

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 locator	Report from the Special Commission to Investigate the Expansion and Enhancement of the MABHA Website 12/2014
2. 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
3. Enhance search capability	Report from the Special Commission to Investigate the Expansion and Enhancement of the MABHA Website 12/2014
4. 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
5. Inpatient facilities voluntarily enter anticipated discharges	Report from the Special Commission to Investigate the Expansion and Enhancement of the MABHA Website 12/2014
6. Facility profile updates	Report from the Special Commission to Investigate the Expansion and Enhancement of the MABHA Website 12/2014
7. Levels of care / glossary	Report from the Special Commission to Investigate the Expansion and Enhancement of the MABHA Website 12/2014
8. 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
9. MABHA be continued to be operated by MBHP	Report from the Special Commission to Investigate the Expansion and Enhancement of the MABHA Website

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Recommendation	Recommending Body
	12/2014
10. Develop standards for the level of detail to be included in provider and plan records.	<p>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 Departments 7/2014 http://www.mass.gov/ocabr/docs/doi/examination-of-carriers-compliance.pdf</p>
11. Use bed finder to find appropriate out of network beds, when in-network beds are not available.	<p>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 Departments 7/2014 http://www.mass.gov/ocabr/docs/doi/examination-of-carriers-compliance.pdf</p>
12. Study real-time problem in obtaining BH follow-up care.	<p>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 Departments 7/2014 http://www.mass.gov/ocabr/docs/doi/examination-of-carriers-compliance.pdf</p>
13. Strengthen parity certification process to collect more information about systems used in reviewing BH and non BH care for ED patients	<p>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 Departments 7/2014 http://www.mass.gov/ocabr/docs/doi/examination-of-carriers-compliance.pdf</p>
14. Develop standards to ensure plans have adequate BH networks	<p>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 Departments</p>

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Recommendation	Recommending Body
	7/2014 http://www.mass.gov/ocabr/docs/doi/examination-of-carriers-compliance.pdf
15. 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 2013 6/2014
16. 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 2013 6/2014
17. 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 2013 6/2014
18. 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 2013 6/2014
19. 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 2013 6/2014
20. 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 2013 6/2014
21. 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 2013 6/2014
22. Increased participation by commercial insurers in	Report of the Mental Health Advisory Council in accordance

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bed search and placement and increased reimbursement to the provider who must board the patient in their facility	with Section 186 of Chapter 139 of the Acts of 2012 and Chapter 38 of the Acts of 2013 6/2014
23. 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 2013 6/2014
24. 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 2013 6/2014
25. 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 2013 6/2014
26. 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 2013 6/2014
27. 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 2013 6/2014
28. 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 2013 6/2014
29. Improve processes to facilitate weekend discharges	Report of the Mental Health Advisory Council - Appendix C

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Recommendation	Recommending Body
to allow for weekend admissions	- Consultant Report Abt 6/2014
30. 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
31. Enforce no reject provisions in hospital contracts	Report of the Mental Health Advisory Council - Appendix C - Consultant Report Abt 6/2014
32. 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
33. Increase access to treatment for substance use disorders	Report of the Mental Health Advisory Council - Appendix C - Consultant Report Abt 6/2014
34. 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
35. Increase the visibility of available diversionary services	Report of the Mental Health Advisory Council - Appendix C - Consultant Report Abt 6/2014
36. 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
37. 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
38. 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
39. 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

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Recommendation	Recommending Body
40. 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
41. 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
42. 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
43. Create a mechanism for capturing information about facilities that show a pattern of declining patients.	EOHHS: ED Length of Stay Issues for Behavioral Health Patients 1/2013 http://www.mass.gov/eohhs/docs/eohhs/behavioral-health/bh-discussion-01022013.pdf
44. Prohibit prior authorization requirement in MCE contracts.	EOHHS: ED Length of Stay Issues for Behavioral Health Patients 1/2013 http://www.mass.gov/eohhs/docs/eohhs/behavioral-health/bh-discussion-01022013.pdf
45. Strengthen community based intervention a. ESPs	EOHHS: ED Length of Stay Issues for Behavioral Health Patients 1/2013 http://www.mass.gov/eohhs/docs/eohhs/behavioral-health/bh-discussion-01022013.pdf
46. 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 Patients 1/2013 http://www.mass.gov/eohhs/docs/eohhs/behavioral-health/bh-discussion-01022013.pdf
47. Restructure MassHealth rapid admission incentive	EOHHS: ED Length of Stay Issues for Behavioral Health Patients 1/2013 http://www.mass.gov/eohhs/docs/eohhs/behavioral-

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Recommendation	Recommending Body
	health/bh-discussion-01022013.pdf
48. Expand use of bed finder	EOHHS: ED Length of Stay Issues for Behavioral Health Patients 1/2013 http://www.mass.gov/eohhs/docs/eohhs/behavioral-health/bh-discussion-01022013.pdf
49. Evaluate payment structure for psychiatric care	EOHHS: ED Length of Stay Issues for Behavioral Health Patients 1/2013 http://www.mass.gov/eohhs/docs/eohhs/behavioral-health/bh-discussion-01022013.pdf
50. Review licensing requirements for psychiatric units to address admission delays	EOHHS: ED Length of Stay Issues for Behavioral Health Patients 1/2013 http://www.mass.gov/eohhs/docs/eohhs/behavioral-health/bh-discussion-01022013.pdf
51. ESP processes in hospital a. Convey history of medical condition(s) and current status to psych units.	DMH ED LOS and Psych Bed Access Initiative 5/2012
52. 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
53. 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
54. 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
55. 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
56. MCEs work with ESPs to develop crisis plans to prevent / divert crises	DMH ED LOS and Psych Bed Access Initiative 5/2012
57. Discuss increase psych inpatient bed capacity for	DMH ED LOS and Psych Bed Access Initiative

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Recommendation	Recommending Body
CBAT and DDAR beds and the insurer role in incenting network expansion and quality improvement	5/2012
58. Insurers should collaborate to standardize processes and criteria for coverage of “specialing”	DMH ED LOS and Psych Bed Access Initiative 5/2012
59. Increase awareness of CSPs and in-home therapy to expedite discharges	DMH ED LOS and Psych Bed Access Initiative 5/2012
60. 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
61. Crisis planning for c/a and identification of strategies for expediting IEP approvals.	DMH ED LOS and Psych Bed Access Initiative 5/2012
62. 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
63. 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
64. Assessment of adequacy of inpatient bed supply	DMH ED LOS and Psych Bed Access Initiative 5/2012
65. 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
66. Effective escalation process within all insurers for ED boarding and bed finding	DMH ED LOS and Psych Bed Access Initiative 5/2012
67. 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
68. Expand positive impact of 17 DMH-funded jail diversion programs	DMH ED LOS and Psych Bed Access Initiative 5/2012