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Spring 2011

The GrAAPvine

Inside this issue

Administrators in Academic Psychiatry

From the president's desk

by Narri Shahrokh

I hope everyone is doing well and surviving this crazy winter we are having all over.

This has been a year of change for AAP, with many comings and goings. Just before our Fall meeting in Nashville, **Tom Tantillo** left his position at Children's Hospital of Philadelphia and resigned as Treasurer for our group. At the Fall conference the Board appointed **Jim Myers** (Seattle Children's Hospital) as Treasurer.

And then, the new year began with two more changes: **Mario Harding** (Denver Health Medical Center) accepted a position in the Department of Internal Medicine and resigned his Member at Large position for Education. **Beth Ambinder** (Johns Hopkins U) has accepted the position to replace Mario. And then, regrettably, **Toni Ansley** (Ohio State U) also left, thus vacating the position of President Elect. This left us with some very big shoes to fill, but fortunately for all of us, **Radmila Bogdanich** (Southern Illinois U) accepted the appointment as President Elect for the remainder of the year, which will be followed by the presidency.

I know you join me in thanking Tom, Mario and Toni for their dedication to AAP and all their hard work. Best luck to you as you embark on new endeavors.

Tony Bibbo (U Maryland) and **Beth Ambinder** are working very hard on our upcoming Spring Conference which will take place in Baltimore on April 28-29. We will be staying at the beautiful Monaco Hotel, just two blocks from the Baltimore Convention Center, three blocks from the Inner Harbor waterfront area and a half mile from Camden Yards. In addition, Mount Vernon, the beautiful riverside estate of George Washington is less than a half mile away. Registration information will be forthcoming soon, and I look forward to seeing many of you in Baltimore.

If you would like to serve on the Board of Directors this coming term, you should contact **Hank Williams** (U Washington) and let him know of your interest. Serving on the Board of AAP has been one of my best professional experiences and I strongly encourage you to participate.

See you soon!

Comings and goings

Please feel free to call new members and personally welcome them to our organization. One of the things that makes AAP special is its friendly members! The hospitality offered by a personal contact will surely be appreciated.

AAP bids farewell to these members and good friends:

Toni Ansley
Ohio State University

Mario Harding
Denver Health Center

Joanne Menard
University of Washington

Spring conference update

Tony Bibbo and Beth Ambinder

Planning for the spring conference is in full swing with the venue selected and the course content shaping up for what we hope will be an informative and enjoyable forum. The conference will be held at the Monaco Hotel (www.monaco-baltimore.com) which was built in 1906 as the headquarters for the Baltimore and Ohio Railroad. We are excited to offer the opportunity for conference attendees to experience the historical area around the hotel which is in the Mount Vernon neighborhood.

We have been busy lining up speakers for the Thursday sessions that will include topics such as health care reform, the impact of residency work hour changes, social networking, and a "Tucson Tragedy" panel discussion following the events in Arizona and the response of the mental health community. Additional topics such as professional development, impact of EMTALA legislation, substance abuse treatment programs, employee safety and patient satisfaction initiatives may also be on the agenda. We are also considering whether to follow the traditional format which includes a research topic as a stand alone session or incorporating it into a "Take 2 Minutes" segment which would encourage discussion. On Friday, Radmila Boganich, our newly elected President Elect, will be presenting the results of the benchmarking survey. We are looking forward to seeing the data comparisons from the many academic organizations across the country.

Lastly, we have been "scoping out" eateries for the Wednesday and Thursday evening dinners. Baltimore has both traditional and eclectic options that offer the opportunity to experience classic Baltimore fare as well as something a little different that represents the diversity of our city.

The conference room rate is $149+ tax and attendees should tell the hotel that you are part of the Administrators in Academic Psychiatry Meeting (AAP) (or use group code 17401000614) to get the meeting rate. Call (888) 752-2636 for reservations. For those who would like to extend their visit to explore Baltimore or Washington, the hotel will offer additional days at the discounted conference rate. There are trains to Washington that run throughout the day offering a cost effective way to explore the city while taking advantage of the lower Baltimore hotel costs.

We are really looking forward to hosting the conference in Baltimore and attracting a good turn out that will lead to the discussion and idea sharing that makes for a good conference.

See you in April!

