

# TRANSITIONAL CARE UNITS DEMONSTRATION PROGRAM

## ATTACHMENT B

The following schedules and NYSE-CON tabs for the application must be completed to describe, as indicated, both the major and specific elements of the proposed TCU program.

### **Executive Summary Tab - Project Overview**

Provide a succinct summary of the project and why it is needed in the hospital's service area. This overview will also describe the number of beds in the proposed TCU, the staffing and other associated costs, the impact of the TCU on hospital revenues and any needed renovations or other alterations in physical plant. It will further summarize how the project will ensure quality and evaluate outcomes.

### **Schedule 6 - Architecture**

Describe any changes in physical plant needed to effect the operation of the proposed TCU. This will include architectural drawings and other associated information. The narrative should explain how the proposed configuration will ensure that the TCU will operate as a distinct unit within the hospital.

### **Schedule 8 - Project Costs**

Describe how the Medicare revenues will support the TCU and show their impact on the hospital's overall revenue situation.

### **Schedules 16A and 16B - Program Information and Community Need**

Provide detailed information on the need for the project and on the operation of the proposed TCU. The information furnished in these sections should address, at a minimum, the following:

- Unduly long lengths of stay in the service area for DRGs covering such conditions as stroke, TBI and respiratory problems;
- An absence of sufficient post-discharge services in nursing homes and in home and community-based services in the area;
- A detailed strategy for treating patients in TCUs and for achieving measurable improved outcomes;
- Treatment regimens, case management and other interventions to be employed for TCU patients;
- Presence of appropriate staffing for the proposed TCU program, or detailed plans for recruitment of staff upon approval of the project;
- Discharge policies and procedures with active linkage to home- and community-based providers in the area.

Append any charts, tables or other tabulated information that would be pertinent to the proposed TCU project.

### **Schedule 16C - Impact on Operating Certificate**

Indicate the number of transitional care demonstration beds to be obtained, as well as the associated reductions, if any, in other bed categories.