Washington State Health Care Authority

Report to the Legislature

Behavioral health involuntary transport

Barriers to access for ambulance transport/secure transport

Engrossed Substitute Senate Bill 5693; Section 215(101); Chapter 297; Laws of 2022

December 31, 2022

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Executive summary

In Engrossed Second Substitute Senate Bill 5693 Section 215(101) the Legislature directed the Washington State Health Care Authority (HCA) to conduct a study identifying involuntary treatment access barriers related to transportation.

> $100,000 of the general fund—state appropriation for fiscal year 2023. The study must assess: Challenges ambulance companies and emergency responders have in billing Medicaid for involuntary transportation services, whether current transportation rates are a barrier to access and if so what type of increase is needed to address this; and the possibility of creating a specialized type of involuntary transportation provider. The authority must also modify the current unavailable detention facilities report to identify whether the reason a bed was not available was due to: Transportation issues; all beds being full at the facility; staffing shortages; inability of facilities with available beds to meet the behavioral needs of the patient; inability of facilities with available beds to meet the medical needs of the patient; or other specified reasons. The authority must submit a report to the office of financial management and the appropriate committees of the legislature with findings and recommendations from the study by December 31, 2022.

Key recommendations

After conducting listening sessions with stakeholder groups, HCA has come away with a few key recommendations, including:

- **Ambulance non-emergency services decision package**
  HCA has submitted a request for a fee schedule increase that would be more reflective of the reimbursement rates of Medicare as part of the agency's 2023-25 biennial budget request. December 2022, the Governor's budget incorporates an increase that would bring Medicaid rates to two thirds of the equivalent Medicare average for non-emergent ambulance rates and both non-emergency and emergency mileage.
- **Return trip reimbursement**
  Mileage reimbursement on return unloaded transports for long distance behavioral health may increase access to transports by reducing the unreimbursed costs for providers.
- **Department of Health engagement to create license and vehicle standards**
  The Department of Health acknowledges that there is specific guidance that could be reviewed and revised to create licensing for stretcher vans and secured transportation.
- **Workgroup for standards**
  The Department of Health would like to create clear delineation of non-emergent and non-medical and established standards. The Department of Health acknowledges the need to develop and evolve this guidance; however, it is unlikely to happen without legislative action.

A detailed explanation of the listening session methodology as well as the recommendations themselves is explained in the following report.

Background

What is the problem we are trying to solve?

Behavioral health transports have increased by an average of 9% each year since the start of the public health emergency. Bed availability for behavioral health patients is limited and sporadic, meaning that sometimes there is only one bed available, but it might be over 200 miles from the location of the patient in crisis. Ambulance companies are facing multiple limitations on resources, thus limiting the availability of these types of transports. Various other barriers exist in streamlining transports among the facilities, transport companies, and reimbursement agency.

How are we currently paying for mental health transports?

Once a patient has been stabilized at a local emergency department, they may need to be transferred to a specialty hospital or psychiatric unit. That transfer must be done by ambulance as it is a secure form of transportation as stated in Washington Administrative Code(WAC) 182-546-4200. The ambulance transport is done as a non-emergency ambulance transport. It must be scheduled between other emergency transports. Emergency transports may receive supplemental payments from either the voluntary Ground Emergency Medical Transportation (GEMT) program for public providers or the mandatory Ambulance Quality Assurance Fund (QAF) for private providers.

Regardless of insurance coverage, when a patient is held under the Involuntary Treatment Act, they are guaranteed coverage for behavioral health treatment, including transportation to a treatment center. To bill Apple Health, the transporting ambulance company is required to maintain appropriate documentation and use a special claim indicator (SCI) for billing these claims. This special claim indicator notifies HCA to create eligibility for a patient if none currently exists. This allows all citizens to have coverage for a behavioral health crisis.

High level overview of issue we are seeing

It can take days from when a patient is originally taken to the hospital for medical professionals to determine the need for behavioral health care and to find a facility with an open bed for the patient. Accepting facilities are often long distances away from the patient in crisis and arranging transportation for long distances is a stretch on limited resources. Paperwork to establish eligibility can encounter difficulties with non-corresponding dates of when the patient was seen and when they were able to be transported due to the nature of current modes of transportation and the necessity of scheduling around emergency transports.

