

January 18, 2024

**ILLINOIS HEALTH AND HOSPITAL ASSOCIATION  
M E M O R A N D U M**

**SUBJECT: Hospital Boarding: State Notices & Resources**

Increasingly, patients are facing access barriers in emergency departments and inpatient hospital units seeking transfer or discharge to different levels of care, especially for behavioral healthcare needs. IHA is actively engaging with government partners and elected officials to address these behavioral health access issues, with a goal of reducing the frequency and duration of hospital boarding. Below are several recent notices and resources developed in collaboration with government partners to aid in hospital placement and community treatment needs, including:

- State interagency resources for children’s behavioral health;
- Resources on civil court options for outpatient and inpatient mental healthcare, when appropriate, and use of advance directives for future care;
- Instructions to register hospital programs under the Illinois Helpline, and how to use the free state resource in discharge planning for patients with substance use treatment needs; and
- Hospital payment resources for patients that are boarding in inpatient units.

**Interagency Resources for Children’s Behavioral Health**

On Jan. 9, 2024, the Illinois Children’s Behavioral Health Transformation Initiative (CBHTI) within Governor Pritzker’s office provided a [memo](#) to hospitals with an update on the transformation initiative and linking to a flyer on state interagency resources for healthcare professionals to help families access appropriate services for youth in need of post-hospital psychiatric care. CBHTI leaders strongly encourage utilization of the list of resources simultaneously within hospital emergency department, observation or inpatient stays, and not upon discharge. The flyer is also available in Spanish and Polish, which can be accessed through staff contacts provided in the memo.

As an additional resource, the letter references a redesigned children’s Care Portal expected to launch in the summer of 2024. Mandated by [Public Act 103-546](#), the permanent portal is based on a current pilot portal used by stakeholders, like families and guardians of children seeking to secure service access, as well as hospital staff, to secure child placement from an emergency department or inpatient psychiatric unit. Based on hospital feedback on the pilot portal, IHA advocated to expand the portal statewide and supported the state legislation. As a result, the state added building a more robust portal into the goals of the initiative. See the CBHTI memo for details on how to use the pilot portal.

CBHTI leaders also requested that we share a [resource flyer](#) for hospital staff faced with a child “lockout.” A lockout is classified as a minor whose parent or caregiver has denied the child access to the home and has refused or failed to make provisions for another living arrangement for the child.

### **Civil Court Options and Advanced Directives for Mental Healthcare**

On Jan. 9, 2024, the Administrative Office of the Illinois Courts’ Statewide Behavioral Health Administrator, Scott Block, provided a [memo](#) with resources for hospitals on civil court options for outpatient and inpatient mental healthcare, when appropriate, and use of advance directives for future care. The memo primarily focuses on encouraging the use of civil court options for outpatient mental health care when appropriate and the use of advance directives for future mental health care, based on recent conclusions of a National Judicial Task Force to Examine State Courts’ Response to Mental Illness, led by the Illinois Supreme Court.

### **Illinois Helpline Registration and Discharge Planning Resources**

On Dec. 20, 2023, Illinois’ Dept. of Human Services – Division of Substance Use Prevention and Recovery Director, Laura Garcia, sent a [letter](#) to hospitals on how to register all hospital and health system programs that provide substance use disorder (SUD) and gambling treatment in the [Illinois Helpline](#). Information in the Helpline’s system is controlled and updated by individual organizations, permitting providers direct control of referral content. As SUD services in hospital settings are often the only treatment resource available in a community, especially for Medicare patients, the Helpline can refer people seeking services to the closest hospital registered in the system. See the letter for details on how to register your organization.

As additional resource background targeting the opioid epidemic, in 2023, the Illinois Helpline began offering free, 24/7 medication and healthcare assistance to Illinois residents seeking opioid use disorder (OUD) or alcohol use disorder (AUD) treatment through the Medication Assisted Recovery ([MAR](#)) [NOW](#) program, in addition to existing services. DHS is encouraging hospitals to use this resource with patients across the care continuum that need service access, in hospital settings and following discharge. Those who call the helpline, including pregnant individuals, are connected to a Care Manager who can help facilitate immediate access to medication and counseling services, help with transportation to appointments, and connect callers with long-term care. For more information, [click here](#) to access the MAR NOW fact sheet.

### **Payment Resources for Patient Boarding**

There are currently limited options for Illinois hospitals seeking payment for services provided when patients are boarding beyond medical necessity (BMN). However, there are two specific circumstances in which patient boarding is subject to reimbursement, aside from any provider’s individualized contractual agreement with a payer.

First, Section 5-5.07 of the Illinois Public Aid Code ([305 ILCS 5/5-5.07](#)) specifies payment available for patients under the age of 18 that are boarding in lockout status at a free-standing psychiatric hospital or a hospital with a pediatric or adolescent inpatient psychiatric unit BMN, as long as specific conditions are met. This is the first payment a hospital should seek if a child is boarding BMN, regardless of current patient coverage. The Dept. of Children and Family Services (DCFS) will pay “the DCFS per diem rate,” or \$400 initially, then \$600 after the 30<sup>th</sup> day BMN. Payment is effective the 11<sup>th</sup> day when a child is in the hospital BMN (no payment on days 1 through 10), and:

- The parent or caregiver has denied the child access to the home and has refused or failed to make provisions for another living arrangement for the child; or
- The child's discharge is being delayed due to a pending inquiry or investigation by DCFS.

This Section of the Code also specifies that if any portion of a hospital stay is reimbursed under this Section, the hospital stay is ineligible for payment under the provisions of Section 14-13, which addresses payments for inpatient stays extended BMN when an individual is covered by Medicaid fee-for-service (FFS) or a managed care organization (MCO). In practice, when patient boarding in the hospital BMN begins, DCFS funding would be sought for day 11 onward. If and when DCFS formally takes custody of the child, coverage would convert to the Medicaid MCO, YouthCare. Coverage of BMN payments under YouthCare are described under Section 14-13 of the Code.

Section 14-13 of the Illinois Public Aid Code ([305 ILCS 5/14-13](#)) and associated agency guidance ([89 Ill. Adm. Code 148.50\(c\)](#), [Provider Notice Issued 04/02/21](#)), the Dept. of Healthcare and Family Services (HFS) will pay \$318.43 (as of Jan. 1, 2024) for approved inpatient stays of Medicaid FFS patients extended BMN, as long as specific conditions are met. The Department also requires MCOs to adopt this methodology or an alternative that pays at least as much as HFS' adopted methodology, if specific conditions are met, unless a provider and MCO have agreed to an alternative contract with a risk-based or innovative payment methodology. For more information on specific requirements of this payment, see the citations above.

IHA will continue to target new solutions that can reduce the frequency and duration of patient boarding in its communications as they are made available. For questions or comments directed to IHA regarding these notices, resources, or hospital boarding, please [contact us](#).