days or a few weeks rather than a day or two). Wait times for standard outpatient psychotherapy are higher because of a significant and continued demand for these services since approximately December 2020. This is experienced not just at the Retreat, but also across community resources and in private practice settings. The Retreat has added personnel to help meet this demand, but wait times remain longer than would be preferred, especially for regular outpatient psychotherapy.

Pre-Intake Waiting

	2023 YTD
Anna Marsh Clinic	75.4
Virtual PHP/IOP	15.0
Healthcare Professionals Program	11.2
Specialty Medication Clinic	31.4
TMS	27.0

Note: this is retrospective data, so it pulls the information from people who have been on lists, and who, in these months, have come off the lists therefore, there is a delay seen for any improvements made to capacity as people who have been waiting for a while come into treatment.

ii. Visit lag, the percentage of new patient appointments scheduled for the patient to be seen within two weeks, one month, three months, and six months of their scheduling date. (The scheduling date is the date the hospital or practice schedules the appointment, not the date the referral was received or the date the patient will be seen.)

In the Anna Marsh Clinic (psychotherapy) and in the PHP programs, the Retreat has very little/no post-assessment waiting. When people are in for an intake, they are scheduled with a day or two to start PHP; for therapy, they usually come back in a week (this shows up as 7-9 days waiting, but they are not on waiting lists).

In TMS and specialty medication clinic, sometimes factors like physician availability and scheduling have caused people to have some waiting both before and after intake.

Post Intake Waiting

	2023 YTD
Anna Marsh Clinic	10.0
Virtual PHP/IOP	2.3
Healthcare Professionals Program	2.1
Specialty Medication Clinic	26.7
TMS	19.1

iii. If you are unable to report these metrics, explain what is preventing the calculation and when you will be able to report them. In their place, provide the third next available appointment for practices and imaging procedures identified above along with those for comparable hospitals or other industry benchmarks.

The Retreat does not use regional benchmarks for referral or visit lag. Internal monitoring is done and progress is tracked to inform decisions that positively impact lag.

f. Provide a summary of planned capital expenditures for FY2024, including a description of their funding source(s). If relevant, indicate how the pandemic relates to these expenditures, such as deferred projects or new associated needs.

Prior year's capital expenditures were limited to maintaining the minimal operability of the clinical spaces. The Retreat's facilities team is frequently engaged in unplanned repairs to infrastructure damage caused by dysregulated patients. In FY2023, a clinical unit in the Tyler building along with all bathrooms in the Tyler building were renovated. These renovations were completed in accordance with a debt re-investment agreement between the Retreat and AHS. Going forward in FY2024, in addition to continuing general upkeep of the facilities, additional capital investments in information technology were approved by the Board including implementation of a new electronic health record. Funding sources are existing cash reserves and anticipated operating income.

The following are the major capital expenses planned for 2024:

- Purchase of a Security Vehicle ($40,000)
- Child Inpatient Unit Renovations ($10,000)
- Wireless Upgrades ($220,000)
- Computers & Mobile Device Purchases ($150,000)
- Server Hardware & Licensing Upgrades ($104,000)
- Software ($380,000)
- Outpatient Office Refurnishing ($11,000)
- Outpatient Carpeting ($8,000)
- Refurnishing Outpatient Rooms ($3,000)
- Move of Specialty Medication Program ($3,500)
- Replacement of Door Operating Hardware on Tyler Elevator ($28,900)
- Replacement UPC Battery Power Backups for Unit Computer Network Switches ($3,000)
- Renovate Osgood 2 Unit ($200,000)
- Purchase of an Eaton Surge Suppressor ($3,000)
- Purchase Monitors for Inventory and Tyler 3 ($3,000)
- Replace AV & Presentation Equipment in the Education Conference Center ($55,000)

g. Describe planned expenditures related to cybersecurity.

In the last couple of years, the Retreat has made several investments specifically to improve our cybersecurity position including:

- Upgraded firewalls for better filtering and phishing email threat educational campaigns ($104,257)
- Mimecast modules to provide URL protection and impersonation protection ($46,000 annually)
- DUO Multifactor Authentication ($44,946)
- EMR multifactor authentication and direct connection capabilities ($9,300)
- ZixGateway for email scanning and encryption ($35,000)
- Move to more secure cloud-based applications including Microsoft 365 ($24,800)

- Elimination of applications having exposed IP addresses and more secure cloud storage, backup, and disaster recovery ($61,000 annually)
- Citrix for remote access ($70,000)

