

FAQ re: Emergency Regulations to Implement the Maryland Mental Health and Substance Use Disorder Registry and Referral System

What does the emergency action do?

- The emergency regulations require hospitals to refer behavioral health patients who may require additional care coordination for inpatient, outpatient, or community based behavioral health services, after undergoing an initial psychiatric evaluation, no later than 48 hours after arrival in the emergency department.
- The emergency regulations also require hospitals with inpatient psychiatric beds to report current patient census and bed availability data three times per day.

Why is the emergency action necessary?

To successfully implement the Maryland Mental Health and Substance Use Disorder Registry and Referral System to better serve patients, improve health outcomes, and reduce emergency department boarding.

When is the emergency regulation in effect?

January 27, 2023 to July 26, 2023

How do hospitals refer patients with behavioral health needs?

Emergency department staff in need of assistance identifying inpatient or outpatient behavioral health referrals for their patients can refer online at 211md.org/CareCoordination or by calling 2-1-1 and immediately pressing 4.

Where can providers see the reported inpatient psychiatric bed data?

The bed board is available on both the 211md.org/CareCoordination page.

What other resources are available for providers, as well as patients and families, to find behavioral health care services?

The [2-1-1 Maryland database](#) has substance use resources (including residential facilities, withdrawal management programs, medication management for opioid use disorder, crisis walk-in centers, recovery residences, helplines, telemedicine providers, and support groups) and mental health resources (including crisis intervention, support groups, helplines, partial hospitalization programs, day treatment programs, case management services, psychiatric rehabilitation programs, mobile assisted treatment services, and assertive community treatment providers).

Questions About Emergency Department (ED) Patient Referrals

What does the regulation require in terms of referring behavioral health patients in the ED?

“A facility shall: Refer an individual who may require additional care coordination for inpatient, outpatient, or community based behavioral health services, after undergoing an initial psychiatric evaluation, no later than 48 hours after arrival at the facility at a phone number or website address designated by the Department through written directives to implement the Bed Registry and Referral System; and provide all necessary patient information including, but not limited to, diagnosis and level of care recommendations to the respective care coordination centers.”

What is the phone number and website address to make these referrals?

Hospital emergency department staff can make a referral online at 211md.org/CareCoordination or by dialing 2-1-1 and immediately pressing 4.

What happens after a patient is referred?

The 211 Care Coordinators immediately begin connecting hospital staff and patients to available, conveniently located behavioral health services. 211 Care Coordinators follow-up to ensure a successful placement and update the electronic record to close the loop with discharge planners.

Which facilities are required to refer patients?

All emergency medical facilities in Maryland, including emergency departments that are free-standing as well as those that are hospital-based.

Which patients are required to be referred?

Patients that present to the emergency department with behavioral health needs are required to be referred if they may need additional care coordination for inpatient, outpatient, or community based behavioral health services.

Can you define the need for “additional care coordination” services?

A patient may need care coordination if they are not currently linked with adequate and appropriate behavioral health care. A patient may also be linked to behavioral health care before the current ED visit, and may need additional care coordination services following this visit.

If a patient is being admitted from the ED to an inpatient bed, do they need to be referred?

No. Behavioral health patients that present to the ED need to be referred following the psychiatric evaluation only if they may need additional care coordination services for inpatient, outpatient, or community based behavioral health services.

When must the referral be made?

As soon as possible following the initial psychiatric evaluation but no later than 48 hours after the patient arrives at the facility. Consent should be obtained prior to making the referral. However, referrals must still be made (without Protected Health Information) for patients that do not provide consent.

Is consent required?

Consent to release information to the 211 program should be obtained prior to making the referral. However, referrals must still be made for patients that do not provide consent. In these cases, protected health information (PHI) is not collected.

How does this regulation change what is currently happening in EDs?

Hospitals will receive additional support with discharge planning and connecting patients to behavioral health resources. The additional data and information collected as a result of this regulation will also be used to inform policy and capacity needs.

Does this replace the requirement to refer youth at risk for hospital overstay to the Local Care Team (LCT)?

No. Hospitals are still obligated to refer youth at risk for hospital overstay to the Local Care Team for interagency care coordination, per the December 16, 2020 “Universal Hospital Discharge Planning Protocol for Youth with Intensive Needs.” The LCT referral form and a directory of LCTs in Maryland are available online. A link to the LCT referral form is also included in the 211 Behavioral Health Care Coordination Program referral for convenience.

How can I learn more about the referral process and the 211 Behavioral Health Care Coordination Program?

Short training videos on how to refer patients and how to access the provider portal are available online at 211md.org/CareCoordination. Live training can also be provided for staff - please [sign up](#) for a 30-minute information and training session or email carecoordination@211md.org for more information.

Questions About Reporting Bed Availability

What does the emergency action require in terms of reporting bed availability and census?

“A facility shall, report current bed availability and census information, and any additional relevant information requested by the Department, to populate the inpatient psychiatric bed board as necessary to keep the information updated, but not less than three times per day, during the following periods: 9 a.m. to 12 p.m.; 1 p.m. to 3 p.m.; and 4 p.m. to 7 p.m.”

Why is this reporting requirement necessary?

For the past year, facilities have been updating the bed board twice a day. The emergency action adds one additional update per day to give a more accurate and complete picture of available and open beds to assist with discharge planning.

How do facilities report bed availability?

An automated email is sent to each facility three times per day. The email includes a URL link to update bed data.

Who do I contact if I have questions about the data collection process?

Questions or concerns with the bed board administration and data collection process can be directed to Shashank (shashank.bezgam@maryland.gov) and Pavithra (pavithra.vijayakumar@maryland.gov) with the Maryland Department of Health.

Where is the bed board?

The bed board is available on both the 211md.org/CareCoordination website and the Maryland Department of Health’s Behavioral Health Administration site: <https://health.maryland.gov/bha/Pages/hospitalcoordination.aspx>