Baltimore firsts

1743 First professional sports organization in the United States - Maryland Jockey Club

1773 First US stage coach route - Baltimore to Philadelphia

1774 First Post Office System in the United States

1798 First fort built by U.S. Government – Fort McHenry

1814 Birthplace of the Star Spangled Banner

1819 First gaslight company in the country- Gas Light Company of Baltimore

1831 First national nominating convention for President of the United States

1844 World's first telegraph line established - Baltimore to Washington

1859 First YMCA - Pratt and Schroeder Streets

1869 First candy factory to produce licorice

1878 First animal welfare association - American Humane Society

1879 First synthetic sweetening agent - Saccharine created at Johns Hopkins University

1891 First commercial stomach antacid seltzer - Bromo-Seltzer

1892 First Ouija board - invented and patented by Isaac and William Fuld

1896 First multi-store shopping center building in the country

1922 First nationwide presidential radio broadcast - by President Warren G. Harding

1967 First African-American to serve on the US Supreme Court - Baltimorean Thurgood Marshall

Benchmarking update

Radmila Bogdanich, Chair, Benchmarking Committee

To date, fifty departments of psychiatry across the country have entered data into the 2010 Academic Psychiatry Benchmarking survey instrument. Of those 50, only 29 surveys have been fully completed. The Benchmarking Committee has just completed a quality control review of the completed surveys to assure that information has been documented appropriately. **Lindsey Dozanti** (Case Western Reserve U), **Joe Thomas** (U Michigan) and I will be contacting the individuals who have not answered all of the survey questions to assist them with completing the survey. It is really critical to have each survey completed fully.

There will also be a final effort made to increase the number of total respondents--the larger our sample size, the better our information. The survey instrument will be closed to any new respondents on Feb. 25th. At that point, the committee will begin analyzing the data for presentation at our Annual Meeting in the Spring. If you still have not completed the survey, please do so. To complete the survey please log on to: http://www.surveymonkey.com/s/academicpsychiatry

On a related note, an email was sent out on December 20, 2010, to request that all respondents update the RVU answer on their survey. The original question and choice of responses were worded in a manner that was not clear. We want to be sure that both the questions and answers in relationship to productivity are not flawed in any way since this information is so critical to our benchmarking effort. If you have not responded to that email yet, please contact me at rbogdanich@siumed.edu and I will resend the question to you. It shouldn't take you more than a couple of minutes to complete.

Thank you all for your hard work and cooperation in this very important endeavor. Our goal is to have a product we can all be proud of and one that will benefit us all in many ways as we go about our business.

(Radmila Bogdanich is the administrator of the Southern Illinois University department of psychiatry. She is also the chair of the AAP Benchmarking Committee and has recently been appointed to the President-Elect position).

Bill Newel

AAP's founder and first president

Due to space restrictions in the last issue of The GrAAPvine, this photo was not published. The William J Newel Spring Lecture was created to honor our first President and the organization's founder.

(Bill reminds us that in those days he "had hair and maybe only a few gray ones").

AAP award recipients

PRESIDENT'S AWARD

The President's Award has been established by Administrators in Academic Psychiatry to recognize an individual who has made a *significant and substantial contribution to the development of AAP as a national association in the healthcare industry*.

2005	Janet Moore	Michigan State University
2006	John DiGangi	University of Massachusetts
2007	Richard Erwin	University of Missouri
2008	Radmila Bogdanich	Southern Illinois University
2009	James Landry	Tulane University
2010	Joe Thomas	University of Michigan

BOARD OF DIRECTORS AWARD

The Board of Directors Award has been established to recognize an individual who has made a *significant contribution to AAP during the past year.*

2005	David Peterson, FACMPE	Medical College of Wisconsin
2006		
2007	Brenda Paulsen	University of Arizona
2008	Dan Hogge	University of Utah
2009	Janet Moore	Michigan State University
2010	Elaine McIntosh	University of Nebraska

RISING STAR AWARD

The Rising Star Award is given to new members (within the first three years of membership) who have *participated in a significant way in AAP activities*.