As of August 2021, there were 1,325 licensed evaluation and treatment centers (E&T) beds in Washington, made up of 389 freestanding beds, 696 community hospital psychiatric beds, and 240 psychiatric hospital beds. There were 28 freestanding E&T and 33 hospital-based E&Ts. Only nine of those facilities are on the Eastern side of the state.

One major ambulance company removed their services from Washington State in December 2022. This further exacerbates the issue in obtaining non-emergency transport services.

Key findings

Methodology

Stakeholder engagement

HCA conducted listening sessions with various stakeholders, including ambulance providers and the Washington State Department of Health.

Department of Health engagement

One theme during our stakeholder engagement was other forms of secured transport. The Department of Health is the licensing agency for ambulance companies, emergency medical technicians, and medical vehicles.

Barriers discussed

Reimbursement

Return trips

Washington Administrative Code (WAC) 182-546-0450(4)(a) and Medicaid rules allow for payment to ground ambulance companies for loaded miles only. This means that the patient must be loaded into the transport vehicle to get paid. In the instances where the patient is a behavioral health transport, and the transport is extensive in mileage, the company is only reimbursed for the transport to the facility. Return trips are not reimbursed. Federal match is only available for "loaded" mileage, or trips where the patient is on board. Therefore, this would require state funds to operationalize.

Unclear expectations about authorizations

When a patient is held under the Involuntary Treatment Act (ITA), paperwork is required. The paperwork to initiate an ITA can come from multiple sources. The paperwork is signed by a designated crisis responder (DCR) or a court judge. It may be unclear which paperwork is needed for reimbursement and establishment for Apple Health eligibility. HCA provides an ambulance billing guide that is published to website hca.wa.gov for guidance. The annually updated ambulance billing guide provides opportunities to clarify financial responsibility for each of these transports, as well as the documentation needed for reimbursement.

Stagnant Apple Health rates

Apple Health rates for non-emergency ambulance transports have not seen an increase since 2004. Medicaid ambulance rates are far below the cost of providing the service. Emergency services have had legislation over the last several years to raise their rates, yet non-emergency rates have not changed. The current economic inflation increases the strain. According to providers, transports on average cost 200 percent more just in fuel expenses. The current base rate for Medicaid reimbursement for a non-emergency ambulance transport is $115.34 for the transport and $5.08 per mile for loaded miles. This rate is not enough to even fill the tank of an ambulance or pay the personnel, making it an unsustainable rate.

House Bill (HB) 1310

HB1310 limited the situations that law enforcement could use force. This bill initially limited law enforcement from detaining individuals unless they were specifically caught committing a crime. It also established personal liability for law enforcement officers when detaining individuals. It created a

hesitancy of law enforcement officers to assist ambulance providers with mental health transports. Before this bill, law enforcement officers would sometimes transport individuals in crisis to behavioral health evaluation and treatment centers if the patient did not require medical services. They can be reimbursed for mileage from HCA.

In 2022, two bills were signed into law specifically meant to bridge the gap and call out behavioral health individuals in crisis. It may be the view of law enforcement that these bills do not diminish personal liability of the officers and the transports need to be done by medical professionals to ensure safety of all parties. Ambulance companies are not experiencing any changes from the original bill.

