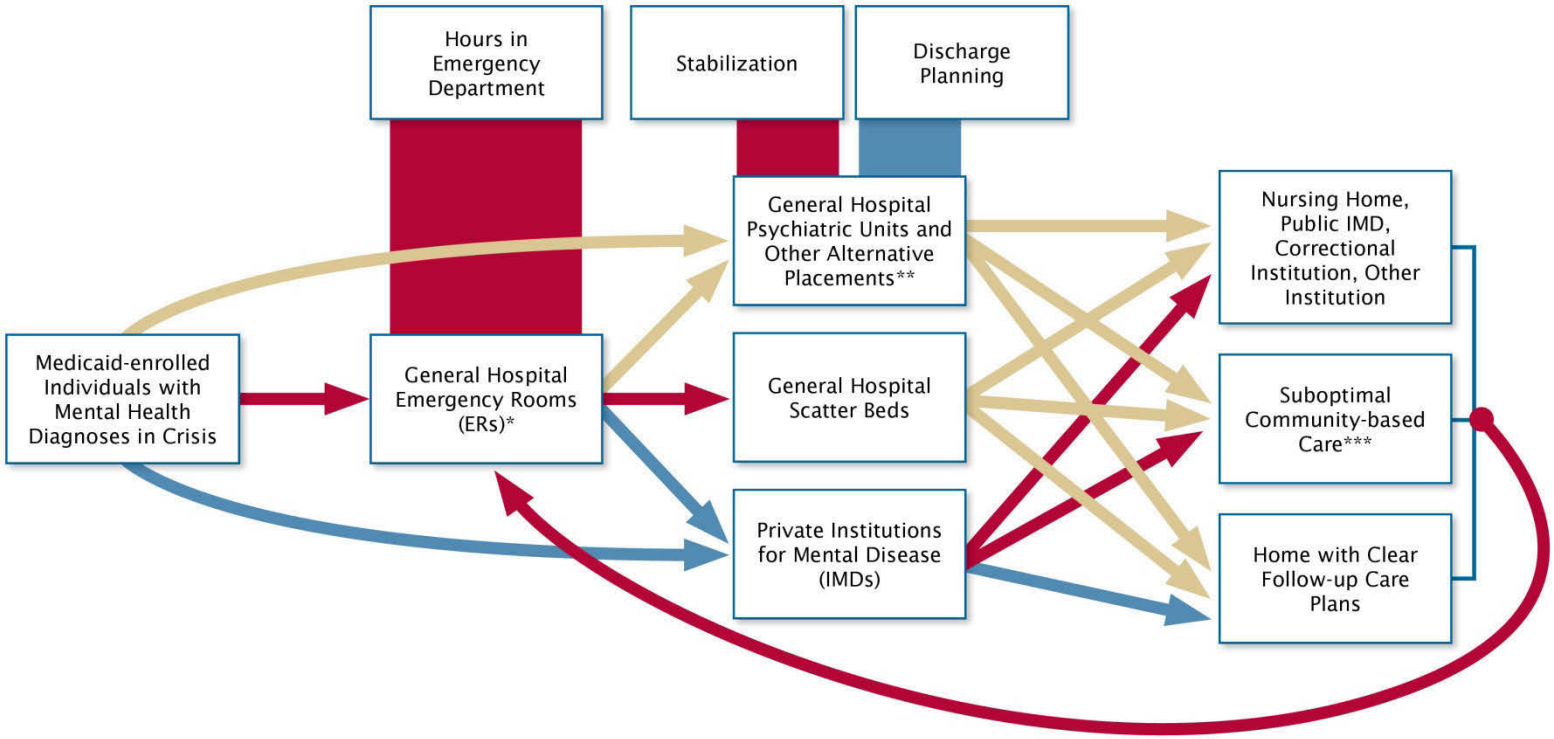
ATTACHMENT F

CONCEPTUAL FRAMEWORK

Anticipated MEPD Effects on the Flow of Medicaid Beneficiaries with Emergency Medical Conditions through the Health Care System



Decrease expected
Increase expected
No change expected

*Individuals may skip admission to the general hospital emergency room through utilization of mobile crisis teams or crisis centers, or through direct admission to stabilization facilities.
**Alternative placements include public IMDs and community alternatives (e.g., non-IMD residential rehabilitation facilities or crisis centers).
***Suboptimal community-based care would include discharges to homeless shelters or no identified residence, and discharges to home without clear and specific follow-up care plans.

CONCEPTUAL FRAMEWORK FOR UNDERSTANDING THE GOALS AND OBJECTIVES OF THE MEDICAID EMERGENCY PSYCHIATRIC SERVICES DEMONSTRATION (MEPD)

Key to developing an effective evaluation design is a clear understanding of the goals and objectives of the demonstration. As depicted in our conceptual framework, the demonstration is aimed at reducing a number of undesirable aspects of the current system of care for psychiatric emergencies by increasing the use of private IMDs. The typical path for Medicaid beneficiaries with psychiatric EMCs in the current system begins in a medical emergency room (ER). Once the ER determines that the beneficiary is in need of inpatient services, the search for an available inpatient bed begins. The lack of available beds often leads to long periods of boarding in the ER (depicted by the wide red bar) or inappropriate placement in available beds scattered throughout general hospital medical units. Stabilization in such units may take longer than it would if more appropriate care was provided, leading to higher costs. Discharge planning by non-specialized staff may result in lower quality placements. Inadequate care following a discharge that occurs before the beneficiary is fully stabilized can result in readmission to the ER and a recurrence of the cycle. The MEPD seeks to break this cycle by increasing the use of private IMDs. Increased availability of beds in these specialized facilities would be expected to decrease both the time spent in ERs awaiting inpatient services and inappropriate placements in general medical units. Receipt of specialized care may be expected to decrease the time needed for stabilization and increase time spent on and quality of discharge planning which, in turn, would be expected to result in better quality post-discharge care and a reduction in the need for readmission. Decreased use of ERs and stabilization times, along with reduced use of inpatient care due to readmissions, could result in net savings to overall Medicaid costs.