**List of Various Emergency Department Boarding Recommendations**

The following table provides a brief description of recommendations that have been made by various state agencies, Commissions and Task Forces in the past several years. For more information about the recommendation, please see the reports emailed to each Task Force Member, or where applicable, the weblink provided in table. The recommendations are ordered by date in which the group produced a final report, with the most recent recommendations first.

| **Recommendation** | **Recommending Body** |
| --- | --- |
| 1. Require CSS information to be included and a link to the BSAS service locater
 | Report from the **Special Commission** to Investigate the Expansion and Enhancement of **the MABHA Website**12/2014  |
| 1. Provide 24x7/365 contact information for all payers for collaboration
 | Report from the **Special Commission** to Investigate the Expansion and Enhancement of **the MABHA Website**12/2014 |
| 1. Enhance search capability
 | Report from the **Special Commission** to Investigate the Expansion and Enhancement of **the MABHA Website**12/2014 |
| 1. ED voluntarily post information about members waiting care
 | Report from the **Special Commission** to Investigate the Expansion and Enhancement of **the MABHA Website**12/2014 |
| 1. Inpatient facilities voluntarily enter anticipated discharges
 | Report from the **Special Commission** to Investigate the Expansion and Enhancement of **the MABHA Website**12/2014 |
| 1. Facility profile updates
 | Report from the **Special Commission** to Investigate the Expansion and Enhancement of **the MABHA Website**12/2014 |
| 1. Levels of care / glossary
 | Report from the **Special Commission** to Investigate the Expansion and Enhancement of **the MABHA Website**12/2014 |
| 1. Include bedfinder reporting requirement in licensing regulations or state contracting
 | Report from the **Special Commission** to Investigate the Expansion and Enhancement of **the MABHA Website**12/2014 |
| 1. MABHA be continued to be operated by MBHP
 | Report from the **Special Commission** to Investigate the Expansion and Enhancement of **the MABHA Website**12/2014 |
| 1. Develop standards for the level of detail to be included in provider and plan records.
 | **DOI Report** Summarizing the Study of Differences Between Behavioral Health and Non-Behavioral Health Treatment Records for Massachusetts Health Insurance Carriers When Referring Patients from Hospital Emergency Departments7/2014<http://www.mass.gov/ocabr/docs/doi/examination-of-carriers-compliance.pdf> |
| 1. Use bed finder to find appropriate out of network beds, when in-network beds are not available.
 | **DOI Report** Summarizing the Study of Differences Between Behavioral Health and Non-Behavioral Health Treatment Records for Massachusetts Health Insurance Carriers When Referring Patients from Hospital Emergency Departments7/2014<http://www.mass.gov/ocabr/docs/doi/examination-of-carriers-compliance.pdf> |
| 1. Study real-time problem in obtaining BH follow-up care.
 | **DOI Report** Summarizing the Study of Differences Between Behavioral Health and Non-Behavioral Health Treatment Records for Massachusetts Health Insurance Carriers When Referring Patients from Hospital Emergency Departments7/2014<http://www.mass.gov/ocabr/docs/doi/examination-of-carriers-compliance.pdf> |
| 1. Strengthen parity certification process to collect more information about systems used in reviewing BH and non BH care for ED patients
 | **DOI Report** Summarizing the Study of Differences Between Behavioral Health and Non-Behavioral Health Treatment Records for Massachusetts Health Insurance Carriers When Referring Patients from Hospital Emergency Departments7/2014<http://www.mass.gov/ocabr/docs/doi/examination-of-carriers-compliance.pdf> |
| 1. Develop standards to ensure plans have adequate BH networks
 | **DOI Report** Summarizing the Study of Differences Between Behavioral Health and Non-Behavioral Health Treatment Records for Massachusetts Health Insurance Carriers When Referring Patients from Hospital Emergency Departments7/2014<http://www.mass.gov/ocabr/docs/doi/examination-of-carriers-compliance.pdf> |
| 1. Establish single authority to make determinations for placement for patients who have extended boarding, been refused admission or whose course of treatment is in dispute
 | Report of the **Mental Health Advisory Council** in accordance with Section 186 of Chapter 139 of the Acts of 2012 and Chapter 38 of the Acts of 20136/2014 |
| 1. Defined terms and more transparent reporting of reasons that a DMH licensed facility denies admission to a patient.