In 2024, the following expenses related to cybersecurity are planned:

- Replace end of life VMware platform onto servers that are no longer end of life and can receive regular security patches ($105,000)
- Annual HIPAA security audits and penetration testing from outside cyber security experts to test defenses and advise and prioritize remediation ($20,000 annually)

h. Indicate the estimated annual expenditures associated with providing care that cannot be reimbursed due to the inability to transfer patients to post-acute or other more appropriate care settings. Examples include stays that exceed length of stay requirements for reimbursement of other care that would not generally be provided in a hospital setting. Provide these estimates for as many fiscal years as possible, including the estimates for FYs 23 and 24. Indicate how the values are derived or otherwise estimated. How are these unreimbursed expenses captured in the proposed budget? Include an estimate of how many boarding episodes occurred in your Emergency Department for that period, the associated total patient days and charges, and the proportion of each associated with a primary diagnosis related to mental health.

As discussed in the uncompensated care section, the annual expenditure for the inability to transfer patients to a more appropriate care setting varies by payer and by other individual circumstances, such as state of residence. Medicaid does pay in these circumstances, so this is not a significant problem for the Retreat. In FY2023, there has been one Medicaid adolescent patient from New Hampshire for whom claims totaling $110,030 were denied as not medically necessary. This is an example of admitting a patient and not having any discharge options or plan.

i. How much revenue did the hospital net for reimbursement above cost for pharmaceuticals in FY22 actuals, FY23 projections, and in estimates used for the proposed budget? How does the hospital spend or otherwise account for the net revenue?

Pharmaceuticals at the Retreat's hospital are included in the per diem rate. The Retreat has been unable to bill for esketamine in the outpatient clinic. As this is a new service, the billing is still being worked out by patient financial services. The Retreat anticipates to bill $1.5M claims in FY2023.

j. Facility Fees: Does your institution charge "facility fees" to patients who access your emergency department? Facility feeds have been defined as "the cost of walking in the door" that are billed separately to cover overhead and other costs to provide care in addition to the charges for specific services received by the patient. If your institution charges facility fees, please provide an estimate of the total sum of facilities fees billed and collected in FY22.

Although the Retreat does not have an emergency department, facility fees are charged for outpatient services.

Service	Fees Charged	Payments Received
Facility/Originating Site Fee	2,613,124	587,585
Telehealth Originating Facility Fee	381,790	58,276
	2,994,914	645,861

k. Patient Financial Assistance

i. Are patients given a financial assistance plan or policy with the first attempt to collect a debt?

Yes, the financial assistance policy is offered at the time of check in. The policy is available on the Retreat's website and is published in English, Spanish, and French. The policy is posted at patient check in areas.

Patient Financial Services | Brattleboro Retreat
Financial Assistance Program Policy.pdf (brattlebororetreat.org)

ii. If a contract with a third party exists to collect payments from patients, please provide the contract and disclose the amount paid for such collection efforts and the revenue generated therefrom.

The Retreat has three agreements with vendors to collect payments from patients. Marcam's fees vary, but approximate 24.5%. Collection Bureau Hudson Valley (CBHV) fees are 23%. Balanced Healthcare Receivables (BHR) fees are 21% in 2022 and 23% in 2023. Finally, the Retreat is no longer contracted with RCMC, but their fees were 24%.

	2022			2023		
Agency	Collected	Fees Paid	Revenue	Collected	Fees Paid	Revenue
BHR	3,963	832	3,130	3,998	840	3,158
CBHV	15,550	3,577	11,974	7,770	1,787	5,983
Marcam	1,316	335	981	553	157	396
RCMC	3,614	867	2,747	2,050	492	1,558
	24,443	5,611	18,832	14,371	3,276	11,095

iii. At what point of a non-collection does the hospital write-off the money owed as bad debt?

A balance will go to bad debt after 120 days if no payments have been made, or if the patient has not established an agreeable payment plan.

iv. What happens if a debt is collected outside of the allowed payment window? Does it show up as a revision of the FY in which the services were provided or does it show up in some revenue line in the FY it was collected?

Debt collections are treated as current year transactions. These cash collections are considered a recovery, which reduce current year bad debt expense.

v. What, if any, effort does the hospital undertake to evaluate whether a patient can pay money owed to the hospital?

At the time of admission, many of the Retreat's patients are unable to make payment arrangements. The Retreat does not discriminate on the patient's ability to pay. Two financial counselors are available to assist individuals with enrolling for health care coverage.

vi. What, if any, effort does the hospital undertake to proactively evaluate whether a patient, prospective, current, or past, is eligible for the hospital's free care program?

