

Chapter 177 of the Acts of 2022

Information Session #4 on Friday, November 4 at 1PM – Emergency Services Program (Sections 49, 51, 55, 58, and 61)

According to the amendments added by section 49, the provisions of M.G.L. 175, section 1, include the following additional definition:

“Emergency Services Programs” means “all programs subject to contract between the Massachusetts Behavioral Health Partnership and nonprofit organizations for the provision of community-based emergency psychiatric services, including, but not limited to, behavioral health crisis assessment, intervention and stabilization services 24 hours per day, 7 days per week, through: (i) mobile crisis intervention services for youth; (ii) mobile crisis intervention services for adults; (iii) emergency service provider community-based locations; and (iv) adult community crisis stabilization services.”

According to the provisions of M.G.L. 175, section 47RR; M.G.L. c. 176A, section TT; M.G.L. c. 176B, section 4TT; M.G.L. c. 176G, section 4LL.

“A contract between a subscriber and the corporation under an individual or group hospital service plan that is delivered, issued or renewed within or without the commonwealth shall provide benefits on a nondiscriminatory basis for medically necessary emergency services programs, as defined in section 1 of chapter 175.”

- 1) Is the definition of “Emergency Services Programs” understood or does it require additional clarification?
- 2) In Section 2WWWWW of Chapter 29 of the Acts of 2022, it is noted that “[t]here shall be a Behavioral Health Access and Crisis Intervention Trust Fund to be administered by the secretary of health and human services...[and t]he secretary may expend money from the fund, without further appropriation, to support a statewide, payor-agnostic community behavioral health crisis system including, but not limited to, all necessary costs to support: (i) a behavioral health access line to connect individuals to behavioral health services, including clinical assessment and triage; and (ii) a statewide system to deliver behavioral health crisis intervention services 24 hours per day and 7 days per week in mobile and community-based settings, available to all residents without regard to insurance.” How does the statewide system to deliver behavioral health crisis intervention services work in relation to the mandate for Emergency Services Programs?
- 3) Is it clear what which “programs are subject to contract between the Massachusetts Behavioral Health Partnership and non-profit organizations for the provision of community-based emergency psychiatric services”?
 - i. Is there a list of which programs would fit this description? How does this list of programs change?
 - ii. Are there standards or certifications that such programs are to meet so that they are to be included within this mandate?

- iii. Where the law identifies that the programs “are subject to contract”, does this require that they are under contract with the Massachusetts Behavioral Health Partnership (MBHP) or that they just be eligible to contract with MBHP?
 - iv. Is it understood that all Emergency Services Programs are non-profit organizations?
 - v. Is there anything more that should be understood about Emergency Services Programs within evolving changes in care delivery systems?
- 4) It is noted that emergency services programs provide “community-based emergency psychiatric services, including, but not limited to, behavioral health crisis assessment, intervention and stabilization services 24 hours per day, 7 days per week, through: (i) mobile crisis intervention services for youth; (ii) mobile crisis intervention services for adults; (iii) emergency service provider community-based locations; and (iv) adult community crisis stabilization services.”
 - a) Is it clear what is included within “community-based psychiatric services”?
 - i. Are there known standards for what is to be considered to be “community-based services”? There is a list of what is to be included. Should other items be added for clarity?
 - ii. Is it understood what constitutes “behavioral health crisis assessment, intervention and stabilization service 24 hours per day, 7 days per week”?
 - iii. Is it understood what constitutes “mobile crisis intervention services for youth”? Are there standards that a provider is expected to meet when providing this level of care?
 - iv. Is it understood what constitutes “mobile crisis intervention services for adults”? Are there standards that a provider is expected to meet when providing this level of care?
 - v. Is it understood what constitutes “emergency service provider community-based locations”? Are there standards that a provider is expected to meet when providing this level of care?
 - vi. Is it understood what constitutes “adult community crisis stabilization services”? Are there standards that a provider is expected to meet when providing this level of care?
- 5) Are health plans and providers to enter into new contracts to provide the services of the “Emergency Services Programs”?
- 6) For plans providing benefits through a network of providers, are all “Emergency Service Programs” to be available as in-network providers under an insured’s health plan?
- 7) The law applies as policies are “delivered, issued or renewed within or without the commonwealth.” Is this clear or would it be helpful to do a Q&A with examples of what this means? The law also applies to insured health plans. Would it be helpful to do a Q&A with examples of what this means? How will covered persons and providers know whether or not the law applies to them?
- 8) The law does not include any provisions related to cost sharing. Does Bulletin 2000-14 - [download \(mass.gov\)](https://www.mass.gov/info-details/bulletin-2000-14) - apply to these services? Would it be helpful to include information within Evidences of

Coverages, plan websites, and a Q&A to explain plan deductibles, coinsurance, or copayments in relation to these services?

- 9) Does there need to be clarity about utilization review for care provided through the “Emergency Services Program” of care? Does Bulletin 2000-14 - [download \(mass.gov\)](#) - apply to these services? Would it be helpful to include information within Evidences of Coverages, plan websites, and a Q&A to explain that explains plan deductibles, coinsurance, or copayments in relation to these services?
- 10) Does there need to be clarity about how to bill carriers for any care provided through the “emergency Services Program”?
- 11) What types of provider and member education may be helpful to educate providers and members about the availability of these services?
- 12) Are there any barriers or privacy concerns that should be considered?