## Inpatient Psychiatric Care Categories in Vermont: Segmentation and Gaps in Oversight of Capacity, Utilization and Costs

Funding Categories: definitions overlap but orders of precedence apply for budget allocation	Whose Budget Pays?	Under Care and Custody of State?	Reimbursement Type	Data on Capacity Needs or Trends
A. Level 1: "Would have been at VSH but for Irene," but not including those who did not require VSH-in- tensive care (there only for lack of other alternatives)	<b>DMH</b> (unless private insurance re- imbursement)	Yes	Full cost of services, either state-run or no-refusal contract (state payment deducts any separate reimbursements)	All Level 1 beds are allo- cated beds; DMH tracks utilization and overflow; current system capacity need assessed at 45 beds
B. CRT: Persons enrolled in designated agency programs for severe and persistent mental illness, in need of hospitalization	<b>DMH</b> (unless private insurance re- imbursement)	Maybe: depends upon whether admis- sion was invol- untary (A or C) or voluntary	Rate based on whether admission was Level 1 (A), Medicaid (D), or separate insurance (F)	No specific beds allocated; CRT use tracked by DMH
C. Non-Level 1 Involuntary: persons in need of hospitalization as danger to self/others, refus- ing voluntary care	<b>DVHA</b> (unless CRT; unless private insurance re- imbursement)	Yes	Rate based upon whether Medicaid (D) or other insurance (F)	No specific beds allocated, but admissions take priority over voluntary admissions within system capacity; utilization tracked somewhat by DMH; <i>No system capacity need or</i> <i>trends currently assessed</i>
D. other Medicaid patients in need of hospitalization	DHVA (unless within Level 1 or CRT)	No: category defined as those not in A or C	Medicaid rate	No beds allocated; use tracked by DVHA in combination with non-Level 1 involuntary (C); <i>No system capacity need or</i> <i>trends currently assessed</i>
E. DOC inmates in need of hospitalization	DHVA (?) (unless within Level 1 or CRT)	No: remain in DOC custody	Rate based upon whether Medicaid (D) or other insur- ance (F)	No beds allocated; access dis- continued since VSH bed short- age began years ago; Level 1 capacity need estimated in vari- ous studies as 2-4 per day; <i>not</i> <i>included in any current capacity</i> <i>plans for Level 1 or otherwise</i>
F. Non-Medicaid persons in need of hospitalization	Not applicable	Maybe: depends on whether admis- sion was involuntary (A or C) or voluntary	vate insurance negotiated rate	No system capacity need or trends currently assessed, with or without combination of all other non-Level 1 inpatient care)