The Retreat routinely reviews self-pay balances and reaches out to patients to encourage them to apply for the free care program.

vii. Please provide the quantitative and/or qualitative evidence the hospital used to determine the appropriate Federal Poverty Limit ranges used for free care eligibility.

According to the Retreat's financial assistance policy, all insurance payments, contractual adjustments and uninsured discounts are taken prior to the financial assistance adjustment being applied. If an individual is approved for financial assistance, the amount of financial assistance to be provided for applicable care will be as follows:

- Family income at or below 250% of FPL will receive 100% financial assistance
- Family income between 251% - 300% of FPL will receive a 75% discount
- Family income between 301% - 350% of FPL will receive a 50% discount
- Family income between 351% - 400% of FPL will receive a 25% discount.
- Any discounts other than those described above, must be approved by the Financial Assistance Committee.
- Patients meeting criteria for Presumptive Financial Assistance will receive 100% financial assistance.

Patients without insurance, including uninsured patients who qualify ·for financial assistance under the policy, may not be charged any more than the amount generally billed to patients who have insurance covering the same care. The Retreat applies a discount against gross charges for patients who have no insurance resulting in a discounted balance, which the patient is expected to pay. The discount is based on the "look-back Medicare fee for service plus private payers" method as described under applicable regulations implementing Section 501(r) of the Internal Revenue Code.

This discount is applied prior to billing the patient and prior to applying any financial assistance adjustments. This discount does not apply to any co-payments, co-insurance, deductible amounts, pre-payment or package services which already reflect any required discount, or to services classified as non-covered by all insurance companies.

III. Administrative Costs

a. Please provide a breakdown of administrative costs by activity type and title (billing and insurance, non-billing and insurance, Executive, VP, Director, etc.). If not such disaggregation can be provided or a different breakdown more accurately reflects the specific structure of your hospital please explain.

Sourced from the Retreat's annual FY2022 audited financial statements, please find a breakout of healthcare services versus administrative support.

	Healthcare Services	Administrative Support	Total
Salary, payroll taxes, and fringe benefits	31,845,699	7,334,339	39,180,038
Supplies and other	6,223,521	1,433,330	7,656,851
Purchased services	17,137,313	3,946,871	21,084,184
Provider tax	1,825,012	0	1,825,012
Depreciation	1,047,899	919,899	1,967,798
Interest expense	209,015	180,592	389,607
	58,288,459	13,815,031	72,103,490
% Total Salaries & Benefits	81.3%	18.7%	100.0%
% Total Expenses	80.8%	19.2%	100.0%

b. Please provide the number of FTEs by type by average and median salary and total compensation (i.e., total cost of FTE to the organization) by clinical (physicians, PAs, NPs, nurses, etc.) and non-clinical (C-suite, managerial, other).

	FTEs	Total Salaries or Cost	Salary or Cost/ FTEs
Executives	8.0	2,078,086	259,761
Administrative Directors, Managers, & Supervisors	18.6	1,908,724	102,620
Administrative Staff	89.0	5,334,181	59,935
Clinical Directors, Managers, & Supervisors	32.9	4,511,855	137,138
Travel Clinical Managers & Supervisors*	3.0	*793,769	*264,590
Registered Nurses & Licensed Practical Nurses	26.8	2,723,143	101,610
Travel Registered Nurses & Licensed Practical Nurses*	53.0	*12,622,729	*238,165
Behavioral Health Technicians	93.2	4,614,443	49,511
Travel Behavioral Health Technicians*	48.0	*7,483,008	*155,896
Clinical Staff	31.1	1,860,582	59,826
Travel Clinical Staff*	4.0	*876,866	*219,217
Therapists/Social Workers & Occupational Therapists	31.4	2,415,074	76,913

	FTEs	Total Salaries or Cost	Salary or Cost/ FTEs
Travel Social Workers*	8.0	*1,922,586	*240,323
Pharmacists	2.7	335,032	124,086
Psychiatrists	7.0	1,891,856	270,265
Locum Medical Staff*	8.0	*3,177,667	*397,208
Nurse Practitioners & Medical Consult Service APPs	9.9	1,586,025	160,205
Psychologists	2.6	333,553	128,290
Clinical Fellows/Interns	13.0	595,005	45,770

* Denotes traveler staff costs paid to companies, not dollars paid as salaries to travel staff. These costs include both regular time and overtime.

