The Massachusetts Behavioral Health Partnership (MBHP) is the company that manages behavioral health (mental health and substance abuse) services for MassHealth’s Primary Care Clinician (PCC) Plan Members*. Additionally, MBHP is contracted with the Department of Mental Health to manage most of the Emergency Services Programs (ESPs) across the Commonwealth. In that role, MBHP is issuing this Alert to hospital Emergency Departments (EDs), MBHP network providers, and other interested stakeholders in order to provide clarification and guidance relative to the management of behavioral health emergencies in the ED setting. More specifically, this Alert delineates the roles and responsibilities of the Emergency Services Programs (ESPs) and describes an individual’s progression through this system, with a goal of expediting his or her movement through the hospital ED and into acute behavioral health services, as medically necessary.

ESPs function as a “safety net” for all citizens of the Commonwealth regardless of age, payer, or ability to pay. It is important to note that the policies and procedures in this Alert applies to those populations for whom the ESPs are contracted with MBHP to serve, which includes MBHP members, MassHealth (non-MCO enrolled) Members, uninsured consumers, and DMH consumers. However, it is also important to note that MassHealth also requires the four Managed Care Organizations (MCOs) contracted with MassHealth to utilize the ESP system for emergency behavioral health services for MassHealth MCO enrolled Members. Please contact the specific MCO with whom the MassHealth Member is enrolled to obtain plan specific policies and procedures (see attachment #8 - MCO contact list). Other payers (i.e. commercial insurers) may or may

* For the purposes of this Alert, Members shall mean any person enrolled in any MassHealth plan including MBHP, MassHealth MCO, and MassHealth (non-MCO).
not utilize similar protocols and resources in providing emergency behavioral health services to their members.

MBHP has developed and implemented various initiatives to achieve the shared goal of improving access to acute behavioral health services. Through the MBHP Access to Care Workgroup, MBHP has partnered with key stakeholders including hospital EDs, ESPs, inpatient psychiatric facilities, and provider trade organizations including the Massachusetts Association of Behavioral Health Systems (MABHS), Massachusetts Hospital Association (MHA), Mental Health and Substance Abuse Corporations of Massachusetts (MHSACM), and the Massachusetts College of Emergency Physicians to improve the flow of behavioral healthcare consumers through the ED and ESP processes. MBHP developed this Alert with input from members of the Access to Care workgroup as well as the Department of Mental Health (DMH) and the MassHealth Behavioral Health Program (MHBHP).

During the first half of FY08, MBHP and Access to Care Workgroup members will be implementing several initiatives resulting from these collaborations, including hosting meetings in each region to discuss this Alert with hospital EDs, ESPs, and inpatient providers. MBHP will then continue ongoing regional provider meetings as a mechanism for continued communication and collaboration.

I. Emergency Service Program (ESP) Responsibilities related to Behavioral Health Emergencies in the Hospital Emergency Department (ED) Setting for MBHP Members or Uninsured Consumers

A. ESP Role Definition
The ESPs are the primary mechanism through which emergency behavioral health evaluations are provided and acute behavioral health services are accessed. ESPs provide emergency behavioral health evaluation, crisis intervention, and stabilization services, resulting in a referral to the most appropriate and least restrictive level of care to meet each consumer’s behavioral health needs. There are 26 ESPs covering every city and town across the Commonwealth. They operate 24 hours per day, seven days per week. They provide services at their community-based office locations, and they also conduct on-site or “mobile” emergency evaluations at such locations as a consumer’s home, residential programs, etc. Twenty-two of the ESPs are contracted with MBHP to provide these services to MBHP members, MassHealth (non-MCO) Members, uninsured consumers, and DMH consumers. An additional four ESPs, all of which are located in southeastern Massachusetts, are contracted with DMH and provide similar services. Some ESPs operate Crisis Stabilization Units (CSUs), which offer short-term diversionary placements with varying clinical intensity, primarily for adults. Please see Attachment #1- ESP Area Directory.