Facility issues

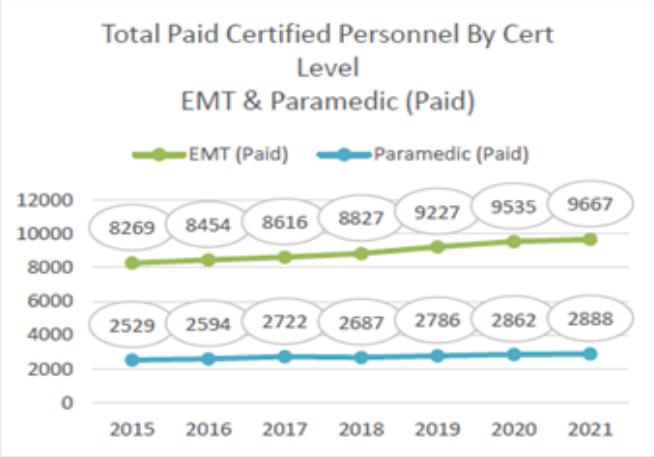
During meetings with stakeholders there was consistent concern with receiving facilities and bed availability. They cannot obtain real-time bed availability and there is no ability to place holds on available beds. Hospitals make calls and try to find available beds for patients in crisis. They often need to accept the first available bed wherever it can be found. Sometimes patients need to wait days until a bed is available. Many times, the only available bed is more than a hundred miles away. Ambulance companies must schedule and accommodate crew to be able to make these transports. If the transport company is unable to accommodate the needs for this transport in a timely manner, it is possible that the bed will be given to the next person. This necessitates waiting for the next available bed. This can also cause backups for the hospital, as they are not able to clear the bed for the next patient coming in.

Labor pool shortage/vehicle shortage

There are limited people who are qualified to work as an emergency medical technician (EMT). Department of Health records clearly depict a decline in the amount of certified and licensed EMTs. The Washington State Department of Health acknowledges that based on National Registry of Emergency Medical Technicians certification test data, there is a 25 percent decrease in the number of students entering the workforce. The emergency medical services workforce is in decline, predominantly in volunteer populations. This seems to be an issue in every state and not exclusive to Washington. Between 2015 and 2021, DOH reports a decline in aid and ambulance services, with three significant closures of ambulance companies and other companies downgrading their level of service because of staffing shortages. Rural areas are dependent on volunteers. Overall, DOH is seeing a 16 percent decrease in the number of volunteers. DOH is currently looking for opportunities to apply for funding to conduct an emergency medical services (EMS) workforce study in Washington to learn more about the trends and challenges to develop targeted recommendations and improve recruitment and retention into this profession

Figure 1: Total paid certified personnel by certification level

Total Paid Certified Personnel By Cert Level	2015	2016	2017	2018	2019	2020	2021
EMR (Paid)	43	49	48	41	39	34	30
EMT (Paid)	8269	8454	8616	8827	9227	9535	9667
AEMT (Paid)	183	186	182	185	173	175	180
Paramedic (Paid)	2529	2594	2722	2687	2786	2862	2888



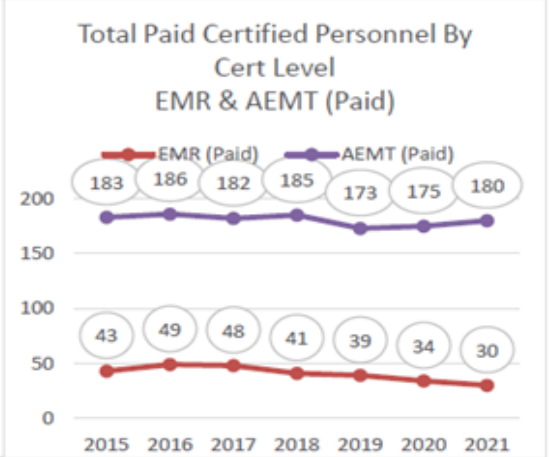


Figure 2: Total volunteer certified personnel by certification level

Total Volunteer Certified Personnel By Cert Level	2015	2016	2017	2018	2019	2020	2021
EMR (Volunteer)	339	324	310	304	286	273	255
EMT (Volunteer)	4486	4365	4337	4245	4150	4106	3766
AEMT (Volunteer)	182	187	178	175	178	169	158
Paramedic (Volunteer)	78	71	61	56	51	53	44