IV. Additional Staff Questions

a. Please provide a summary and an update on the current status of the Vermont Attorney General's ongoing investigation into the Retreat's billing practices? Please note any confidential information as appropriate.

Unfortunately, because this is a matter currently being investigated, there is very little information that we can provide. The Brattleboro Retreat takes its billing and compliance obligations seriously. The Retreat has a compliance program that actively solicits, reviews and resolves compliance concerns. When outside auditors (including DHVA's program integrity unit or the Attorney General's office and others) identify potential errors or potential areas for improvement, they are reviewed seriously and where there have been omissions or mistakes, the Retreat works to correct them.

In 2018, that Brattleboro Retreat engaged in a routine documentation improvement project, focused on encouraging providers to choose the most accurate diagnosis code among several diagnosis codes that would be appropriate for a patient. The Retreat does not believe that there was anything improper about the manner in which this project was designed, implemented or carried out, and believes the Brattleboro Retreat was acting properly.

b. This year, the Retreat leased the Holton Home to serve as temporary housing for visiting doctors and nurses. What effect has this had on the cost of visiting doctors and nurses, and what steps are being taken to lessen the Retreat's reliance on them?

Holton Home was a nursing home that was converted into housing for travelers. The Retreat paid for the renovation of the facility, which has 35 single rooms with private bathrooms, common dining and living spaces, laundry facilities, off-street parking, and 24 hour property management. The rooms rent for $1,500 per month that is intended to cover the cost of the three-year lease that the Retreat holds on the property. Despite the reasonableness of the cost which is about half of the local hotels, the facility is at 60% occupancy. To offset this gap, plans are underway to use the remaining rooms for clinical employees who may need temporary housing.

Every step possible is being taken to reduce the Retreat's reliance on travelers; however, use of contract labor is not unique to the Retreat. The most compelling factor to consider is that only 10% of clinical resources are interested in working in a psychiatric facility. To further complicate the Retreat's staffing challenges, the location of the Retreat produces additional labor pressures. Nearby Massachusetts pays higher wages than Vermont and neighboring New Hampshire has no state tax. Both of these factors make recruitment in the regional labor market very difficult.

The other factor that has dramatically impacted the post-Covid labor market is remote work opportunities. Fewer and fewer people are interested in working on-site. This dynamic is most pronounced with physicians, therapists, and social workers. There are many private companies that are now competing for the same labor through telehealth arrangements. For these reasons, the Retreat does not anticipate a reduction in clinical contract labor in 2024 or beyond.

c. Does Brattleboro Retreat currently employ travelers? If so, please provide a breakdown of travelers by role compared to non-traveling staff.

Yes. The Retreat holds contracts with approximately 112 travelers at any given time. After overtime, the result is approximately 130 FTEs of clinical time is produced by traveling staff. Please see item III.b. for a breakdown of contract labor roles.

In FY2022, 35% of total salaries and wages expense was for contract labor. In FY2023, 46% of total salaries and wages were for contract labor. For FY2024, 45% of total salaries and wages are planned to be contract labor. Little change is projected in the use of travelers for the coming years.

Clinical Staffing Strategies for 2024

In an effort to reduce the number of patient care travelers at the Retreat, the following "grow our own" strategies will implemented in 2024. Additionally, a second RN recruiter will be hired in early 2024 to expand efforts in hiring core nursing resources through regional networking, relationships with nursing programs, and creative outreach tactics.

Recruitment efforts include using information gathered from the Retreat's travel staff pool, particularly those that have successfully converted to core staff, to develop a recruitment campaign that would target nurses in certain states. The Retreat believes that by highlighting nurse to patient ratios, scheduling structure, pay scales, housing opportunities at Holton Home, and the unique political and geographical characteristics of Vermont, the Retreat can recruit skilled nursing staff to relocate to Southern Vermont.

In 2024 the Brattleboro Retreat will establish a Nursing Apprenticeship and Residency Program. The program will launch with one dedicated staff member to serve as the Program Director. Goals of the program are to attract and retain talent, enhance patient care, and strengthen the workforce thereby reducing turnover and ensuring a consistent pool of competent nurses to meet staffing needs.

The Retreat is committed to providing evidence-based practice and on-going professional development to its frontline staff with the goal of bringing diverse knowledge, skills, and tools to each care provider for the provision of compassionate and competent mental health care that is: Patient Centered, Safe, Trauma Informed, Recovery Based and provides a healthy and therapeutic environment. To execute this vision, the Retreat is enhancing the Clinical Education Program.