2005	Tony Bibbo	University of Maryland
	Wendy Carlten	Oregon Health Sciences University
	Jeff Charlton	University of Wisconsin
	Doris Chimera	University of Texas Medical Branch, Galveston
	Jim Rodenbiker	Creighton University
	Karen Roe	New York Veterans Association Medical Center
	Hank Williams	University of Washington
2006	Patricia Birkmeyer	University of Texas Medical Branch, Galveston
	Jane Biehler	University of Oklahoma
	Ronald Menaker, FACMPE	Mayo Clinic
	Christina Nesbeda	University of Massachusetts
	James Puricelli	Loyola University
	Cynthia Smith	Washington University, St Louis
2007	Patricia Barkey	University of Massachusetts
2008	Toni Ansley	Ohio State University
	Marika Brigham	University of Florida
	Dwayne Clayton	Louisiana State University
2009	Betty Slavicek	New York University
	Shiyoko Cothren	Pennsylvania State University
	Janet Namini	Northwestern University
	Glory Novak	University of Arizona
	Ruth Irwin	University of California, Los Angeles
2010	Annemarie Lucas	University of Michigan

Medicare timely claims filing requirement

The Centers for Medicare & Medicaid Services (CMS) would like to remind Medicare Fee-For-Service physicians, providers and suppliers submitting claims to Medicare for payment, as a result of the Patient Protection and Affordable Care Act (PPACA), effective immediately, all claims for services furnished on or after Jan 1, 2010, must be filed with your Medicare contractor no later than one calendar year (12 months) from the date of service – or Medicare will deny them.

If you have Medicare Fee-For-Service claims with service dates from Oct 1, 2009, through Dec 31, 2009, those claims MUST be filed by Dec 31, 2010, or Medicare will deny them. Claims with service dates from Jan 1, 2009, to Oct 1, 2009, keep their original Dec 31, 2010 deadline for filing.

In general, the start date for determining the 1-year timely filing period is the date of service or "From" date on the claim. For institutional claims that include span dates of service (i.e., a "From" and "Through" date on the claim), the "Through" date on the claim is used for determining the date of service for claims filing timeliness. For claims submitted by physicians and other suppliers that include span dates of service, the line item "From" date is used for determining the date of service for claims filing timeliness.

National Association of Psychiatric Health Systems

Annual Meeting
Washington, DC
March 7-9, 2011
www.naphs.org

Administrators in Academic Psychiatry

Spring Educational Conference
Baltimore, MD
April 28-29, 2011
www.adminpsych.org

American Psychiatric Association

Annual Meeting
Honolulu, HI
May 14-18, 2011
www.psych.org

The GrAAPvine provides information about educational opportunities of interest to its members. It does not necessarily endorse these programs (except, of course, our own)!

Medicare hospital outpatient PPS final rule summary for CMHCs

The Centers for Medicare & Medicaid Services (CMS) recently released the final rule for Medicare's reimbursement of outpatient hospital services for calendar year (CY) 2011 The final rule, which became effective January 1, 2011, includes provisions that determine reimbursement policy for community mental

The proposed hospital outpatient rule would have changed the formula through which CMHCs are reimbursed by the Medicare program, resulting in a 41.7 percent reduction in payments to CMHCs. However, while the final rule[1] maintains the payment methodology included in the proposed rule, it reduces the cut in payments to CMHCs to an estimated 21.1 percent for partial hospitalization services (PHP) provided in 2011. The final rule does this by providing a two-year phase-in of the proposed reduction in reimbursement. The rule outlines how CMS calculates the phased-in rate: "For CY 2011, the CMHC PHP … rates will be calculated by taking 50 percent of the difference between the CY 2010 final hospital-based medians and the CY 2011 final CMHC medians and adding that number to the CY 2011 final CMHC medians."

(Although the final reimbursement rate for CMHCs for 2011 is an overall reduction from 2010 rates, aggressive advocacy efforts significantly reduced the severity of the proposed payment cut and improved the payment scenario for CMHCs).

The final per diem payment rates (including the phase-in calculation) for CMHCs in 2011 are: $128.25 for Level 1 Partial Hospitalization and $162.67 for Level 2 Partial Hospitalization. The corresponding final rates for hospital-based programs are $202.71 and $235.79.

The health reform law enacted in March included a provision that would require CMHCs to provide services to a minimum of 40 percent of non-Medicare beneficiaries. The final rule makes no changes to this statutory provision. Like the proposed rule, the final rule does not provide any further detail or clarification on how CMS will interpret and implement this statutory requirement. CMS states in the final rule that it does not have the authority to provide for a transition period or a delay in the implementation of the 40 percent requirement. Therefore, the requirement will take effect on April 1, 2011, as prescribed by the health reform law. CMS notes that it will provide further guidance on the provision "in the coming months."