B. Emergency Service Communication
The ESP provider manages the flow of communication throughout the process of evaluating a behavioral healthcare consumer in an ED. The ESP communicates with both MBHP and the ED. MBHP is available to support the local ESPs and EDs efforts. During regular business hours, MBHP Regional Directors or Regional Network Managers are available to work collaboratively to address concerns regarding complicated circumstances. After hours, the MBHP Clinical Access Line may be called. 

Please see contact information for MBHP staff at the end of this Alert.

C. Readiness for Behavioral Health Evaluation and Medical Clearance

It is recommended that the hospital ED notify the local ESP as soon as a consumer is identified by the ED as needing a behavioral health evaluation, to alert the ESP that they will be requested to provide an on-site evaluation at the ED once the consumer is ready for the evaluation. This call will assist the ESPs in their responsiveness by providing some lead-time to manage staffing resources according to local volume and clinical need.

Readiness is the point at which the consumer is able to participate in a behavioral health evaluation. If the evaluation occurs in a hospital ED, consumers 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. (If the evaluation occurs in the community, medical clearance may or may not be required, depending on the presentation of the consumer.) In addition to medical clearance, readiness also assumes that the consumer is awake and sufficiently cleared from the effects of substances so that he or she may participate in the evaluation.

MBHP endorses the attached guidelines developed by the Task Force members of the Massachusetts Psychiatric Society and Massachusetts College of Emergency Physicians regarding medical clearance. If an inpatient facility, prior to making a decision to admit a given consumer, requests additional medical testing in response to a specific consumer’s clinical presentation and/or to meet their facility’s general admission requirements that may seem unnecessary and therefore contributing to delays, ESPs are asked to inform both the ED staff and the MBHP Clinical Access Line. MBHP will track the frequency of these requests for additional testing and will subsequently address this with inpatient providers.

Please see Attachment #2 - Network Alert #87, Medical Clearance Guidelines, Medical Clearance Task Force Consensus Statement and Questions & Answers, and Attachment #3 - Network Alert #29, Toxic Screen Guidelines.

D. ESP Evaluation, Response Time, and Related ED Roles

Once the consumer has been medically cleared, if applicable, and is otherwise ready to begin the behavioral health evaluation, the ED should call to the ESP to request the on-site or “mobile” ESP evaluation. It is expected that the ESP clinician
will initiate a comprehensive behavioral health evaluation within 60 minutes of time of readiness.

The behavioral health evaluation conducted by the ESP includes, but is not limited to: a clinical interview with the consumer; information gathering with the consumer’s parent, guardian, and/or others who accompanied the consumer to the ED, with appropriate consent; collateral contacts with such key roles as the consumer’s outpatient treaters, state agency caseworkers, and/or PCCs; and, if needed, consultation with an ESP psychiatrist. The ESP clinician determines the most appropriate level of care to meet the clinical needs of the consumer, utilizing the continuum of outpatient, diversionary, and inpatient services covered by MBHP. It is the role and responsibility of the ESP to make this clinical determination, with the authorization of the MBHP Clinical Access Line. If the ED has serious concerns about the clinical disposition or level of care determined by the ESP, an ED physician should address these concerns with the ESP clinician. If further consultation is needed, the ESP clinician can access the ESP Program Director or designee during regular business hours, and/or the ESP consulting psychiatrist at any time.

MBHP recognizes that there may be circumstances when meeting the 60 minute timeframe is problematic, such as during peak volume periods. If the local ESP is not able to respond within 60 minutes of time of readiness, it is the responsibility of the ESP Director or designee to:

1. contact the ED to advise them of the delay and expected time of arrival; and
2. contact the MBHP Clinical Access Line to advise them of the delay and indicate whether the ED will be exercising the option of utilizing its own hospital staff to conduct the emergency evaluation, as outlined below.

