**The Commonwealth of Massachusetts**

**Executive Office of Health and Human Services**

**Department of Mental Health**

**25 Stanford Street, Boston, MA 02114**

**To:** EDs, ESPs, Insurance Carriers, MassHealth

**From:** Kathy Sanders MD, State Medical Director

Date: March 31, 2020

**Re:** EPIA during COVID-19

With the current COVID-19 health crisis, it is important for medically asymptomatic behavioral health patients who need psychiatric inpatient hospital level of care to spend as little time as possible in Emergency Departments (ED). The risk of exposure to COVID-19 in the ED setting as well as the need to divert resources to the surge of patients requiring medical attention or other life threatening emergencies in our EDs is crucial at this time.

In order to support the effort to place behavioral patients in acute psychiatric hospitals as efficiently as possible, DMH will temporarily relax the time line currently associated with EPIA 2.0 protocol. This relaxation is particularly focused on the individuals who are challenging to place due to their significant barriers. DMH’s role in advocating for patients requires good communication and up to date clinical information. Without that, its role in working with receiving facilities becomes unnecessarily delayed and redundant. DMH does not take over nor does bed searches for EDs and ESPs. Rather our role is to create a match between the ED/ESP/Carrier and a bed available in the acute care hospitals.

Effective immediately, EPIA will allow EDs, ESPs, and Insurance Carriers (both MassHealth and Commercial) to escalate a referral to DMH if the behavioral health patient has spent 2 days in the ED and is still waiting inpatient psychiatric placement. In order to expedite admissions successfully, **DMH requires**:

1. EDs and ESPS to make sure that the boarding patient’s insurance carrier is notified and engaged in finding placement no later than 24 hours into the ED stay.
2. Also, the ED/ESP must enter the patient onto the MABHA ED boarding roster.
3. *If the above two steps are not taken in the two days before escalation to DMH, DMH will defer its involvement until above has been completed.*
4. The Carriers must proactively work with EDs/ESPs in placement efforts before escalating to DMH for assistance.
5. Additionally, those ED boarding behavioral health patients who do not have an Insurance Carrier (Medicare/Medicaid, MassHealth FFS, non-participating insurance carriers, uninsured), the ED/ESP can directly escalate to DMH if the bed searches have not been successful even with senior advocacy and 48 hours have elapsed.

In order to work optimally, **DMH requires EDs/ESPs/Carriers to**:

1. **Submit the EPIA Referral** form currently available at <https://www.mass.gov/expedited-psychiatric-inpatient-admissions>; completed in full, validated and saved.
2. **Send a secure email through the DMH EPIA email system** describing the patient in more detail that:
   1. Elaborates on the barrier(s) for acceptance to facilities, including COVID-19 exposure risk, specialty populations etc.
   2. Notes efforts made to place the patient (e.g., within the ED’s network hospitals, last known facility that admitted the patient, where beds are available on MABHA website, senior leadership efforts, etc).
   3. Includes any State Agency involvement (DCF, DMH, DDS, DYS), demonstrated by including the name and number of the agency contact in the email referral.

We look forward to working with you during this health crisis.