



Community Hospitals/Free-Standing E&Ts for Long-Term Mental Health Inpatient Beds

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Intent of Washington State Proviso – Section 204 Q of the enacted 2018 Budget

DBHR is to purchase bed capacity by contracting directly with community hospitals and/or free standing Evaluation & Treatment Centers (E&Ts) for long-term mental health inpatient beds

- **Court ordered 90-180 day involuntary stay**
- **Replaces State Hospital admissions**

Non-IMD facilities only

Location of Beds

As of today ... 33 beds

The contracted long-term mental health beds are located in community hospitals and free standing E&Ts in Western Washington and Eastern Washington.

- PeaceHealth St. John; Cowlitz County – 2 beds online
- Cascade MH; Lewis County – 4 beds online
- TeleCare; Skagit County – 3 beds online
- Kitsap Mental Health; Kitsap County – 4 beds online
- Virginia Mason Memorial; Yakima County – 6 beds online
- Astria Toppenish Hospital; Yakima County – 14 beds online
- Skagit Valley Hospital; Skagit County – 2 beds to be online October 2019

Contracted Bed Usage

Individuals must have:

1. 90-180 day court order
2. Clinical appropriateness for contracted facility
 - a. Determined by clinical staff at the contracted facility

Contracted Bed Usage

Beds are expected to fill in the following order:

- Individuals currently in facility
 - Clinically appropriate
 - Co-morbidity (mental health/physical health)
 - From the region of facility
 - Court order; date/time (first come, first served)
- Outside Placement
 - From that region & clinically appropriate
 - Co-morbidity (mental health/physical health)
 - Current location is not clinically appropriate
 - i.e. Emergency Room
 - Court Order; date/time (first come, first served)

Medically Compromised Individuals

There are 2 contracted sites in place to serve medically compromised individuals who have been placed on a 90-180 day involuntary stay

- 6 beds at Virginia Mason Memorial
- 10 beds at Astria Toppenish Hospital
- 2 beds at Skagit Valley Hospital; expected to come online October 2019

Payment Responsibility

- If individual is in a contracted bed on a 90-180 day order, HCA follows coordination of benefits rules and will pay the Medicaid allowed amounts not covered by the primary third party payor
 - In free standing E&Ts, professional services are considered part of the per-diem charges paid by HCA and should not be billed separately
 - In community hospitals, professional services are charged to HCA **Fee for Service/MCO** similar to other hospital stays
- If individual is in a contracted bed on a 90-180 day order, the individual's insurance provider is responsible for costs outside of the per diem rate

Payment Responsibility (cont.)

If the individual is on a 90-180 day order and not in a contracted bed (i.e. single bed cert., IMD, etc.)

- The individual's insurance provider is responsible for the cost(s)

90-180 Day Court Order

- The 90 day order typically occurs after the 14 day order but can be filed by the court any time during their ITA stay after the initial 72 hours
- Different courts have differing standard practices
- The 90 day stay begins on the day the court stamped it and is often referred to as the File Date
- If an individual is transferred from a non-contracted bed to a contracted bed any time during the 90 day stay, the contracted bed date begins on date of transfer, not the date of the court order

Court Order and Authorization Process for Contracted Beds

- Concurrent review process will assist in identifying when an individual transitions from 14 day court order to 90-180 day court order
- Copy of court order is to be sent to DBHR representative at the time authorization is requested
 - Within 48 hours of admission
- Court documentation **cannot contradict** the facility's location
- Additional authorization and billing information can be found in the Mental Health Provider Billing Guide at <https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules#m>

Hospital Liaison/Discharge Planning

- It is expected that liaison/discharge planning work will occur
 - The MCOs/BHOs/BH-ASOs are responsible for hospital liaison and robust discharge planning activities with these contracted beds
 - Ensure that insurance in place
 - Have post-discharge appointments set up
 - Set up appropriate housing placement
 - Etc.

The contracted long term mental health beds
are not tied to secure management withdrawal
and stabilization (SWMS) beds

Please contact Arthur Williams
with questions surrounding SWMS beds
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Additional Questions?

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