 | Report of the **Mental Health Advisory Council** in accordance with Section 186 of Chapter 139 of the Acts of 2012 and Chapter 38 of the Acts of 20136/2014 |
| 1. Passage of House Bill 1788 (2013-2014) which would provide licensure of beds designated for “difficult to manage” patients.
 | Report of the **Mental Health Advisory Council** in accordance with Section 186 of Chapter 139 of the Acts of 2012 and Chapter 38 of the Acts of 20136/2014 |
| 1. Consideration of Taunton State hospital or other sites for pilot programs that divert high acuity and dual diagnosis patients away from EDs
 | Report of the **Mental Health Advisory Council** in accordance with Section 186 of Chapter 139 of the Acts of 2012 and Chapter 38 of the Acts of 20136/2014 |
| 1. Regulation to provide appropriate staffing levels in all care facilities on the weekend
 | Report of the **Mental Health Advisory Council** in accordance with Section 186 of Chapter 139 of the Acts of 2012 and Chapter 38 of the Acts of 20136/2014 |
| 1. New investment in community level behavioral health care that would supplement (and not come at the expense of) continuing care / ip acute – create Behavioral Health and Addiction services trust and strengthen the OP BH system
 | Report of the **Mental Health Advisory Council** in accordance with Section 186 of Chapter 139 of the Acts of 2012 and Chapter 38 of the Acts of 20136/2014 |
| 1. Legislation to supersede out of network restrictions for ED boarders
 | Report of the **Mental Health Advisory Council** in accordance with Section 186 of Chapter 139 of the Acts of 2012 and Chapter 38 of the Acts of 20136/2014 |
| 1. Increased participation by commercial insurers in bed search and placement and increased reimbursement to the provider who must board the patient in their facility
 | Report of the **Mental Health Advisory Council** in accordance with Section 186 of Chapter 139 of the Acts of 2012 and Chapter 38 of the Acts of 20136/2014 |
| 1. Increased support by all payers to find adequate services or put in place a reimbursable alternative
 | Report of the **Mental Health Advisory Council** in accordance with Section 186 of Chapter 139 of the Acts of 2012 and Chapter 38 of the Acts of 20136/2014 |
| 1. Exploration of further possibilities to enhance reimbursement rates relative to behavioral health services.
 | Report of the **Mental Health Advisory Council** in accordance with Section 186 of Chapter 139 of the Acts of 2012 and Chapter 38 of the Acts of 20136/2014 |
| 1. Define terms and require more transparent reporting of reasons that a patient is denied by any entity
 | Report of the **Mental Health Advisory Council** in accordance with Section 186 of Chapter 139 of the Acts of 2012 and Chapter 38 of the Acts of 20136/2014 |
| 1. Legislation / regulation to define appropriate use of AND rates and restrict overuse of this coding during boarding
 | Report of the **Mental Health Advisory Council** in accordance with Section 186 of Chapter 139 of the Acts of 2012 and Chapter 38 of the Acts of 20136/2014 |
| 1. Identify further opportunities to enhance reimbursement rates
 | Report of the **Mental Health Advisory Council** in accordance with Section 186 of Chapter 139 of the Acts of 2012 and Chapter 38 of the Acts of 20136/2014 |
| 1. Promulgation by DMH in consultation with CHIA, of uniform definitions and standards for reporting on certain metrics and outcomes for adults and children in the area of behavioral health, to include performance targets for (1) ED Wait times (2) LO time to process application for DMH services; (3) LO time to transfer a patient after a determination is made; (4) LO time to return a p/a request and others…
 | Report of the **Mental Health Advisory Council** in accordance with Section 186 of Chapter 139 of the Acts of 2012 and Chapter 38 of the Acts of 20136/2014 |
| 1. Improve processes to facilitate weekend discharges to allow for weekend admissions
 | Report of the **Mental Health Advisory Council –** Appendix C – **Consultant Report Abt** 6/2014 |
| 1. Reassess the need for medical clearance processes, especially for well-known individuals
 | Report of the **Mental Health Advisory Council –** Appendix C – **Consultant Report Abt** 6/2014 |
| 1. Enforce no reject provisions in hospital contracts
 | Report of the **Mental Health Advisory Council –** Appendix C – **Consultant Report Abt** 6/2014 |
| 1. Increase use of peer support services, including peers attached to ESPs to provide early diversion services, reduce stress and advocate for the needs of individuals awaiting hospital admission.