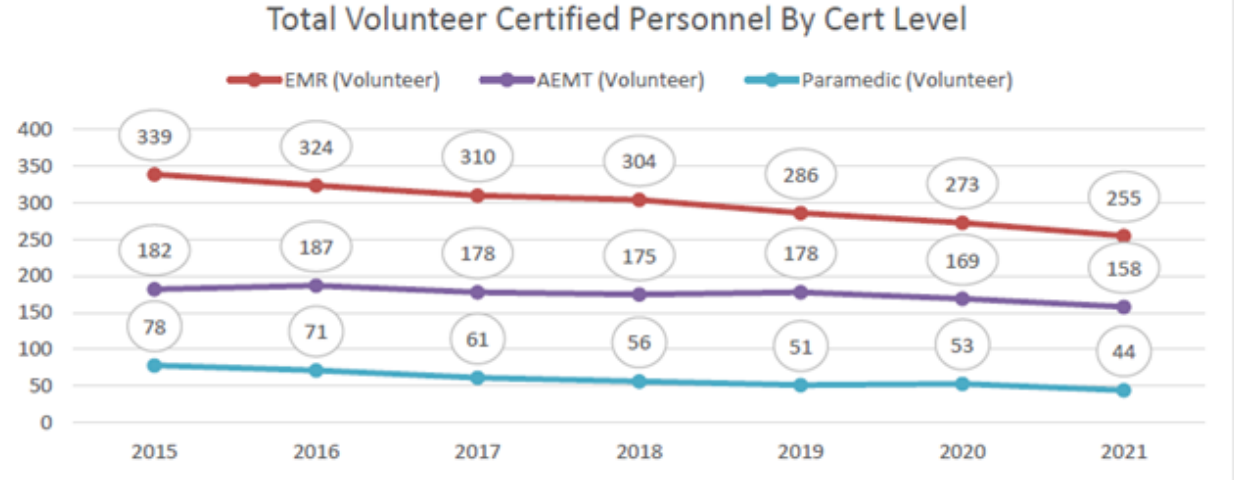
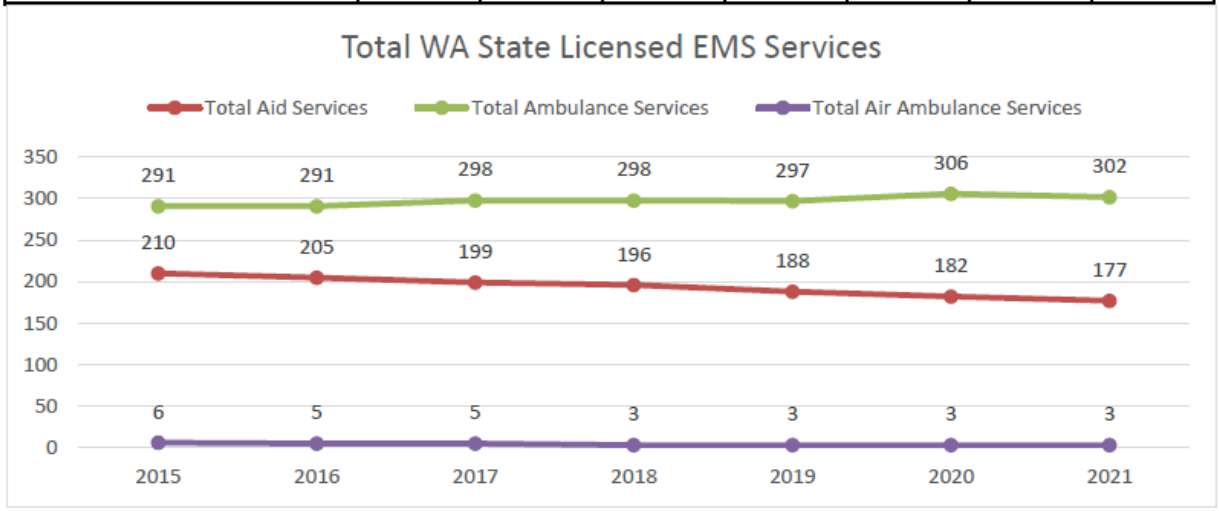