[1] *In the proposed hospital outpatient rule released in July, CMS proposed to create separate payment levels for CMHCs and for hospital-based programs in calendar year 2011. As a result, the CMHC payment rate would be based solely on cost data derived from CMHC data, and the reimbursement for hospital-based programs would be based solely on hospital-derived data. This is a change in policy from previous years. In the recent past, the payment rates for CMHCs have been based solely on hospital data. The final rule includes the new (proposed) payment structure in which CMHC rates are based on CMHC cost data.*

Managing your research portfolio – Part one

This is the first in a series of articles for The GrAAPvine *that will discuss different issues and tools involved in managing your research portfolio. In this issue we will cover Tracking proposals and awards. Future articles will discuss: Creating a research receivables pipeline; Tracking indirect/RCR costs; and Managing the salary funding balance with researchers and others.*

Tracking proposals and awards

- Do you know how many research proposals your department generated last year?
- Do you know what sponsors all those submissions went to?
- How much money did they request?
- How successful were those requests?

These questions are a crucial part of managing your research portfolio on the "front end," more commonly called "Pre-award research administration."

We all hope our research faculty members are completely busy conducting their funded research. At the same time we want them to continue to submit proposals, either as renewals, or proposals for new research.

How do you manage all the information surrounding your department's proposal submissions? Probably everyone, in one way or another, has some type of system.

It's important to track this information to ensure your faculty is being productive at cranking out research proposals, and getting them funded.

In the Department of Psychiatry at the University of Washington, we produce and submit four different reports each month to the senior leadership of the department. The source of the information is the central University Office of Sponsored Projects, and is received about the 15th of each month.

These reports are an effort to closely track the production of research proposals, and are tools to translate that information into a clear and complete message. They are called, and include:

- **Fiscal Year through the current month** - Grant and Proposal Data for the fiscal year through the current month, compared with the same period a year ago, by totals.
- **Most recent 12 months** - A rolling 12 month report, including Grant and Proposal Data for the most recent 12 months, and comparing it to the previous 12 month period, by totals.
- **Detail Comparison—Fiscal Year through the current month** - Dollar comparisons at the detail level for the current fiscal year to date, compared to dollar level detail for the same period one year ago.
- **Detail Comparison—Most recent 12 months** - Dollar comparisons for the most recent 12 months, compared to the dollar level detail for the previous 12 month period.

Common data elements for these reports include:

- Number of proposals submitted;
- Total proposed dollars;
- Program sponsor
- Department site or division (UWMC, VA, etc.)
- Percent of new applications
- Percent of NIH applications
- Number of proposals awarded
- Total awarded dollars
- Awards by type (New, noncompeting renewal, competing renewal, etc.)
- Number of and dollar amount of NIH awards;
- Number of and dollar amount of ARRA awards;
- Number of proposals funded this period that were:
    - Submitted this period
    - Submitted in the prior period, but funded this year

The reports are a design combination of spreadsheet data, charts, graphics, and lots of color, and each is limited to a single page.

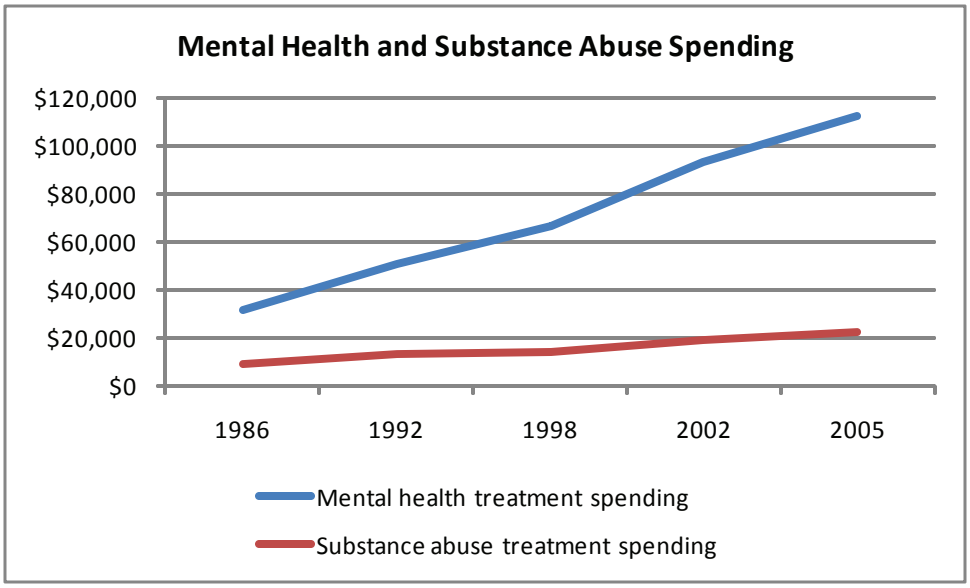
We try to tell several stories and answer many questions with all this information. A few of those questions include:

