ALERT #41
Date: September 1, 2015

DEVELOPMENT OF EMERGENCY BEHAVIORAL HEALTH SERVICES IN HOSPITAL EMERGENCY DEPARTMENTS FOR MBHP/HNE BH MEMBERS

The following information should be noted immediately by your chief executive officer, chief medical officer, chief operating officer, chief financial officer, program director, quality management director, compliance officer, billing director, and staff.

As outlined in previous Alerts, in the event that the Emergency Services Program (ESP) is not able to respond within 60 minutes of time of readiness to a said Member, the Massachusetts Behavioral Health Partnership (MBHP)/Health New England Be Healthy (HNE BH) provides the option of having the emergency department (ED) conduct the emergency behavioral health evaluation, utilizing internal expertise, and presenting the clinical information directly to the MBHP/HNE BH Clinical Access Line for review and authorization of a medically necessary level of care.

In order for an ED to conduct emergency behavioral health evaluations the following must occur:

- The Member has been medically cleared per hospital protocol and determined to be ready for assessment.
- MBHP/HNE BH has confirmed that the ESP is not able to respond to a said Member within 60 minutes of time of readiness.
- MBHP/HNE BH has agreed to allow the ED to perform the emergency behavioral health evaluation.

ESP and ED Roles and Responsibilities Related to Behavioral Health Emergencies in the Hospital Emergency Department (ED) Setting for MBHP/HNE BH Adults Ages 21 and Older

Readiness for behavioral health evaluation
Readiness is the point at which the Member is able to participate in a behavioral health evaluation. If the evaluation occurs in a hospital ED, Members are considered to be ready for the behavioral health evaluation to begin when medical clearance has been completed, as required by each hospital ED’s protocol. In addition to medical clearance, readiness also assumes that the Member is awake and sufficiently cleared from the effects of substances so that he or she may participate in the evaluation.

Response time and notifying MBHP/HNE BH
Once the Member has been medically cleared and is otherwise ready to begin the behavioral health evaluation, the ED should call the ESP to request the ESP evaluation. It is expected that the ESP clinician will initiate a comprehensive behavioral health evaluation to a said Member within 60 minutes.
**of time of readiness.** MBHP/HNE BH recognizes that there may be circumstances when meeting the 60-minute timeframe is problematic, such as during peak volume periods. **If the ESP is not able to initiate a behavioral health evaluation within 60 minutes of time of readiness to a said Member:**

- The ESP is expected to contact the ED to advise them of the delay and contact the MBHP/HNE BH Clinical Access Line if the ED will be exercising the option of utilizing its own hospital staff to conduct the emergency evaluation. The ED may elect to wait for the ESP to arrive to conduct the behavioral health evaluation

**OR**

The ED may call the Clinical Access Line to inform them of the delay and request to conduct the emergency evaluation. The ED will be expected to report the time the call was made to the ESP at time of readiness. The Clinical Access Line will contact the ESP to:

1. Ensure that the ESP clinician has not arrived at the ED to begin the evaluation; and
2. Confirm the reported time the ED called the ESP and inform the ESP that MBHP/HNE BH will allow the ED to conduct the evaluation if the 60 minute response time has not been met.

- The Clinical Access Line will confirm with the ED clinician that permission is granted to conduct the evaluation.

**When ED staff conduct the emergency evaluation, the following conditions must be met:**

- The MBHP/HNE BH Clinical Access Line must agree prior to beginning the evaluation.
- The ED must use a licensed, master’s-level clinician or higher to conduct the evaluation.
- The ED must present the clinical information and recommended disposition by phone (including non-24-hour levels care) to the MBHP/HNE BH Clinical Access Line.
- The ED is responsible for disposition planning and making referrals to diversionary levels of care or 24-hour levels of care.
- The ED is responsible for conducting resulting bed searches as well as arranging transfer of the Member.

Mobile Crisis Intervention (MCI) must be utilized for MassHealth youth up to the age of 20 pursuant to Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) provisions of the Medicaid Act which mandates that all MassHealth youth ages 0-20 have access to Mobile Crisis Intervention (MCI) services.

EDs and ESPs are encouraged to establish written protocols regarding roles and responsibilities in the event that the ESP is not able to respond to a said Member within 60 minutes of time of readiness.

MBHP/HNE BH encourages ongoing dialogue between ESPs and the ED staff in their local hospitals, in order to resolve any immediate and/or ongoing concerns about response time or other aspects of their interface.

**Reimbursement to EDs for Emergency Behavioral Health Evaluation for MBHP/HNE BH Adults Ages 21 and Older**

When MBHP/HNE BH has granted permission for the ED to conduct the evaluation, effective September 1, 2015, MBHP/HNE BH will provide reimbursement to an ED when ED clinical staff
conduct a behavioral health crisis assessment for MBHP adults ages 21 and older in the event that the ESP is not able to respond within 60 minutes of time of readiness.

**Populations served by ESP/MCI**
As a reminder, ESPs should be utilized for the populations below as directed by MassHealth and the Department of Mental Health: all MassHealth products including MassHealth “unmanaged” or “fee for service,” MBHP/HNE BH, and MassHealth Managed Care Entities (MCEs); all OneCare plans, CarePlus plans, Medicare; Medicare/Medicaid; and DMH Only.

All individuals in these payer groups should be provided with access to the ESP/MCIs regardless of where they present for services, including the ED setting.

**Claims**
Claims should be submitted using the billing code 99060, with modifier HO and place-of-service code 23 only. One unit equals 60 minutes with a maximum of two units per day. Please see the Benefit Service Grid for details.

**Contracting**
If you are currently contracted with MBHP/HNE BH, please sign and date the Exhibit A (contract) that has been sent to the CEO of your organization. If you are not currently contracted or do not know, please e-mail Garland Russell, director of Network Operations at MBHPNetworkManagement@valueoptions.com.

**MBHP/HNE BH Clinical Access Line:** 1-800-495-0086 (press 1 for the English menu, 2 for the Spanish menu, then 3 and then 2 to skip prompts). The Clinical Access Line is available 24/7/365. The MBHP/HNE BH Clinical Access Line is called to authorize emergent care for MBHP/HNE BH Members. This number may also be called for general assistance, as noted throughout this Alert.


**Questions**
If you have questions regarding this Alert, please contact our Community Relations Department at 1-800-495-0086 (press 1 for the English menu or 2 for the Spanish menu, then 3 then 1 to skip prompts), Monday through Thursday, 8:00 a.m. to 5:00 p.m., and on Fridays from 9:30 a.m. to 5:00 p.m.

You may also contact your MBHP/HNE BH regional director with questions regarding the matters delineated in this Alert.

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