Figure 3: Total Washington state licensed EMS services

Total WA State Licensed EMS Services	2015	2016	2017	2018	2019	2020	2021
Total Aid Services	210	205	199	196	188	182	177
Total Ambulance Services	291	291	298	298	297	306	302
Total Air Ambulance Services	6	5	5	3	3	3	3



Secure mental health transport vehicles

Oregon model

The Oregon Health Authority has defined secured transportation as part of their non-emergency medical transport services. Oregon's secured transportation is defined as non-emergency medical transport services for the involuntary transport of clients who are in danger of harming themselves or others. Typically, these vehicles are a sport utility vehicle or small van. Secured vehicles are set up in the style of a police vehicle with safety precautions and plexiglass partitions. This mode of transportation is a more cost-effective option with higher miles per gallon than an ambulance and availability for a hybrid or electric options.

Licensure

Oregon's Secretary of State has specific rules in place for secured vehicles: 410-141-3925- Transportation: Vehicle Equipment and Driver Standards and 413-215-1112-Secure Transportation Services: License Requirements.

Reimbursement

Oregon uses a brokerage service for secured transports. Under Oregon administrative rule 410-136-3200 Reimbursement and Accounting for all Modes of Transports, "the Authority shall calculate and pay a brokerage a fixed rate for rides based on the following formula: Direct costs plus indirect costs divided by the number of projected monthly rides." Direct costs are transportation costs plus administrative costs.

Oregon Fee Schedule for September 2022 for ambulance rates

A0425	Ground Mileage	$3.75/mile
A0426	Advanced Life Support 1	$139.87
A0427	Advanced Life Support 1 – Emergency	$420.62
A0428	Basic Life Support	$144.91
A0429	Basic Life Support- Emergency	$311.42
A0433	Advanced Life Support 2	$376.77
A0434	Specialty Care Transport	$2860.62
A0998	Ambulance response/treatment	$420.62

Potential for Washington secured transport vehicles

Oregon companies with secured vehicles work in conjunction with Washington companies. These companies acknowledge that secured vehicles are more cost effective and provide a more modest approach for patients in crisis. Some added benefits for establishing secured vehicles:

- Added protection and security for patients and transporters
- Reducing needs for physical restraints
- Specialized training for behavior and psychiatric emergencies
- Bypassing emergency departments when appropriate
- Increased availability and accessibility

The mission is to provide safe, considerate, and respectful transportation for individuals experiencing mental illness, are developmentally disabled, have Alzheimer's or dementia, and those who require rehabilitation for management or substance use issues. Patients do not lose access to beds due to timeliness of emergency medical service resources. This would also preserve emergency medical service resources and their costs to better serve partners and community.

Items to be addressed to facilitate this process include:

- Job classification development
- Create secured transportation vehicle license
- Vehicle classification development
- Establish reimbursement mechanism

Recommendations

Reimbursement

- **Ambulance non-emergency services decision package**
  HCA has submitted a request for a fee schedule increase that would be more reflective of the reimbursement rates of Medicare as part of the agency's 2023-25 biennial budget request. December 2022, the Governor's budget incorporates an increase that would bring Medicaid rates to two thirds of the equivalent Medicare average for non-emergent ambulance rates and both non-emergency and emergency mileage.
- **Return trip reimbursement**
  Mileage reimbursement on return unloaded transports for long distance behavioral health may increase access to transports by reducing the unreimbursed costs for providers. This would require a state expenditure as federal match is not available.

Labor shortage

HCA acknowledges labor shortages in emergency medical services are issues of great concern, however it is out of our scope to provide guidance.

Receiving facilities

HCA acknowledges issues with receiving facilities for behavioral health evaluation and treatment centers, however it is out of our scope to provide guidance.

Secure mental health transports

- **Department of Health engagement to create license and vehicle standards**
  The Department of Health acknowledges that there is specific guidance that could be reviewed and revised to create licensing for stretcher vans and secured transportation.
- **Workgroup for standards**
  The Department of Health would like to create clear delineation of non-emergent and non-medical and established standards. The Department of Health acknowledges the need to develop and evolve this guidance; however, it is unlikely to happen without legislative action.