Task Force on Behavioral Health Data Policies and Long Term Stays

ED Boarding Recommendations for Discussion at 1-27-15 Meeting

Numbers in parentheses at the end of each recommendation correspond to the numbering in the "ED Boarding Recommendations complete list" document and are available here for your reference.

		Support (Y or N)	Notes (Optional)
Bedfinder	Accept the December 2014 report from the Special Commission to Investigate the Expansion and Enhancement of the MABHA Website.		
	Add information regarding CSS. (1)		
	Including bedfinder reporting requirements into licensure /regulation. (8)		
ED Processes / ESP Services	Reassess the need for medical clearance processes, especially for well-known individuals. (30)		
	For EDs with no / little psych support at a minimum have telepsych consultations, contract with an ESP or psych consultation service. (55)		
	Eliminating the requirement that ESPs participate in the authorization process. (TFM)		
Payment	Develop pilots for alternative payment models that incentivize reduced lengths of stay for inpatient psychiatric and ED. (TFM)[1]		
	Increased participation by insurers in bed search and placement and increased reimbursement to the provider who must board the patient in their facility. (22)		
	Increase reimbursement for psychiatric inpatient admissions to allow for staffing and coordination of individuals with complex needs. (37)		
	Support legislation (e.g., House Bill 1788 (2013-2014)) which would provide licensure of beds designated for "difficult to manage" patients or medically complex patients. (17)		
	Prohibit prior authorization requirement in		

[1] Task Force Member

	health plans contracts. (44)		
	Legislation to supersede out of network restrictions for ED boarders. (11)		
	Use bed finder to find appropriate out of network beds, when in-network beds are not available. (21)		
ED Alternatives	Consideration of Taunton State hospital or other sites for pilot programs that divert high acuity and dual diagnosis patients away from EDs. (18)		
	Increase use of separate but adjacent psychiatric EDs within the hospital. (38)		
	Create post-ED crisis pod that would serve to care for patients needing emergent mental health care pre-inpatient stay or in lieu of inpatient stay. (TFM)		
Inpatient Service Availability / Capacity	DOI to develop standards to ensure plans have adequate BH networks. (14)		
	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. (15)		
	Regulation to provide appropriate staffing levels in all care facilities on the weekend. (19)		
	Recommendations concerning difficult to place patients:		
	• Enforce no reject provisions in hospital contracts. (31)		
	• New licensing requirements where psych hospitals/units can't deny admission b/c of history of medical condition. (52)		
	• Assess whether units with more single rooms / higher staff ratio can help patients with aggressive behavior recover. (55)		
Community Service Availability / Capacity	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. (32)		
	Increase the capacity of mobile crisis teams and their ability to bill for stabilization services. (36)		

Other	Are there other recommendations that you would like to discuss? If so, please indicate the recommendation and whether it was recommended by a prior group (if known.)		