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DEPARTMENT OF MENTAL HEALTH
DIVISION OF CLINICAL AND PROFESSIONAL SERVICES
LICENSING DIVISION – BULLETIN #20-04R

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COVID-19 PANDEMIC GUIDANCE
Admission and EPIA

In light of the current COVID-19 pandemic, this bulletin highlights current regulations and policies that support behavioral health patients leaving Emergency Departments (EDs) as soon as possible once it is determined that psychiatric inpatient level of care is required. In recognition of the vital role of acute psychiatric facilities in providing safe appropriate care for individuals in psychiatric crisis, DMH is highlighting licensed facilities' obligations to admit and treat patients meeting admission criteria within their license class.

This revised bulletin announces a change in the time that EDs, Emergency Services Programs (ESPs), and insurance carriers must escalate to DMH for assistance in the EPIA protocol. In light of the continuing COVID-19 State of Emergency and the increased utilization of emergency services for individuals in behavioral health crisis, the step wise escalation function of the EPIA protocol reinforces the important work being accomplished by EDs, ESPs, and insurance carriers in the usual course of evaluation and disposition of behavioral health patients in EDs. Many behavioral health patients will be served and provided disposition back to the community or to inpatient psychiatric facilities within the first 48 hours of an ED stay. This is done without any assistance by DMH even though for the past six months DMH has received referrals for assistance starting at the 24 hour mark of ED boarding. In order to be more effective in identifying and working with long stay ED Boarders who need DMH help with disposition, the expected time for escalation to DMH will be at the 60 hour mark. This will allow EDs, ESPs, and insurance carriers to work with patients to best identify their need and procure a disposition without the distraction and redundancy of initiating a referral to DMH early in the ED stay. In the spirit of being in this together, DMH continues to highlight the licensed facilities' obligation to admit and treat patients meeting admission criteria within their license class, so we may all play our role in keeping our patients and our staff safe.

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1. No Reject Policy interpreted for COVID-19 Pandemic:

- a. If a facility has been identified as accepting admissions and a patient has been medically cleared, requires inpatient psychiatric treatment, and otherwise meets admission criteria, they must admit that patient for care. A facility may deny admission to a patient only if such admission would result in a census exceeding the facility's operational capacity or if the admission has been determined by the facility medical director to exceed the facility's capability at the time admission is sought. This determination must be recorded in writing as an admission denial [Bulletin 18-01](#) and shall be subject to review by the Department of Mental Health.
- b. It is expected that patients will be preferentially re-admitted to the most recent facility where they had been hospitalized. A facility may not deny admission based on circumstances of a patient's previous admission, including those who were discharged to another facility for treatment and are returning to that inpatient psychiatric facility.
- c. Facilities should make every effort to admit patients who are in EDs that are within the Facility's healthcare system.
- d. At this time, inpatient psychiatric facilities, identified to DMH as accepting patients who are confirmed to be infected with COVID-19, must be prepared to admit patients who have tested positive or are suspect for COVID-19 and who do not need medical hospital treatment for COVID-19.

2. Enhanced Expedited Psychiatric Inpatient Admission (EPIA):

Effective immediately:

- a. EDs, ESPs, and Insurance Carriers will escalate to DMH any unplaced ED boarders waiting psychiatric inpatient level of care **at the 60 hour mark of their ED visit.**
- b. If at any point after arrival of a behavioral health patient to an ED and the ED, ESP or Insurance Carrier know this patient will require DMH assistance for placement, **escalation to DMH can proceed prior to 60 hours.**
- c. Escalation to DMH for assistance includes all behavioral health patients waiting in EDs for inpatient placement no matter what insurance they have (all commercially insured, publically insured, uninsured, out-of-state insurance etc.).
- d. **The use of MABHA to track and monitor ED Boarders is still required for the publically insured patient.** All ED/ESPs are expected to enter all behavioral health ED Boarders with managed and/or unmanaged public insurance coverage (Medicare, Duals, Medicaid Fee for Service, Health Safety Net, Medicaid ACO/MCO) and some uninsured who are still waiting psychiatric inpatient placement **at the 24 hour mark.** This allows for optimal advocacy within the State Agencies and Managed Care entities involved on behalf of those boarding.

Any questions regarding this bulletin should be directed to the DMH Licensing Division at 617-626-8117 or by email to Teresa.J.Reynolds@mass.gov