The Retreat follows two primary evidence-based frameworks for the provision of care: The Six Core Strategies for the Reduction of Seclusion and Restraint, and Non-Violent Crisis Intervention with Advanced Physical Skills from the Crisis Prevention Institute (CPI). Staff are trained in these philosophies and techniques at orientation and then annually.

Our goal in 2024 is for the Clinical Education Program to provide an array of classes rooted in these frameworks on a regularly scheduled basis; all direct care staff will be required to attend a certain number of classes per quarter, based on their specialties. Two additional staff will be hired to support this augmented programming: an RN and a behavioral professional.

In 2024 we want to specifically focus on the skill and career development for our Behavioral Health Technicians (BHTs). Behavioral Health Technicians comprise most of our frontline staff. While this position is crucial to the care and safety of patients, it is a largely unregulated, uncertified, and unlicensed labor force. The majority of staff receive their education and training here at the Retreat. The lack of industry standards and regulation does not reflect their capabilities and compassion. This is a workforce eager for knowledge and skills development.

The Retreat initiated a training program for BHTs in 2021 called the BHT Academy. Designed to be four classes, each 3-4 hours and offered several times a month, the sessions would cover the core concepts of care. Staffing challenges prolonged curriculum development and implementation. Three classes were developed and rolled out while the fourth is currently under construction with a planned completion date of February 2024. We believe this program will attract, equip and retain frontline staff.

d. Tell us about ACO/APM participation, value-based care, and strategic partnerships at the Retreat and how they will improve accessibility, affordability, and quality moving forward.

The Brattleboro Retreat participates in the ACO as a preferred provider, rather than as a participating hospital. ACO participation has provided access to quality data reporting within the CMS QPP in years past. Most recently, it has allowed the Retreat to collaborate with Rescue Inc. to expand transportation for patients that might otherwise remain in emergency departments due to a shortage of statewide transportation. The Retreat hopes to expand the days and hours of this service even further in collaboration with some or all of the ACO's participating hospitals and is currently working on a shared transportation agreement with UVMMC. According to the VAHHS ED Waits for Care Reporting, emergency department wait times have diminished from an average of

32 mental health patients boarding per day in 2022 to an average of 24 mental health patients boarding per day in 2023 due in part to a faster admission throughputs the Retreat, transportation provided by the Retreat and expanded capacity.

The Brattleboro Retreat participates in the All Payer Model because of its role as a beneficiary of the state of Vermont's Global Commitment to Health Waiver. The Global Commitment Waiver allows the State of Vermont to use Federal Financial Participation to pay for stays at the Brattleboro Retreat that would not be allowed absent the waiver. The current Global Commitment Waiver allow the Vermont Medicaid program to use federal financial participation for stays of certain lengths as long as certain quality measures are met. These special terms and conditions, in turn, have allowed the Agency of Human Services and the DVHA to create and alternative payment methodology, that allows the Retreat to receive certain predictable prospective payments in exchange for a commitment to provide care to a certain number of Vermont Medicaid beneficiaries. The Retreat still obtains prior authorization, and submits claims to support every Vermont Medicaid stay. The agreement is a risk-sharing agreement. Consequently, at the end of each contract year, the parties reconcile to determine whether the Retreat has met its commitment, exceeded its commitment, or fallen short of its commitment. There is a financial reconciliation procedure in the agreement. The Brattleboro Retreat believes that this payment methodology has helped increase financial stability, which has allowed the Retreat to continue its focus on delivering high quality care.

The Brattleboro Retreat is, and has been, involved with many community efforts to address the overall wellbeing of members of the larger community – especially when related to mental health challenges. Many of the Retreat's Community Health Needs Assessment action plan items speak to these efforts, which including working to address complex issues such as suicide in our community, examining areas where healthcare disparities might exist in the community, and looking for ways to partner on complex problems across social services agencies. The Retreat is a part of the Accountable Communities for Health (ACH) in our Community, a chartered group, which meets monthly – and at times in more focused workgroups – to bring together a broad coalition of agencies and individuals in our community. The Retreat participates both as a participant and as one of a team of Organizers of this meeting. In recent years, this group has focused on collaborations around mental health, as this was identified by all three local hospital agency Community Health Needs Assessment processed as being an area of significant need.

The Retreat is involved with the NAACP Health Justice Committee, which has brought together a wide range of community partners and providers to explore how best to address the needs of BIPOC identified individuals in healthcare. This work entails "advancing racist-free, culturally-humble medical services; reinforcing community networks and resilience; and improving health outcomes for intersecting identities." (NAACP of Windham County HCJ Annual Report for 2022-23).

