

EPIA 2.0 Update and Changes

Effective January 2020

1. Escalation process MUST start by 24 hours
 - a. Carriers must be notified and aid the ED and ESP in placement of a behavioral health boarder
 - b. ED and ESP Internal Escalation Protocol is activated.
 - i. All EDs and ESPs must establish an escalation process to define what senior clinical and administrative leaders will be notified and when to assist in the placement of long stay behavioral health boarders (>24 hours)
 - ii. ED and/or ESP clinical and administrative leaders will contact clinical and administrative leaders at Provider Hospitals where there are beds
 - iii. Expectation that ED senior leaders work within their hospital network/system and the patient's ACO of tie to place a behavioral health boarder
 - iv. The Internal Escalation Protocols will be shared and regularly updated with DMH and MassHealth
2. For timely clinical communication, a point person MUST be identified for each shift at the ED who knows up to date clinical information on the individuals boarding and who is readily accessible to ESPs Carriers, and DMH. This information will be shared and updated regularly and posted on the DMH EPIA website.
3. Active efforts by the ED to assist in the application for MassHealth for those uninsured.
4. Use of the Standard Bed Search protocol by all.
 - a. Use of MABHA website for bed availability and track ED boarders
 - b. Standardized admission form to communicate clinical information
 - c. Secure electronic transfer of information required (eFAX or email systems)
 - d. One hour response by Provider Hospital after receiving a complete admission referral
5. Use of Adobe Acrobat Reader DC when submitting a referral to DMH.
6. Carriers and Providers must re-hospitalize patients at the same facility to the maximum extent possible to ensure continuity of care for better patient outcomes
7. Special Services Billing Codes must be adopted by Carriers and Provider Hospitals and used when requested by a Provider Hospital in order to be able to accept an admission. These services include but not limited to single room, 1:1 or extra staff. Request for these services and authorization must be documented by both the Provider Hospital and the Carrier.
8. Should patient or family preference limit a bed search, escalation to DMH at 96 hours is expected even though fewer placement options are available.
9. When specialized care needs limit a bed search, DMH utilizes Clinical Competencies to determine if the individual could be placed in a non-specialized facility.
10. DMH will consider pre-96 hour escalations on a case by case basis due to co-occurring complexity, history of previous long ED stays etc.
11. Escalation efforts by the ED, ESP, and Carrier will be documented when escalating to DMH for help.

Upcoming Meetings and Trainings about EPIA 2.0

November 14, 2019	Multi-stakeholder Kick Off Webinar (currently posted on DMH website)
December 20, 2019	Meeting with ESPs & DMH, MassHealth, to train on the updates (Worcester)
January 16, 2020	Meeting with MAHP and DOI, DMH, MassHealth (Boston)
January 22, 2020	Meeting with EDs with MHA, DMH, DPH, MassHealth (TBD)