 | Report of the **Mental Health Advisory Council –** Appendix C – **Consultant Report Abt** 6/2014 |
| 1. Increase access to treatment for substance use disorders
 | Report of the **Mental Health Advisory Council –** Appendix C – **Consultant Report Abt** 6/2014 |
| 1. DPH and its vendors should be active partners in any initiative to reduce ED boarding
 | Report of the **Mental Health Advisory Council –** Appendix C – **Consultant Report Abt** 6/2014 |
| 1. Increase the visibility of available diversionary services
 | Report of the **Mental Health Advisory Council –** Appendix C – **Consultant Report Abt** 6/2014 |
| 1. Increase the capacity of mobile crisis teams and their ability to bill for stabilization services
 | Report of the **Mental Health Advisory Council –** Appendix C – **Consultant Report Abt** 6/2014 |
| 1. Increase reimbursement for psychiatric inpatient admissions to allow for staffing and coordination of individuals with complex needs
 | Report of the **Mental Health Advisory Council –** Appendix C – **Consultant Report Abt** 6/2014 |
| 1. Increase use of separate but adjacent psychiatric EDs within the hospital
 | Report of the **Mental Health Advisory Council –** Appendix C – **Consultant Report Abt** 6/2014 |
| 1. Allow Medicaid billing for follow-up mobile crisis intervention for adults similar to billing allowed for children and adolescent
 | Report of the **Mental Health Advisory Council –** Appendix C – **Consultant Report Abt** 6/2014 |
| 1. Clarify issues around the need for Section 12 commitments for medical transportation
 | Report of the **Mental Health Advisory Council –** Appendix C – **Consultant Report Abt** 6/2014 |
| 1. Examine ways to improve crisis prevention and response across the continuum
 | Report of the **Mental Health Advisory Council –** Appendix C – **Consultant Report Abt** 6/2014 |
| 1. Collect and utilize data to analyze trends in hospital admissions, diversions, and ED boarding across payers and populations
 | Report of the **Mental Health Advisory Council –** Appendix C – **Consultant Report Abt** 6/2014 |
| 1. Create a mechanism for capturing information about facilities that show a pattern of declining patients.
 | **EOHHS**: ED Length of Stay Issues for Behavioral Health Patients1/2013<http://www.mass.gov/eohhs/docs/eohhs/behavioral-health/bh-discussion-01022013.pdf> |
| 1. Prohibit prior authorization requirement in MCE contracts.
 | **EOHHS**: ED Length of Stay Issues for Behavioral Health Patients1/2013<http://www.mass.gov/eohhs/docs/eohhs/behavioral-health/bh-discussion-01022013.pdf> |
| 1. Strengthen community based intervention
	1. ESPs
 | **EOHHS**: ED Length of Stay Issues for Behavioral Health Patients1/2013<http://www.mass.gov/eohhs/docs/eohhs/behavioral-health/bh-discussion-01022013.pdf> |
| 1. Strengthen discharge planning for patients leaving acute inpatient psychiatric units – DMH staff to participate in discharge planning for patients going to DMH Continuing Care facilities to pre-empt them to the community
 | **EOHHS**: ED Length of Stay Issues for Behavioral Health Patients1/2013<http://www.mass.gov/eohhs/docs/eohhs/behavioral-health/bh-discussion-01022013.pdf> |
| 1. Restructure MassHealth rapid admission incentive
 | **EOHHS**: ED Length of Stay Issues for Behavioral Health Patients1/2013<http://www.mass.gov/eohhs/docs/eohhs/behavioral-health/bh-discussion-01022013.pdf> |
| 1. Expand use of bed finder
 | **EOHHS**: ED Length of Stay Issues for Behavioral Health Patients1/2013<http://www.mass.gov/eohhs/docs/eohhs/behavioral-health/bh-discussion-01022013.pdf> |
| 1. Evaluate payment structure for psychiatric care
 | **EOHHS**: ED Length of Stay Issues for Behavioral Health Patients1/2013<http://www.mass.gov/eohhs/docs/eohhs/behavioral-health/bh-discussion-01022013.pdf> |
| 1. Review licensing requirements for psychiatric units to address admission delays
 | **EOHHS**: ED Length of Stay Issues for Behavioral Health Patients1/2013<http://www.mass.gov/eohhs/docs/eohhs/behavioral-health/bh-discussion-01022013.pdf> |