For many years, the Brattleboro Retreat has collaborated with local primary care providers to embed mental health clinicians in their practices. These providers help provide a critical link outreach function – reaching people in the community, where many mental health needs can be effectively treated in a medical office setting, and

providing referrals and warm handoffs to those who need something more. The Retreat currently has two providers embedded in various practices at Brattleboro Memorial Hospital, including in primary care and OBGYN practices, and are planning an expansion of this in FY2024, connected to the Blueprint expansion funding for this initiative. The Retreat is also actively exploring other partnerships including through the SASH-for-all program, to embed clinician providers into community settings to offer support, intervention, and referrals. As a part of the collaborations related to working with families and young children, the Retreat also participates in the regular Maternal & Child Health Coalition and the Perinatal Wellness Initiative.

In 2022, the Retreat partnered with the Rutland Regional Medical Center's emergency department to provide telepsychiatric services to children and adolescents in their emergency department when those patients have been identified as needing inpatient treatment, and are waiting for a bed at the Retreat. The results of this program appear promising thus far, and the Retreat hopes to be able to continue and perhaps expand this project.

The Brattleboro Retreat is part of a four-party project called HealthWorks ACT (Assertive Community Treatment). Together with Groundworks Collaborative, Healthcare and Rehabilitative Services (HCRS), and Brattleboro Memorial Hospital, the Retreat provides a comprehensive and evidence-based team outreach treatment to Groundworks connected individuals (persons experiencing homelessness or housing insecurity) with complex mental and physical health needs. This project was born out of more informal, but longstanding collaborations between these four providers working to find ways to help the most vulnerable individuals in the community. The group found that there is a population of individuals whose needs are often so great that the usual interventions were proving ineffective. A team-based outreach model for this population, that also adds a primary care component as well as peer support interventions, has the promise of being a more effective way to intervene in the community, and so reduce emergency department and inpatient utilization by providing services to people in places where it is easier for them to access them.

The Brattleboro Retreat has also partnered with the Vermont Psychological Association to produce high quality continuing education programs throughout the state. These programs are an important part of helping to address the complex workforce issues facing the State, and help provide needed, high quality continuing training to mental health professionals including social workers, psychologists, mental health counselors, and marriage and family therapists.

Finally, the Brattleboro Retreat is part of a strategic project with Blue Cross Blue Shield of Vermont called the Vermont Collaborative Care. This project lends the Brattleboro Retreat's significant psychiatric and mental health expertise to BCBSVT's care management teams, so that BCBSVT beneficiaries can get access to high quality mental health services delivered by providers throughout the state of Vermont, not just at the Brattleboro Retreat. Through this partnership, the organization has been able to explore innovative work being done around the State, and have worked on innovative projects to make quality care more accessible for BCBSVT members.

e. **Does the Retreat utilize alternative payment arrangements, either with commercial insurers, Medicare, or Medicaid? If so, please provide a summary of those alternative payment arrangements**.

The Retreat has a contractual payment arrangement with Vermont Medicaid (APM Agreement). This payment model advances reimbursement on a monthly based upon Medicaid utilization targets and a Level 1 utilization target. Reimbursement is provided on a flat per diem rate and is the same for all patients regardless of acuity. At the end of the contract, a reconciliation process takes place to determine if the agreed upon targets have been met and if the Retreat must payback any portion of the advanced payments or if the State owes the Retreat additional reimbursement.

The Retreat is subject to the Inpatient Psychiatric Facility Prospective Payment System (IPFPPS). That system is thoroughly documented in the Code of Federal Regulations, and pays on a DRG model.

Commercial contracts are mixed payment models: some are per diem payment contracts and others are fee-for-service. Commercial contracts account for about 11% of total revenue.

f. Please list the number of patients that were turned away each month from January to October 2023. Explain why patients were turned away, e.g., staffing, gender, payment.