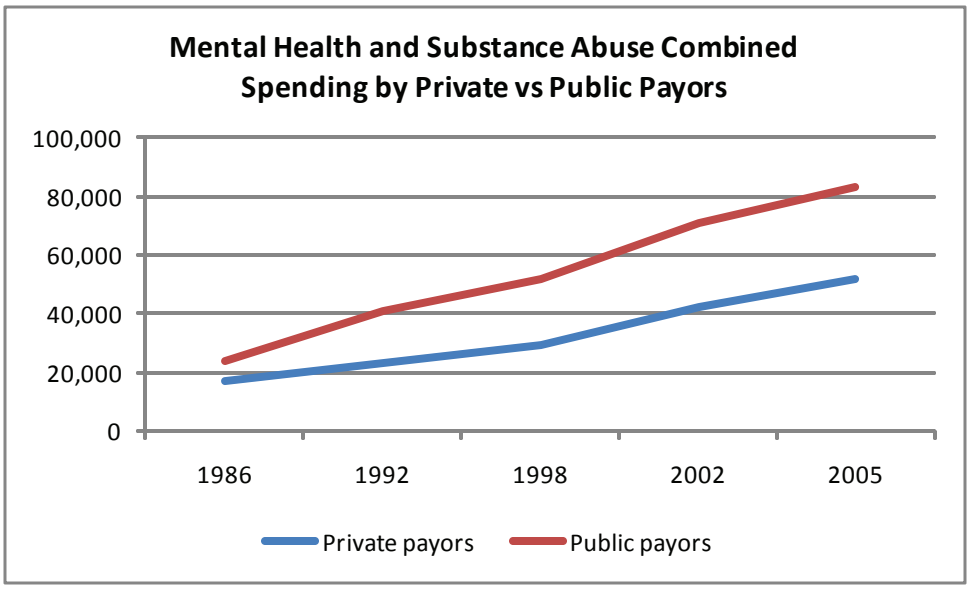
- What is the level of activity

in proposal generation by principal investigator and division of the department?
- What is the rate of success of these proposals?
- How many dollars do these efforts bring into the department?

We also include some narrative, and make some observations:
- Trying to define the qualitative relationships between many of these elements of information
- What they mean in helping to understand what success means, and
- The degrees of success associated with the individual researcher, the division, and the department as a whole.

PSYCHIATRY BY THE NUMBERS





Data from Health Aff February 2011 vol. 30 no. 2 284-292

Business relationships

by David Peterson, FACMPE

Did you hear the one about the hospital CEO, the medical school Dean and the Senior Vice President sitting in a bar discussing how to succeed in the healthcare field?

The CEO says, "It's all about relationships."

The Dean says, "No, it's all about relationships."

And the Senior Vice President says, "You guys just don't get it, it's all about relationships!"

Yeah, OK, not funny, but the "joke" does drive home a point.

Google™ "business relationships" and you will get over 51 million results. Google™ "working relationships" and you will find 101 million choices to investigate. Search for books on business relationships at Amazon.com™ and you will find over 7,000 possibilities. Clearly, there is a body of work to meet a demand for understanding business relationships, how to cultivate relationships and in many instances and too often, how to re-build broken business relationships.

In healthcare – especially academic healthcare – there are contractual relationships, collegial relationships, student-teacher relationships, employer-employee relationships, HIPAA relationships, mentor-mentee relationships, and patient-doctor relationships to name a few. Effectively managing these relationships requires a skill-set that goes beyond building a spreadsheet or adding up a column of numbers.