| 1. ESP processes in hospital
	1. Convey history of medical condition(s) and current status to psych units.
 | **DMH ED LOS and Psych Bed Access Initiative** 5/2012 |
| 1. New licensing requirements where psych hospitals/units can’t deny admission b/c of history of medical condition.
 | **DMH ED LOS and Psych Bed Access Initiative**5/2012 |
| 1. Convene a workgroup around whether psych hospitals should be able to care for more medically complex patients.
 | **DMH ED LOS and Psych Bed Access Initiative**5/2012 |
| 1. Increase bed finder utilization, have it be updated more frequently, consider it be a public good
 | **DMH ED LOS and Psych Bed Access Initiative**5/2012 |
| 1. For EDs with no / little psych support at a minimum have telepsych consultations, contract with an ESP or psych consultation service
 | **DMH ED LOS and Psych Bed Access Initiative**5/2012 |
| 1. MCEs work with ESPs to develop crisis plans to prevent / divert crises
 | **DMH ED LOS and Psych Bed Access Initiative**5/2012 |
| 1. Discuss increase psych inpatient bed capacity for CBAT and DDAR beds and the insurer role in incenting network expansion and quality improvement
 | **DMH ED LOS and Psych Bed Access Initiative**5/2012 |
| 1. Insurers should collaborate to standardize processes and criteria for coverage of “specialing”
 | **DMH ED LOS and Psych Bed Access Initiative**5/2012 |
| 1. Increase awareness of CSPs and in-home therapy to expedite discharges
 | **DMH ED LOS and Psych Bed Access Initiative**5/2012 |
| 1. Look at data to determine right number of c/a beds for acute inpatient system – including issues regarding patients with significant DD, behavior problems, beds during summer, etc.
 | **DMH ED LOS and Psych Bed Access Initiative**5/2012 |
| 1. Crisis planning for c/a and identification of strategies for expediting IEP approvals.
 | **DMH ED LOS and Psych Bed Access Initiative**5/2012 |
| 1. State facilitated process for ESPs, EDs, psych hospitals and communities to establish crisis plans for individuals with known aggressive behavior
 | **DMH ED LOS and Psych Bed Access Initiative**5/2012 |
| 1. State monitor and collect data from psych hospitals / units regarding when and why patients are being declined for aggressive behavior reasons
 | **DMH ED LOS and Psych Bed Access Initiative**5/2012 |
| 1. Assessment of adequacy of inpatient bed supply
 | **DMH ED LOS and Psych Bed Access Initiative**5/2012 |
| 1. Assess whether units with more single rooms / higher staff ratio can help patients with aggressive behavior recover
 | **DMH ED LOS and Psych Bed Access Initiative**5/2012 |
| 1. Effective escalation process within all insurers for ED boarding and bed finding
 | **DMH ED LOS and Psych Bed Access Initiative**5/2012 |
| 1. Do away with prior auth but continue with ESP evaluation and service provision in EDs
 | **DMH ED LOS and Psych Bed Access Initiative**5/2012 |
| 1. Expand positive impact of 17 DMH-funded jail diversion programs
 | **DMH ED LOS and Psych Bed Access Initiative**5/2012 |