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Re: Response to Public Comments for Global Commitment Resister (GCR) Policy 22-069, Emergency Department Reimbursement for Mental Health Extended Stays

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The Department of Vermont Health Access (DVHA) response to public comments on this policy change is below. The comments received from the Vermont Association of Hospitals and Health Systems (VAHHS) are enclosed in the pages following the response.

Comment 1: Reimbursement for mental health extended stays should be made permanent
The proposed rule states that reimbursement for mental health extended stays is temporary. Emergency department boarding for mental health patients has been a persistent challenge in Vermont for several years. It is an issue that existed prior to the public health emergency and will continue beyond it without significant investments in services, resources, and technology. Other states have implemented permanent reimbursement strategies similar to the temporary one proposed by the Agency. VAHHS requests that the Agency extend this reimbursement beyond the end of the public health emergency.

State Response 1: Thank you for your interest and public comments on GCR policy 22-069, Emergency Department Reimbursement for Mental Health Extended Stays. This is a pilot project that is effective from July 1, 2022, through June 30, 2023. Over the next year DVHA will monitor the program to determine the need and effectiveness. Continuance is dependent on funding.

Comment 2: Reimbursement should be applied to any mental health extended wait times longer than 24 hours, regardless of where the patient is located
Several hospitals have utilized medical surgical and intensive care unit spaces to provide patients with a calmer environment who are boarded waiting admission. VAHHS requests that the Agency remove reference to emergency departments from the policy and prior authorization requirements and allow hospitals to use their clinical judgment on the best areas for these patients to wait for care.

State Response 2: Reimbursement is applied for Emergency Department stays. Each request will be reviewed case-by-case by DVHA and will take into consideration extenuating circumstances.

Comment 3: "No beds available" should include referral denials or delays in admission placement
Regarding the Policy Summary and related documents, VAHHS requests that the terminology of "no beds available for placement" be adjusted to reflect other reasons for extended stays that are listed in the prior authorization instructions, such as referral denials or delays in admission placement. Clinical

judgment, safety concerns, or workforce shortages may require hospitals inpatient units to refrain from filling every bed with a patient.

State Response 3: Each request is reviewed to ensure criteria is met. DVHA acknowledges there are cases of referral denials or delays in admission placements and feels that the terminology encompasses this.

Comment 4: The proposed prior authorization requirements are unduly burdensome and should be eliminated

Regarding the Prior Authorization Instructions, VAHHS is concerned about the submission requirement "Member has been screened by Emergency Services (ES) staff from a Vermont Designated Agency (DA)." According to the Department of Mental Health's Mental Health Provider Manual, ES staff are required to have capacity to provide 24/7 inpatient screening for involuntary inpatient admissions, CRT-enrolled clients, and voluntary youth under 18 years who have Medicaid as their primary pay source. Voluntary patients with Medicaid as their primary source are not part of this mandated population. Designated Agencies are currently facing significant vacancies in their clinical programs that are creating delays for screening and reassessment. We also need Designated Agencies to maintain capacity for critical outpatient services for members. We are concerned requiring DA screening of every member will add further delay to placement, shift resources from clinical programming to meet screening mandates, and potentially generate an additional cost to hospitals that do not currently engage DAs for full screening coverage.

The Prior Authorization Instructions create administrative burden in emergency departments that are already stretched thin due to the workforce shortage and a stressed community health care system. DVHA can only accept a single authorization for a stay, so the prior authorization for the extended ED stay cannot be combined with a subsequent inpatient stay for hospitals with designated psychiatric units, as required by billing rules. Emergency departments, which are not set up for long term stays, do not have an incentive to keep mental health patients for longer than necessary. Furthermore, $200 a day will not create an incentive to keep patients longer than necessary because it does not cover costs. If DVHA is seeking information through the PA process, coding or other data collection efforts may satisfy these needs without creating extra burden on providers.

State Response 4: There will be no change in Prior Authorization requirement. DVHA collaborated with VAHHS partners when designing this policy. Prior authorization requirements were endorsed. The process is simple and allows interdepartmental collaboration at the state.

DVHA agrees that additional language around voluntary placements is appropriate. The following language has been added to the document on the DVHA website: '*While voluntary adult admissions do not require screening by designated agency staff, acute level of care criteria must continue be met.'*