

Department of Planning and Budget 2015 Fiscal Impact Statement

1. Bill Number: SB 779

House of Origin ☐ Introduced ☒ Substitute ☐ Engrossed
 Second House ☐ In Committee ☐ Substitute ☐ Enrolled

2. Patron: McWaters

3. Committee: Courts of Justice

4. Title: Psychiatric Treatment of Minors; Objecting Minor; Duration of Admission

5. Summary: Currently if a minor aged 14 and above refuses admission the minor may be admitted for up to 96 hours while a court assesses the need for inpatient treatment. This bill proposes to extend the timeframe to 120 hours from admission and to change the inpatient admission criteria to be less restrictive and match that of consenting minors who voluntarily seek admission to an inpatient treatment facility.

6. Budget Amendment Necessary: Yes (Item 301, Service Areas 45608 and 45607)

7. Fiscal Impact Estimates:

Expenditure Impact (Item 301, Service Areas 45608)

<i>Fiscal Year</i>	<i>Dollars</i>	<i>Positions</i>	<i>Fund</i>
2015	\$0	0.0	General Fund
2015	\$0	0.0	Federal
2016	\$3,890	0.0	General Fund
2016	\$3,890	0.0	Federal
2017	\$3,890	0.0	General Fund
2017	\$3,890	0.0	Federal
2018	\$3,890	0.0	General Fund
2018	\$3,890	0.0	Federal
2019	\$3,890	0.0	General Fund
2019	\$3,890	0.0	Federal
2020	\$3,890	0.0	General Fund
2020	\$3,890	0.0	Federal

Expenditure Impact (Item 301, Service Areas 45607)

<i>Fiscal Year</i>	<i>Dollars</i>	<i>Positions</i>	<i>Fund</i>
2015	\$2,272	0.0	General Fund
2015	\$2,272	0.0	Federal
2016	\$2,272	0.0	General Fund
2016	\$2,272	0.0	Federal

2017	\$2,272	0.0	General Fund
2017	\$2,272	0.0	Federal
2018	\$2,272	0.0	General Fund
2018	\$2,272	0.0	Federal
2019	\$2,272	0.0	General Fund
2019	\$2,272	0.0	Federal
2020	\$2,272	0.0	General Fund
2020	\$2,272	0.0	Federal

8. Fiscal Implications: Under current law, minors over the age of 13 are able to refuse admission to psychiatric hospitalizations. At that age both the parent and minor must consent to inpatient treatment. If the minor refuses admission, he may be admitted for up to 96 hours while a court assesses the minor's need for inpatient treatment. This bill proposes to extend that timeframe to 120 hours from admission and to change the inpatient admission criteria to be less restrictive and match that of consenting minors who voluntarily seek admission to an inpatient treatment facility.

The language concerning the extended duration of admission from 96 hours to 120 hours will have some fiscal impact, however, the extent of this impact is dependent on several factors. First, the percentage of these specific admissions that would benefit from a 24-hour extension is unclear. Second, the percentage of these admissions that courts might deem to be lacking of sufficient evidence in the first hearing and would require an additional extension before the commitment hearing cannot be determined. Furthermore, the variations by which such a commitment could be paid for are numerous and depend on whether the patient is insured or uninsured, and whether the patient could be covered by Medicaid.

For reference, on average, at the state operated Commonwealth Center for Children and Adolescents, in FY 2013 and FY 2014, 75 percent of patients were insured; 17 percent were covered by commercial insurance and 58 percent were covered by Medicaid.

There will be a minimal impact on the Medicaid program. The types of facilities that provide this type of care include residential treatment centers, levels A, B and C, private mental hospitals and state run mental hospitals. DMAS reimburses for days spent in inpatient treatment facilities for Medicaid members and for those enrolled in the FAMIS and CHIP programs. Extending some stays will increase the number of bed days paid for by DMAS.

In State FY 2014, DMAS found reimbursements for short stays in psychiatric hospitals or treatment centers for those 14 to 17 years old. Of those short stays, 41 spanned 4 days (approximately 72 hours depending on admission and discharge times), 88 spanned 5 days (approximately 96 hours) and 39 spanned 6 days as is shown in the table below. Of the inpatient stays spanning 5 days or approximately 96 hours, only 7 were found to be for children in Medicaid Expansion (CHIP) and none were in FAMIS. Because of the low numbers in those programs, DMAS has assumed no fiscal impact in service areas 44602 and 46601.

MH Facilities, Ages 14-17, SFY 2014		
Span of Days	Count	Apprx.Hrs
2 days	91	24
3 days	46	48
4 days	41	72
5 days	88	96
6 days	39	120
7 days	52	144
8 days+	2,382	168+

In the Medicaid program, DMAS expects the legislation to add some bed days. DMAS does not have the information of which stays are shortened because the minor objected and was subsequently discharged according to current law, but can confirm a spike in the count of 96 hour mental health facility stays. DMAS assumes 25 additional days reimbursed per year, with a cost per day of \$493 per day for a total of \$12,325 (6,162 GF). No growth is assumed in either cost per day or number of additional days.

9. Specific Agency or Political Subdivisions Affected:

Department of Medical Assistance Services, Department of Behavioral Health and Developmental Services

10. Technical Amendment Necessary: No.

11. Other Comments: None.