

# 90-180 Day (Long-term) Civil Commitment Beds

## Overview

The Health Care Authority (HCA) received state and federal appropriations to provide up to 48 long-term involuntary inpatient treatment beds, as defined in RCW 71.24.05, in Fiscal Year (FY) 2018 and up to 96 in FY 2019.

HCA contracted with community hospitals and freestanding evaluation and treatment facilities to maintain capacity for long-term involuntary inpatient psychiatric treatment. Individuals receive treatment in these settings rather than at the state psychiatric hospitals, allowing them to remain in or return to their communities. The community location improves the discharge planning process and keeps the individual's friends and family members in closer proximity.

Thus far, the majority of contracted beds have been filled by individuals who were originally admitted for 72-hour holds, who then converted to 14-day holds, and subsequent 90 or 180 day orders. These individuals were diverted from the state hospital and its waiting list and received better continuity of care. One contracted provider reported that their decision to participate in this program was due in part to multiple requests by individuals in their facility on a short-term hold who wanted to continue their treatment at the same setting. Continuity of care offers more consistency in treatment and reduces the disruption associated with transition of treatment settings.

A noticeable trend is that individuals in these long-term beds are stabilizing and being discharged before the 90 day period is up. The average stay for individuals in this program has been four weeks.

One of HCA's contracted providers offers psychiatric care to medically fragile individuals. This niche has been a bonus for individuals who otherwise may not receive appropriate medical care in parallel with long-term psychiatric care.

## Eligibility

Clients, mandated by a court process for civil commitment stays of 90 to 180 days may receive

long-term inpatient care regardless of managed care enrollment from a community hospital or freestanding evaluation and treatment facility contracted with HCA.

## Authority

Washington State Budget Proviso Language from Section 204 Q of the enacted 2018 Budget, chapters 246-320 and 246-322 WAC, and RCW 71.05.

## Budget expenditures

- FY2018/FY2019: Medicaid: \$9,715,000
- FY2018: General Fund: State \$1,466,000
- FY2019: General Fund: State \$7,103,000

## Numbers

Contracted facilities as of January 1, 2019:


- Cascade Mental Health Care: 4 beds as of September 13, 2018
- Kitsap Mental Health Services: 4 beds as of December 3, 2018
- TeleCare Clark County: 3 beds as of September 12, 2018
- TeleCare Skagit County: 3 beds as of October 4, 2018
- Virginia Mason Memorial Yakima: 6 beds (medically compromised) as of November 1, 2018
- Astria Toppenish: 10 beds as of January 1, 2019

HCA continues recruitment efforts to contract for additional capacity with community hospitals and free-standing E&Ts.

A total of 59 individuals have been served since September 2018.

## Rates

Each filled contracted bed receives reimbursement based on the Inpatient Prospective Payment System (IPPS). Contracted beds that are unoccupied during a billing cycle are reimbursed at a rate that is 25 percent below the current IPPS rate.



The unoccupied bed rate was offered as an incentive for program participation. Facilities were reluctant to participate in this program due to a decrease in short-term beds for which there has been a high demand, and that was an unknown, having not been done before.

### **Partners**

HCA contracts with community hospitals and free standing evaluation and treatment facilities in western and eastern Washington. These contracted facilities also partner with the managed care organizations (MCOs), behavioral health administrative service organizations (BH-ASOs), and behavioral health organizations (BHOs) with regard to admissions and discharge planning.

### **Oversight**

The Division of Behavioral Health and Recovery (DBHR) oversees and monitors the program. DBHR provides authorization for every eligible stay and performs quality reviews monthly with bi-annual site visits.

Monthly stakeholder meetings are held for both the contracted inpatient providers and the hospital liaisons located in the BHOs, BH-ASOs and MCOs. Topics of discussion during these meetings have included reviewing processes and procedures and problem solving.

### **More information**

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