January 2023
Referrals: 326; Admissions: 139; Not Admitted: 187
Reasons individuals were not admitted:

- 30 placed at alternate facilities due to no available bed – age, treatment unit
- 54 placed at alternate facilities
- 45 discharged from emergency departments declining treatment
- 39 out of state referrals – prioritization of in-state referrals, insurance coverage concerns, and legal status concerns
- 14 with medical acuity or community health concerns
- 5 treatment team decisions

February 2023
Referrals: 359; Admissions: 147; Not Admitted: 212
Reasons individuals were not admitted:

- 28 placed at alternate facilities due to no available bed – age, treatment unit
- 37 placed at alternate facilities
- 75 discharged from emergency departments declining treatment
- 57 out of state referrals – prioritization of in-state referrals, insurance coverage concerns, and legal status concerns
- 11 with medical acuity or community health concerns
- 3 with non-contracted insurance
- 1 treatment team decisions

March 2023
Referrals: 408; Admissions: 186; Not Admitted: 222
Reasons individuals were not admitted:

- 31 placed at alternate facilities due to no available bed – age, treatment unit
- 39 placed at alternate facilities
- 68 discharged from emergency departments declining treatment
- 54 out of state referrals – prioritization of in-state referrals, insurance coverage concerns, and legal status concerns
- 11 with medical acuity or community health concerns
- 11 with non-contracted insurance
- 8 treatment team decisions

April 2023
Referrals: 378; Admissions: 171; Not Admitted: 207
Reasons individuals were not admitted:

- 27 placed at alternate facilities due to no available bed – age, treatment unit
- 29 placed at alternate facilities
- 70 discharged from emergency departments declining treatment
- 59 out of state referrals – prioritization of in-state referrals, insurance coverage concerns, and legal status concerns
- 10 with medical acuity or community health concerns
- 8 with non-contracted insurance
- 4 treatment team decisions

May 2023
Referrals: 423; Admissions: 165; Not Admitted: 258
Reasons individuals were not admitted:

- 41 placed at alternate facilities due to no available bed – age, treatment unit
- 46 placed at alternate facilities
- 86 discharged from emergency departments declining treatment
- 60 out of state referrals – prioritization of in-state referrals, insurance coverage concerns, and legal status concerns
- 11 with medical acuity or community health concerns
- 9 with non-contracted insurance
- 5 treatment team decisions

June 2023
Referrals: 346; Admissions: 148; Not Admitted: 198
Reasons individuals were not admitted:

- 26 placed at alternate facilities due to no available bed – age, treatment unit
- 35 placed at alternate facilities
- 54 discharged from emergency departments declining treatment
- 57 out of state referrals – prioritization of in-state referrals, insurance coverage concerns, and legal status concerns
- 6 with medical acuity or community health concerns
- 14 with non-contracted insurance
- 6 treatment team decisions

July 2023
Referrals: 357; Admissions: 140; Not Admitted: 217
Reasons individuals were not admitted:

- 26 placed at alternate facilities due to no available bed – age, treatment unit
- 50 placed at alternate facilities
- 59 discharged from emergency departments declining treatment
- 53 out of state referrals – prioritization of in-state referrals, insurance coverage concerns, and legal status concerns
- 17 with medical acuity or community health concerns
- 10 with non-contracted insurance
- 2 treatment team decisions

August 2023
Referrals: 343; Admissions: 137; Not Admitted: 206
Reasons individuals were not admitted:

- 24 placed at alternate facilities due to no available bed – age, treatment unit
- 30 placed at alternate facilities
- 75 discharged from emergency departments declining treatment
- 54 out of state referrals – prioritization of in-state referrals, insurance coverage concerns, and legal status concerns
- 14 with medical acuity or community health concerns
- 8 with non-contracted insurance
- 1 treatment team decisions

September 2023
Referrals: 391; Admissions: 122; Not Admitted: 269
Reasons individuals were not admitted:

- 53 placed at alternate facilities due to no available bed – age, treatment unit
- 61 placed at alternate facilities
- 54 discharged from emergency departments declining treatment
- 66 out of state referrals – prioritization of in-state referrals, insurance coverage concerns, and legal status concerns
- 17 with medical acuity or community health concerns
- 10 with non-contracted insurance
- 8 treatment team decisions

October 2023
Referrals: 377; Admissions: 147; Not Admitted: 230
Reasons individuals were not admitted:

- 31 placed at alternate facilities due to no available bed – age, treatment unit
- 36 placed at alternate facilities
- 75 discharged from emergency departments declining treatment
- 66 out of state referrals – prioritization of in-state referrals, insurance coverage concerns, and legal status concerns
- 15 with medical acuity or community health concerns
- 2 with non-contracted insurance

- 5 treatment team decisions

g. Please list the occupancy rates for staffed beds and licensed beds in each month from January to October 2023. Do staffing constraints impact the occupancy rate? If so, how?

Although the Retreat holds 145 inpatient licenses, the Retreat is unable to utilize all of its licenses due to space limitations. At one time, the Retreat had patients in double rooms but when that changed, inpatient capacity was reduced to 100 beds.

