

**Commonwealth of
Massachusetts**
Executive Office of Health and
Human Services



**Expedited Psychiatric
Inpatient Admission Policy**

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Background



- 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 days¹
- 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



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 licenser 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.



How does it work – by 48 hours



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/ESPs 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



Insurance Carriers



- 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

Regulated by Massachusetts	Not Regulated by Massachusetts
<ul style="list-style-type: none"> • MassHealth (Medicaid) 	<ul style="list-style-type: none"> • Other states' Medicaid plans • Medicare
<ul style="list-style-type: none"> • In-state commercial carriers <p><u>Examples:</u></p> <ul style="list-style-type: none"> • Blue Cross Blue Shield (BCBS) of MA • Tufts Health Plan • Harvard Pilgrim • National Insurance Carriers offering fully insured products in Massachusetts: e.g. some Cigna, Aetna, UnitedHealthcare offerings 	<ul style="list-style-type: none"> • Self-Funded / ERISA plans* • Other states' commercial carriers <p><u>Example:</u></p> <ul style="list-style-type: none"> • Blue Cross Blue Shield of Minnesota <ul style="list-style-type: none"> • National Insurance Carriers <p><u>Examples:</u></p> <ul style="list-style-type: none"> • Cigna • Aetna

* 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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