In these circumstances, MBHP expects ESPs to inform the ED as soon as they determine that they are unable to evaluate within 60 minutes of readiness. If the ESP is unable to begin the evaluation within 60 minutes, the ED may elect to wait for the ESP to arrive and conduct the behavioral health evaluation. Alternatively, MBHP provides the option of having the ED function as a delegated entity, to conduct the emergency behavioral health evaluation, utilizing internal expertise and presenting the clinical information directly to the MBHP Clinical Access Line for review and authorization of a medically necessary level of care. The MBHP Access Line must agree prior to beginning the evaluation to delegate this role to the ED for a given consumer. This option, for the purpose of expediting the flow of consumers through the ED, is allowed only when 60 minutes has elapsed since ‘time of readiness’ and the ESP has not arrived to begin the behavioral health evaluation. In these circumstances, if the ED chooses to conduct the evaluation as a delegated entity for a given consumer with MBHP Clinical Access Line approval, the ED must use a master’s level clinician or higher to conduct this evaluation and must present the clinical information and recommended disposition to the MBHP Clinical Access Line.
MBHP will continue to track any delays in ESP response time that result in an ED staff providing the evaluation, in order to address patterns of ESP response time or other quality issues with those providers.

Whenever an emergency behavioral health evaluation is completed by an ESP or a delegated entity with a master’s level clinician, a standard set of clinical data must be presented by phone to the MBHP Clinical Access Line. Please see Attachment #4 - MBHP Pre-certification Forms for Children/Adolescents and Adults, which outlines the clinical information that will be required by the MBHP Clinical Access Line.

The ESP or delegated entity completing the evaluation follows the case through to disposition including the bed search and arranging transfer of the consumer. These processes, and resources to assist with them, will be described in Section II.A. Bed Search and Authorization of Inpatient Services, below.

MBHP encourages 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. As stated above, when MBHP support is needed in these local efforts, ESPs and EDs are welcome to call their MBHP Regional Director who will work collaboratively to address concerns.

II. Access to Inpatient Services

A. Bed Search and Authorization of Inpatient Services
Once the consumer has been medically cleared, evaluated by the ESP, and MBHP has determined that medical-necessity criteria has been met for inpatient or another 24-hour level of care, the ESP (or the delegated entity) begins a bed search. The ESP seeks admission to an appropriate facility in the region in which the consumer resides. If there are no beds available in the consumer’s region, the ESP then places calls to facilities in contiguous regions, and finally statewide. When the ESP secures a bed for the consumer, the ESP obtains an authorization (or reference number for uninsured consumers) from the MBHP Clinical Access Line and arranges transfer of the consumer to the admitting facility.

MBHP recognizes that there are times that inpatient disposition has been delayed during periods of high volume. If an ESP has contacted all in-network facilities and has been unable to secure a bed, the ESP is expected to call the MBHP Clinical Access Line or MBHP regional office. During business hours, MBHP regional staff will then assist the ESP in accessing an inpatient admission through direct contact with MBHP network providers. After hours, the MBHP Clinical Access Line will support the ESP with information on potential bed availability.
In the event that there are still no in-network beds available and no discharges are expected from in-network facilities within a reasonable time period of no more than six hours, the ESP (or the delegated entity) may call out-of-network facilities. If a bed is located in an out-of-network facility, the ESP may then request an out-of-network authorization from the MBHP Clinical Access Line.

Throughout this process, the ESP keeps the consumer, his or her accompanying parent or guardian, and the hospital ED informed on a regular basis about the status of this process. During such delays, EDs not functioning as a delegated entity for a given consumer are cautioned from initiating a concurrent bed search for a consumer who has been evaluated by an ESP, as doing so is duplicative and often interferes with the ESP’s bed search, contributing to delays.