Unlike using licenses as a basis for determining capacity and occupancy, the Retreat measures capacity using staffed beds. Since staffed beds is not a fixed number like licensed beds, occupancy rates vary daily. Consequently, records of occupancy rates by month for 2023 have not been maintained.

h. Do you use telehealth/telemedicine as part of your staffing strategy? Explain the arrangements and its impact on care.

Inpatient Arrangements:

For the Retreat's seven inpatient psychiatric units, four out of 14 staff providers are either partially or fully telepsychiatry providers. There are in-person attending providers on the two level one units, the adolescent units, and the child unit. The telepsychiatry providers all work on general adult psychiatry units. Two psychiatrists have been providing telehealth on the adult inpatient psychiatry units since 2017. Both of these providers deliver 100% of their care via telehealth. One Psychiatric Mental Health Nurse Practitioner was an in-person attending provider who had to move away for family reasons, but wanted to stay on as a telehealth provider. This provider still provides in-person care approximately 15-20% of the time. The fourth attending clinician is a recent hire who also has an arrangement to provide in-person care, approximately 15-20% of the time.

All of the inpatient units, as well as the admissions area are telepsychiatry capable, to afford our on-call providers the ability to provide care via telehealth when it is necessary.

Inpatient Impact:

There has been no evidence that the quality of care has been negatively impacted by telepsychiatry. Patient Satisfaction Surveys at the time of discharge for the patients of telepsychiatry providers are consistently similar to those for in-person providers. Additional data collected found that lengths of stay and re-admission rates were also similar between telepsychiatry providers and in-person providers.

The use of telepsychiatry providers has supported recruiting efforts to hire core staff providers, and has helped to minimize the need to rely on Locums providers to fully staff the hospital. This has a positive impact on patient care, with increased access to providers who are stable members of the hospital interdisciplinary teams, who are very

familiar with local and state mental health resources to support with aftercare planning, and who are more effectively able to participate in quality collaborative care with outpatient providers.

Patient care workflows have had to adjust to accommodate the providers only being able to engage with patients via the telehealth equipment, however, staff are consistently responsive and supportive to minimize any negative impact on care. For the providers, the arrangements have shown more efficient workflows than for the in-person providers. For the small number of patients who appear to be experiencing a negative impact on their patient care being delivered by one of our telepsychiatry providers, we transfer that patient's care to one of the in-person providers as soon as the concern arises.

Outpatient Arrangement:

Outpatient clinics utilize telehealth extensively. During COVID, nearly all of the therapy visits, as well as outpatient psychiatry visits moved to telehealth. The Retreat has been able to return to in-person delivery of care, however, all of the therapists and psychiatric providers deliver some of their care via telehealth.

The Retreat's partial hospital program became an entirely virtual program at the beginning of the pandemic and remains so. Groups as well as individual care are all provided via telehealth.

There are two specialty care clinics, Transcranial Magnetic Stimulation (TMS) Clinic, and the Specialty Medication Clinic (Spravato or esketamine) that require in-person care.

Outpatient Impact:

As with inpatient services, there have been no significant negative impacts identified with outpatient care. Benefits derived include decreased number of no-shows for clinical appointments and patient and provider satisfaction with improved access to care. The partial hospital program and the patient clinics both now have a much larger catchment area, with patients from distant remote areas as well as those from surrounding states being able to receive care without the need for long-distance traveling. This option has helped with staff retention and recruitment as well.

i. Does the Brattleboro Retreat limit the FAP's application to patients undergoing short-term, medically necessary care?

No. The application is open to all qualified patients.

j. Does the Retreat offer financial assistance to individuals who are undocumented? If yes:

- **i. Are those individuals required to apply for state health programs like Medicaid or plans through Vermont Health Connect?**
- **ii. What do you do if an individual cannot provide proof of residency, an identification card, or proof of income?**

No, the Retreat requires patients to present their social security number.

k. Medicare requires patients to pay a deductible and cost-sharing for medically necessary health care services. Does the Retreat give financial assistance to individuals who are enrolled in Medicare and have a household income of 400% FPL or below? If not, why?

Yes.

l. When an individual pays after a stay at the Retreat, and later applies for financial assistance and is granted a 100% discount, is the original payment refunded if the patient demonstrates financial need and qualifies for a full discount?

Yes.

m. The Internal Revenue Code Section 501(c) (3) requires a list of providers who are and are not covered under a hospital's FAP. Are there any providers of services at the Retreat who are not covered by the FAP? If so, does the hospital intend to comply with this requirement and list those providers?

No.