In fact, some management books will state that up to 80% of a manager's time is spent dealing with people (as opposed to dealing with spreadsheets). That's a lot of time to spend with people during the workday and is probably why some leading work experts state that success in the workplace requires "subtle and frequent interactions with other people, often face-to-face."[1]

The **American College of Medical Practice Executive's (ACMPE)** Body of Knowledge Review recognizes the need for this skill set. Specific references occur in the volumes on Human Resource Management and Organizational Governance. (There are six other volumes that complete the 8 volume set.) According to the HR volume, human resource trends for the future include a "work force with strong "soft" skills, such as a positive attitude, motivation, adaptability and energy….", arguably skills that help build and nurture business and work relationships.[2]

Medical practice executives and academic administrators who want to build a relationship or team-building skill set can look to the ACMPE as one source for continuing education in this area. Other examples of the 7000 reference possibilities noted above include books as far-ranging as "Business is Combat" by James D. Murphy or the classic "Emotional Intelligence" by Daniel Goleman to name two.

Finally, an example of a long-term work and business relationship exists within our own ranks. **Ms. Jackie Rux** (Medical College of Wisconsin**)**, one of the active members of the Administrators in Academic Psychiatry and former Member-at-Large to the AAP Board, just celebrated her 30th year at the Medical College of Wisconsin,

Continued on page 12

Bellevue Hospital opens new children's psychiatric emergency care center

Program responds to growing demand for children and adolescent mental health services

New York, NY - The New York City Health and Hospitals Corporation and Bellevue Hospital Center recently opened the new Children's Comprehensive Psychiatric Emergency Program, the first of its kind in a city public hospital and only the second Children's CPEP in the city and state.

The 3,500 square foot unit will serve 1,500 children and adolescents up to 18 years of age annually. The $1.1 million unit has been designed to provide an optimal environment for the evaluation and treatment of psychiatric crises, including suicidal or aggressive behavior, depression, psychosis, and serious family conflicts.

"Since 1995, Bellevue Hospital Center has experienced a fivefold increase in the number of children and adolescents coming to our medical emergency rooms in psychiatric crisis – increasing from 155 visits in 1995 to more than 1,000 visits in 2009," said Dr. Jennifer Havens, Director and Chief of Service of the Department of Child and Adolescent Psychiatry.

The reasons for the increase are associated with a number of factors: growing societal awareness of children's mental health issues; the crisis of teen suicide; and increased referrals from schools that have implemented psychiatric assessment protocols to prevent school violence following the tragedy at Columbine High School.

"Some studies have suggested that a decrease in mental health service capacity along with the increasing recognition of mental health issues has resulted in a perfect storm, challenging many emergency room settings to meet the needs of children and adolescents in psychiatric emergencies," Dr. Havens said.

In response to this situation, Bellevue Hospital Center and HHC have developed a dedicated Comprehensive Psychiatric Emergency Program (CPEP) specifically for children and adolescents. The program offers a discrete space that meets safety standards for psychiatric patients and provides 24 hour-a-day/7 day-a-week staffing by child and adolescent psychiatrists, nurses and social workers. The new C-CPEP has a secure unit that includes six extended observation unit beds for up to 72 hours of evaluation and intervention to help stabilize the child or adolescent, reducing the need for inpatient admissions. An adjacent suite provides space for the evaluation of patients who do not need extended observation but require assessment and treatment planning.

"The Children's CPEP fills a compelling need for young people up to 18 years of age who are in crisis," said HHC President Alan D. Aviles. "This program raises the bar on the standard of care for children and teenagers in psychiatric crisis and is yet another essential but scarce healthcare service available through our public hospital system."

Medical emergency rooms are not optimally equipped to deal with psychiatric emergencies, according to Dr. Havens. Young people in need of immediate treatment are often admitted to inpatient units, not because they require inpatient care, but because they require immediate care. Many of these costly admissions could be

avoided if adequate services for brief stabilization and intensive outpatient care were available. The Children's CPEP was developed to address this gap.

"This is the culmination of a multi-year planning process aimed at bridging current gaps in the system of care for children in psychiatric crisis," explained Lynda D. Curtis, Senior Vice President/ Executive Director of Bellevue. "Our new facility provides the best setting for embracing children and families in their time of crisis and providing them with hope for the future."

"Mental health problems can quickly overwhelm a family's capacity to effectively support their children," Dr. Havens said. "The Bellevue Children's CPEP offers the breadth of services and the expertise to dramatically change the trajectory of young people in psychiatric crisis."

Follow-up care will include immediate access to outpatient care at our Interim Crisis clinic located within C-CPEP; referral to short-term Home-Based Crisis Intervention (HBCI) services; referral for ongoing outpatient care at Bellevue or other community programs; Mobile Crisis Services; or inpatient care in one of two units, depending on the child's age: the 15-bed child psychiatry unit or the 15-bed adolescent psychiatry unit. Another 15-bed adolescent psychiatry unit is planned for 2011.

