

**10/15/18**

## **ADMISSION PRACTICES**

Parent Initiated Stakeholder Meeting

**Lead: Lonnie Johns-Brown, Office of Insurance Commissioner**

### **Recommendations:**

1. Recommend funding access for additional services.
2. Recommend safeguards or other supports for hospitals and E&T's that encourage, rather than discourage, the provision of PIT.
3. Request possible increase in Medicaid rate. Some hospitals don't accept the Medicaid rate, leaving BHOs and MCOs to fund the remaining cost of treatment.
4. Education and communication developed as to what community resources are available between hospitals, BHOs, and MCOs and inform parents of the resources.

### **Remaining Questions:**

1. Are there changes that need to be considered around the PIT criteria? Should any specific behavior trigger that? Professionals evaluating the minor will have requisite expertise to evaluate. Please note RCW 71.34.720, which refers to inpatient evaluation "by a Children's Mental Health Specialist."
2. How can hospitals be encouraged to offer PIT as an admission option? How can the current safeguards be strengthened for hospitals and Evaluation and Treatment Centers (E&T's) to encourage them to consider offering PIT admissions?
3. Are there other issues beyond concerns around litigation, such as concerns around minor's constitutional rights (aka meaningful due process) for the youth?
4. Should a list of criteria be developed that are youth specific for PIT, other than what is in WAC or statute?
5. What are ways to improve hospitals' knowledge of non-hospital treatment pathways at the time PIT is sought?