For the ESP or a delegated entity completing the behavioral health evaluation for a given consumer, resources are available to assist with bed searches. Please see Attachment #6 list of Inpatient Admissions Contacts, which may be useful in completing bed searches. Additionally, the MBHP Clinical Access Line may be called for assistance, as this staff has the most current information about bed availability as reported by the facilities on weekdays and as obtained through their conversations with ESPs and inpatient facilities on weekends. The MBHP Clinical Access Line can also provide contact or access information about MBHP inpatient or other providers as well as out of network providers. MBHP provider network information may also be accessed through the Regional Provider Reference Guides on the MBHP website (go to www.masspartnership.com, click on “for behavioral health providers,” and then click on “important contacts”).

**B. Boarding and 1:1 Specialing**

During periods of peak volume or lack of bed availability, the behavioral health disposition may be delayed, and it may be necessary to board children/adolescents, under age 19, for a short period of time on pediatric units or in EDs. It is the ESP’s responsibility to negotiate the need for boarding with the hospital and request a boarding authorization from the MBHP Clinical Access Line for the boarding of MBHP child/adolescent Members. If all appropriate in-network and out-of-network inpatient facilities have been contacted and a bed has not been secured for the Member, a boarding authorization will be considered by the MBHP Clinical Access Line beginning at 5:00 p.m., as it is less likely that new beds will become available after this time. MBHP may also authorize 1:1 “specialing” during boarding of children/adolescents, to ensure Member safety.

When a Member is boarded, the ESP remains responsible for continuing the bed search on an ongoing basis until disposition. Additionally, the ESP is required to re-evaluate the Member if 24 hours have elapsed since the original ESP evaluation and determination of level of care. MBHP tracks all Members for whom a boarding authorization has been issued, and the MBHP Clinical Access Line and regional offices work with the ESPs to access appropriate placements. During this process,
the ESP keeps the Member, his or her accompanying parent or guardian, and the hospital ED informed on a regular basis about the status of this process.

For continued authorization of boarding, it is the ESP’s responsibility to call the MBHP Clinical Access Line daily. It is the responsibility of the boarding hospital to request the MBHP reference number from the ESP to ensure payment of the claims later submitted by the hospital. As a reminder, children/adolescents who meet hospital level-of-care criteria should not be sent home due to the lack of an available inpatient psychiatric bed.

C. No Reject Policy and Access-to-Care Workgroup
MBHP’s contract with the MassHealth Behavioral Health Program requires that all inpatient acute mental health providers agree, subject to available beds and age appropriateness, to admit persons who require inpatient acute mental health services upon referral by an ESP, regardless of a person’s clinical profile or ability to pay. Please note that this policy has always been a requirement of MBHP’s contracts with inpatient mental health providers; this does not reflect a change in expectations. MBHP regional staffs address issues related to this “No Reject Policy” and access to inpatient care with in-network inpatient providers on a case-by-case basis as well as through ongoing network management activities.

III. How to Apply for MassHealth or the Commonwealth Care Plan

Assisting uninsured consumers with accessing available healthcare insurance coverage is a priority. An ESP, ED, or inpatient unit may each be in the best position to assist the consumer with this process as they learn about the consumer’s uninsured status. MBHP expects all inpatient providers to seek coverage for all uninsured consumers admitted to their facilities.

If a consumer has not yet applied for MassHealth, it is expected that the consumer, will be assisted by completing the Medical Benefits Request (MBR) form, as soon as he or she is able to participate in the application process

MBR forms can be accessed at [www.mass.gov/masshealth](http://www.mass.gov/masshealth). For questions regarding general eligibility, MassHealth Benefits, and enrollment into a health plan, contact MassHealth Customer Service at 1-800-841-2900. For updates on the status of a submitted MBR form or Member eligibility, contact the MassHealth Enrollment Center at 1-888-665-9993.

