

**Observation/Holding Beds**

Providers contracted for this level of care or service are expected to comply with all requirements of these service-specific performance specifications.

The following Observation/Holding Beds performance specifications are a subset of the Inpatient Mental Health Services performance specifications. As such, Observation/Holding Beds providers agree to adhere to both the Inpatient Mental Health Services performance specifications and to the Observation/Holding Beds performance specifications contained within. Where there are differences between the Inpatient Mental Health Services and Observation/Holding Beds performance specifications, these Observation/Holding Beds specifications take precedence.

**Observation/Holding Beds** provide up to 24 hours of care in a locked, secure and protected, medically staffed, psychiatrically-supervised treatment environment that includes 24-hour skilled nursing care and an on-site or on-call physician. The goal of this level of care is prompt evaluation and/or stabilization of Members who display acute psychiatric conditions associated with either a relatively sudden onset and a short, severe course, or a marked exacerbation of symptoms associated with a more persistent, recurring disorder. Upon admission, a comprehensive assessment is conducted, and a treatment plan is developed. The treatment plan emphasizes crisis intervention services necessary to stabilize and restore the Member to a level of functioning that does not require hospitalization. This level of care may also be used for a comprehensive assessment to clarify previously incomplete Member information, which may lead to a determination of a need for a more intensive level of care. This service is not appropriate for Members who, by history or initial clinical presentation, are very likely to require services in an acute care setting exceeding 24 hours. Duration of services at this level of care may not exceed 24 hours, by which time stabilization and/or determination of the appropriate level of care is made, with the treatment team facilitating appropriate treatment and support linkages. Admissions to Observation/Holding Beds occur 24 hours per day, 7 days per week, 365 days a year and are on a voluntary basis only. Members on an involuntary status who require observation will be authorized for a one-day inpatient admission.

**Components of Service**

1. Crisis intervention and observation services are provided by psychiatrists, registered nurses (RN), social workers, and mental health counselors seven (7) days per week, including weekends and holidays. Services are initiated upon the Member's admission for Observation/Holding.
2. The provider ensures that all service components required in the Inpatient Mental Health Services performance specifications are provided to Members enrolled in Observation/Holding Beds. Additionally, the provider ensures the following required service components are provided:

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**Performance Specifications****Observation/Holding Beds**

- Immediate and intensive case management and collateral contact
- Individual meetings with Members
- Meetings with family/significant others/caregivers, as indicated

**Staffing Requirements**

1. The provider complies with the staffing requirements of the applicable licensing body, the staffing requirements in the Senior Whole Health service-specific performance specifications, and the credentialing criteria outlined in the Senior Whole Health Provider Manual, as referenced at [www.SWHMA.com](http://www.SWHMA.com).
2. The provider ensures that program staff is available to provide their services within the appropriate time frames, so that the necessary level(s) of care are determined at the end of the observation period of up to 24 hours.

**Process Specifications****Assessment, Treatment Planning, and Documentation**

1. Within the first hour of arrival at the inpatient mental health unit, the provider ensures the completion of the Member's admission and orientation to the service.
2. At the time of admission, an attending psychiatrist and social worker or other master's-level clinician are assigned to each Member.
3. Upon admission, a social worker or other clinician begins a biopsychosocial assessment. He/she contacts, as applicable, outpatient treaters, the Member's primary care provider (PCP) and/or primary care team (PCT), involved state agencies, and family members/guardians/caregivers/significant others to obtain information. He/she also facilitates meetings with the Member and outpatient treaters, the Member's PCP and/or PCT, involved state agencies, and family members/guardians/caregivers/significant others during the brief stay, when clinically indicated, to facilitate a treatment and discharge plan, and when possible.
4. Upon admission, an initial treatment and discharge plan are developed, incorporating the information received from the referring Adult Mobile Crisis Intervention provider or Emergency Department that conducted the behavioral health crisis evaluations and other contacts, which focuses on stabilization of the acute presenting problem and further evaluation to determine the Member's treatment needs. The Member actively participates.
5. Upon admission, a substance use assessment and evaluation is completed, as clinically indicated.
6. Within eight hours of admission, an RN completes a nursing assessment of each Member.
7. Within 24 hours of admission, an attending psychiatrist completes an evaluation of each Member, which includes a medical history, physical examination, and a psychiatric evaluation.
8. The multi-disciplinary treatment team meets to assess the Member's response to interventions during the observation period of up to 24 hours, to review the collateral contact

**Performance Specifications**

**Observation/Holding Beds**

information, and to make recommendations for further treatment.

9. All activities are documented in the Member's health record.

**Discharge Planning and Documentation**

1. The discharge plan reflects the interventions and stabilization that occurred during the observation period of up to 24 hours and the treatment recommendations for further treatment.
2. The provider determines a disposition and plans and coordinates all treatment services needed after the observation period of up to 24 hours.

**Service, Community, and Collateral Linkages**

Linkages occur within eight (8) hours of the Member's admission and continue as necessary during the observation period of up to 24 hours. All activities are documented in the Member's health record.