The project is supported by funding from the following organizations: New York City Health and Hospitals Corporation; New York State Office of Mental Health; Borough President Scott Stringer; the Bellevue Association, Inc.; the Leon Lowenstein Foundation; and the van Ameringen Foundation through the Children of Bellevue, Inc.

Bellevue Hospital Center is America's first public hospital, established in 1736, and has a long and distinguished history of innovative contributions to public health, medical science and education. Affiliated with the NYU School of Medicine, Bellevue has state-of-the-art facilities offering a wide range of medical, surgical and psychiatric services and is a major referral center for highly complex cases.

Bellevue has been a pioneer in the field of child mental health for more than 80 years, opening the first children's psychiatric inpatient service in a general hospital in 1923 and the world's first adolescent inpatient unit in 1937.

Executive suite

Continued from page 10

all of it in the Department of Psychiatry & Behavioral Medicine. Throughout this time, Jackie has been a partner and colleague, fighting the good fight on behalf of psychiatry, right along with the rest of us.

For information on joining the ACMPE or the board certification and fellowship process, contact the ACMPE directly at 877.275.6462 ext. 889 or contact David Peterson, FACMPE at 414.955.8990, email at peterson@mcw.edu or at the Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin, 8701 Watertown Plank Road, Milwaukee, Wisconsin 53226.

(Endnotes)

1 Coy P. The future of work. Business Week, March 22, 2004:50-52.

2 Human Resource Management. Body of Knowledge Review. MGMA. 2009. p. 10.

Medicaid survey rule revisions

Inpatient psychiatric services

Medicaid coverage of inpatient psychiatric services provided to individuals under the age of 21, when initially authorized under the Social Security Act in 1972, was limited to psychiatric hospitals accredited by The Joint Commission (TJC). In 1984, Congress eliminated the requirement for such hospitals to be accredited exclusively by The Joint Commission (section 2340(b) of Pub. L. 98-369). Through subsequent statutory and regulatory amendments, Medicaid coverage of inpatient psychiatric services provided to individuals under the age of 21 was also authorized for inpatient psychiatric programs within hospitals that are not psychiatric hospitals. Accreditation by TJC has remained a Federal regulatory requirement for psychiatric hospitals and inpatient psychiatric programs within hospitals. Several psychiatric hospitals and hospitals with inpatient psychiatric programs contacted CMS to request relief from The Joint Commission accreditation requirement. In addition, TJC has previously expressed concern with this mandate, as its policy is for facilities to seek accreditation voluntarily.

In response to these concerns the revised Medicaid rules in Parts 440 and 441 remove the requirement related to Medicaid coverage of inpatient psychiatric services provided to individuals under age 21 that psychiatric hospitals and hospitals with inpatient psychiatric programs (i.e., a hospital that is not a psychiatric hospital but which has an inpatient psychiatric unit) obtain accreditation from TJC. Under the revised rule:

- Psychiatric hospitals have the choice of undergoing a CMS survey to determine whether the hospital meets the requirements to participate in Medicare as a psychiatric hospital under 42 CFR 482.60 or of obtaining accreditation from a national accrediting organization (AO) whose psychiatric hospital accreditation program has been approved by CMS, i.e., the AOs approved for Medicare deeming purposes.
- Inpatient psychiatric programs in hospitals (i.e., psychiatric units in hospitals that are not psychiatric hospitals) have the choice of undergoing a CMS survey to determine whether the hospital meets the requirements to participate in Medicare as a hospital under 42 CFR Part 482, or of obtaining accreditation from a national AO whose hospital accreditation program has been approved by CMS. Currently there are three CMS-approved hospital accreditation programs, offered by the American Osteopathic Association, Det Norske Veritas Healthcare, and The Joint Commission. Although there are at present no CMS-approved AO psychiatric hospital programs, it is anticipated that that may change over the next year.

Psychiatrist: What brings you here today?

Squirrel: When I heard "You are what you eat" I realized I was nuts!

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The GrAAPvine is published quarterly and distributed to the members of Administrators in Academic Psychiatry as part of membership in AAP.

Publication deadlines
Publication deadlines are on the 5th of February, May, August and November. News items and articles are welcome and should be sent to:

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