In addition, ESPs, EDs or inpatient providers may contact the Commonwealth Care Plan, which provides insurance coverage for some consumers not eligible for MassHealth. The Commonwealth Connector, who administers the Commonwealth Care Plan, can be accessed via [www.mahealthconnector.org](http://www.mahealthconnector.org) or by calling 877-623-6765.
IV. MBHP Reimbursement for Emergency Services

MBHP, with funding from the DMH and MassHealth, contracts and pays for emergency behavioral health services through the ESP system when they are conducted by ESP clinicians.

MBHP does not reimburse for ED facility charges (Revenue Codes 450, 456, and 459) because of the inclusion by MassHealth for visits with a behavioral health diagnosis in the Payment Amount Per Episode (PAPE) rate that became effective Oct. 1, 2004. As of Jan. 1, 2006, revenue codes 450, 456 and 459 codes needed to be billed to MassHealth. *Please see Attachment #7 - MBHP Provider Alert #8, Emergency Department Facility Charges (Revenue Codes 450, 456, and 459).*

Please contact MassHealth Customer Services at 1-800-841-2900 or on the web at: [www.mass.gov/Masshealth](http://www.mass.gov/Masshealth), for all questions regarding MassHealth reimbursement for ED services provided to MassHealth Members enrolled with MBHP and MassHealth (non-MCO enrolled) Members.

V. Assistance with Consumers Insured by Other Payers

When an ESP or ED needs assistance accessing behavioral health services for consumers with commercial insurance or a MassHealth MCO, the appropriate insurance company should be contacted. The MassHealth-contracted MCOs provide services to MassHealth Members and also provide coverage to those enrolled in the Connector plans, namely, Commonwealth Care Plan. *Please see Attachment #8 - MCO contact list.*

VI. MBHP Resources

**MBHP Community Relations Department** 1-800-495-0086
If you have questions regarding this Alert, please contact the MBHP Community Relations Department or your MBHP Regional Director listed below.

**MBHP Clinical Access Line** 1-800-495-0086
The MBHP Clinical Access Line is called to authorize emergent care for MBHP Members. This number may also be called for general assistance, as noted throughout this Alert.

**MBHP Regional Network Management Staff**
MBHP regional staff may be called if you have questions about this Alert. They should also be called for general assistance as noted throughout this Alert, including whenever assistance is needed in ensuring that MBHP providers perform in accordance with the guidelines outlined in this Alert.
Metro Boston 617-790-4000
Regional Director Jim Kaufman 617-350-1940
Network Manager Jennifer Hallisey 617-350-1915
Network Manager Marolyn Moriarty 617-350-1927

Western 413-322-1800
Regional Director Linda Trott 413-322-1802
Network Manager Jayne Bannish 413-322-1806
Network Manager Kevin Weir 413-322-1801

Central 508-890-6400
Regional Director Elizabeth O’Brien 508-890-6406
Network Manager Lanny Eder 508-890-6409

Northeast 617-790-4000
Interim Director Jackie Titone 617-350-1925
Network Manager Doug Kozlowski 617-350-1901

Southeast 617-790-4000
Regional Director Joanne Waithaka 617-350-1912
Network Manager Alex Forster 617-350-1924

MBHP Quality Department
The MBHP Quality Department works with MBHP network providers and MBHP regional staff to monitor and improve quality of care for MBHP Members. MBHP Members or a qualified representative may file complaints with the MBHP Quality Department by calling Lagernia Beverly at 617-350-1943.

VII. Attachments
1. ESP Area Directory
2. MBHP Network Alert #87: Medical Clearance Guidelines
   a. Medical Clearance Task Force Consensus Statement
   b. Medical Clearance Task Force Consensus Statement, Questions and Answers
3. MBHP Network Alert #29: Toxic Screen Guidelines
4. MBHP Pre-certification Forms
   a. Adult
   b. Child/Adolescent
5. Emergency Department (ED) Contact List
6. Inpatient Contact List
7. MBHP Provider Alert #8: Emergency Department Facility Charges
8. MCO Contact List