Task Force on Behavioral Health Data Policies and Long Term Stay

Draft Recommendations Regarding Long Term Stays in Acute Psychiatric Units or Continuing Care Facilities

For discussion on April 28, 2015

Flow, Throughput and Discharge Planning

1. DMH should continue to pilot its readmission protocol that was designed for the FY 15 Community Expansion Initiative, evaluate its effectiveness and consider adopting for all patients.[1]

2. DMH should track and report clients in continuing care facilities who are being tracked for possible discharge within two weeks, and the common reasons for any delay in discharging those clients.

Inpatient, Outpatient and Community Care Capacity

1. Direct DPH to conduct an analysis on outpatient capacity and demand to assess the robustness of the community systems, in part to identify whether additional investment is necessary.

2. A small number of additional state-licensed, controlled and operated beds should be made available in a newly formed unit at the Worcester Recovery Center for adolescents aged 15 – 17 who exhibit violent and / or aggressive behaviors, and for whom placement in an adult unit or pediatric unit is not possible.

3. Increase awareness among all stakeholders of the available services that keep people healthier, preventing the need for more acute levels of care and that help people transition back to the community after discharge.

4. Repeal regulation 130 CMR 411.406 and any other similar regulations that prohibit MassHealth from covering outpatient mental health services by any independently licensed behavioral health provider.[2]

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[1] Legislation requires us to consider whether DMH should implement policies that prioritize the readmission of patients who are discharged from continuing care facilities and subsequently require hospitalization within 30 days of their discharge.

[2] See recommendations proposed by the American Psychological Association.

5. Enact legislation that would require MassHealth and its behavioral health vendor to contract with any licensed behavioral health provider who is willing to accept the terms required for network participation.[3]

6. MassHealth, its behavioral health vendor and all commercial health plans should be encouraged to develop policies that support the proliferation of evidence-based group treatment for behavioral health.[4]

Financing the Behavioral Health System

1. Direct EOHHS to develop and implement an adequately funded total cost of care alternative payment model (APM) for individuals with Serious Mental Illness (SMI) aimed at improving overall health care outcomes and reducing cost, particularly by reducing, where appropriate, ED utilization, inpatient admissions and readmissions, and unnecessarily longer lengths of stay caused by lack of ability to locate other appropriate and cost effective services within the behavioral health care system. The total cost of care should include all services provided by or on behalf of an EOHHS agency. In developing this APM, EOHHS shall consider the appropriate risk adjustment for the SMI population and quality measures for which providers shall be held accountable. This APM should be applied to the PCC population and incorporated into contracts to be used by managed care organizations.

2. While remaining cost neutral, require MassHealth and its vendors, and commercial insurers to cover medically necessary behavioral health services for all CPT behavioral health diagnostic, assessment and treatment services in accordance with the most recently adopted CPT guide of the American Medical Association, and for fee schedules for reimbursement to providers reflect the relative values between the services as determined by CMS.[5]

[3] See recommendations proposed by the American Psychological Association.
[4] See recommendations proposed by the American Psychological Association.
[5] See recommendations proposed by the American Psychological Association.