Commonwealth of Massachusetts
Executive Office of Health and Human Services

Expedited Psychiatric Inpatient Admission Policy

January 12, 2018
Each day residents of the Commonwealth in need of inpatient psychiatric hospitalization wait in hospital Emergency Departments (EDs) for more than 12 hours.

Most of these people move on from the ED within the first 48 hours. About 10% of people are in the ED for 2 or more days.

For people waiting for a bed in psychiatric hospital facilities, if there is not a plan in place for them after 48 hours in the ED, there need to be other steps that can be taken to help them.

The Expedited Psychiatric Inpatient Admission Policy lays out what those next steps are and ensures that none of these people wait in EDs without additional help.

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1 Massachusetts Health Policy Commission, Behavioral Health Related ED Emergency Department Boarding in Massachusetts, November 2017
Background

- The Expedited Psychiatric Inpatient Admission Policy will be used to help people who are waiting in Emergency Departments to be accepted into a psychiatric hospital bed

- The Department of Mental Health (DMH), the state licensor of the inpatient psychiatric hospitals / units, is making changes to its regulations as part of this process

- The process was developed over the course of several months by a group convened by DMH and including:
  - MassHealth
  - Massachusetts Department of Public Health
  - Massachusetts Division of Insurance (DOI)
  - Massachusetts Health and Hospital Association (MHA)
  - Massachusetts Association of Behavioral Health Systems (MABHS)
  - Massachusetts Association of Health Plans (MAHP)
  - Blue Cross Blue Shield of Massachusetts
  - Massachusetts Behavioral Health Partnership (MBHP) / Beacon Health Options
  - Children’s Mental Health Campaign (CMHC)
  - Participants from individual providers

- This process is a significant change for EDs, Emergency Service Programs (ESPs), health insurance carriers, hospitals with inpatient psychiatric units, and state agencies
How does it work – the first 24 hours

- When a person in need of inpatient psychiatric hospitalization goes to an ED, they will be seen by the ED staff, and in some cases by an ESP provider²

- The ED and/or ESP determines that a person needs to be hospitalized and works to find an appropriate placement

- If the person is not placed within 24 hours, the ED/ESP lets the person’s insurance carrier know that they are looking for a placement
  - The insurance carrier uses its internal processes for finding a placement and provides any useful information to the ED/ESP

² ESPs are required for anyone with MassHealth coverage and uninsured individuals. Some hospitals use them for all of their patients needing behavioral health care.
If the person is not placed by 48 hours:

- The ED/ESP will make a formal Request for Assistance to the insurance carrier
  - This Request can be made before 48 hours, if it is clear that the person will not have a plan for placement by that time
  - The Request gives the carrier information about the person’s condition, what has been done so far, and the barriers to finding a placement

- The carrier will work closely with the ED/ESP to determine the best placement options for the person

- The carrier will work within, and if needed, outside of its contracted network, to secure an appropriate placement
How does it work – by 96 hours

If the person is not placed by 96 hours:

- The carrier will contact DMH by submitting an online referral request using a secure web site.
- The carrier will provide detailed information about what has happened so far and the person’s current situation.
- DMH will coordinate conversations with senior clinical staff from the carrier and hospital(s) to identify and resolve clinical barriers to placement.
- Barriers related to payment, coverage or network access will be referred to MassHealth or to DOI, as appropriate.
- DMH will initiate conversations with other parties, including other state agencies, as appropriate.
Process Overview

0-48 hours
- Person with a behavioral health issue presents in ED
- Person is assessed by ED staff and/or ESP and needs inpatient level of care
- ED/ESP searches for a bed
- At 24 hours, ED/ESP notifies the insurance carrier that their member is in the ED and they are looking for the bed

48-96 hours
- By 48 hours, if there is no plan in place, ED/ESP submits a formal Request for Assistance to carrier
  If the carrier is MassHealth or an in-state commercial carrier:
  - The carrier receives the Request for Assistance and responds within 2 hours during business hours and the next morning if outside business hours
  - The carrier outreaches to hospitals identified as the most clinically appropriate for the person by the ED/ESP to try and place the person
  - At 96 hours, if there is not a plan in place, the carrier contacts DMH
  If the carrier is ERISA, out of state, or Medicare:
  - The ED/ESP reaches out to the carrier as above
  - If they can not engage the carrier, the ED/ESP continues to pursue a bed for the person
  - At 96 hours, the ED/ESP contacts DMH

At 96 hours
- Carrier contacts DMH by submitting an online referral request using a secure web site
- DMH reviews the information and if the issue is clinical, initiates a “doc to doc to doc” conversation
- If the issue appears to be payment, DMH contacts MassHealth or DOI, as appropriate
- DMH will engage other EOHHS agencies, as appropriate
- Data will be collected for use in regulatory compliance
If a carrier isn’t involved

If the process cannot be used with an insurance carrier, either because the ED/ESP cannot engage anyone or because the person is uninsured:

- The ED/ESP will continue to look for a bed for the person
- At 96 hours, if there is not a plan in place, the ED/ESP will contact DMH by submitting an online referral request using a secure web site and will provide the same information that a carrier would have

Note: ED/ESP will verify MassHealth eligibility for anyone who is uninsured
Who can DMH help using this process?

- Individuals in Emergency Departments who meet the criteria for psychiatric inpatient level of care:
  - Who have been waiting 96 hours
  - Who do not have a plan in place for their disposition
  - Whose carrier has been engaged on their behalf (if applicable)
Underlying Assumptions

- If the person is the client of a state agency, such as:
  - The Department of Mental Health (DMH),
  - the Department of Children and Families (DCF),
  - the Department of Developmental Services (DDS), or
  - the Department of Youth Services (DYS)

the ED/ESP can reach out to that agency at any time

- If a person does not meet psychiatric inpatient level of care, this process does not apply

- If a person is waiting in the ED for a confirmed placement to become available, this process does not apply

- If the barrier to placement is family or individual preference, this process does not apply

- If at any time during this process, a plan for placement is found, the process ends
Communication Expectations

Throughout a person’s stay in the ED, the ED/ESP, Carrier, and state agencies are in regular, ongoing communication

- Current clinical information should always be brought forward and be readily available to all engaged parties
- Status of placement should always be communicated back to the ED/ESP
Some insurance carriers are regulated by the state and some are not

- They are regulated by other states or the federal government

The carriers regulated by MA will be required to use these processes

EDs/ESPs will use the same process with all carriers whenever possible

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* Some of these plans are through in-state commercial carriers (e.g. BCBS of MA). Even when that is true, they are not regulated by the MA Division of Insurance (DOI)
Questions?

Please send additional questions to:
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