



OBSERVATION/HOLDING BEDS

PURPOSE

Performance specifications are intended to enhance MassHealth Enrollee experience and outcomes by promoting transparency and consistency across Plans and providers. Performance specifications are expectations imposed on providers who contract for these specific and related services. Information contained in this document is based on publicly available documents, Plan expectations, your contract, and MassHealth guidance. This information should be and will look materially like any other MassHealth contracted Plan. Performance specifications, your provider manual, and other requirements can be found at providerexpress.com.

Providers contracted for this level of care or service are expected to comply with applicable regulations set forth in the Code of Massachusetts Regulations, and all requirements of these service-specific performance specifications. In addition, providers of all contracted services are held accountable to the General Performance Specifications. Where there are differences between the service-specific and General Performance Specifications, the service-specific specifications take precedence.

OVERVIEW

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 Enrollees 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 Enrollee 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 Enrollee information, which may lead to a determination of a need for a more intensive level of care. This service is not appropriate for Enrollees 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. Enrollees on an involuntary status who require observation will be authorized for a one-day inpatient admission.

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.

SERVICE COMPONENTS

1. Crisis intervention and observation services are provided by psychiatrists, registered nurses, social workers, and mental health counselors seven (7) days per week, including weekends and holidays. Services are initiated upon the Enrollee's admission.
2. The provider ensures that all service components required in the Inpatient Mental Health Services performance specifications are provided to Enrollees enrolled in Observation/Holding Beds. Additionally, the provider ensures the following required service components are provided:
 - a) Immediate and intensive case management and collateral contact
 - b) Individual meetings with Enrollees
 - c) Meetings with family/significant others, as indicated

STAFFING REQUIREMENTS

1. The provider complies with the staffing requirements of the applicable licensing body, the staffing requirements in the Plan service-specific performance specifications and the credentialing criteria outlined in your provider manual that can be found at providerexpress.com.
2. The provider complies with all provisions of the related performance specifications.
3. The provider ensures that program staff is available to provide their services within the appropriate time frames, so that the necessary levels of care are determined at the end of the observation period of up to 24 hours.

SERVICE, COMMUNITY AND OTHER LINKAGES

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

PROCESS SPECIFICATIONS

Assessment, Treatment Planning and Documentation

1. The provider complies with all provisions of the corresponding section in the General Performance Specifications.
2. Within the first hour of arrival at the inpatient mental health unit, the provider ensures the completion of the Enrollee's admission and orientation to the service.
3. At the time of admission, an attending psychiatrist and social worker, or master's-level clinician, are assigned to each Enrollee.
4. Upon admission, a social worker or other clinician begins a bio-psychosocial assessment.

He/she contacts, as applicable, outpatient treaters, the Enrollee's primary care clinician, involved state agencies, and parents/guardians/caregivers/family members/significant others to obtain information. He/she also facilitates meetings with same and the Enrollee during the brief stay, when clinically indicated, to facilitate a treatment and discharge plan, and when possible.

5. Upon admission, an initial treatment and discharge plan are developed, incorporating the information received from the referring Emergency Services Program/Mobile Crisis Intervention and other contacts, which focuses on stabilization of the acute presenting problem and further evaluation to determine the Enrollee's treatment needs. The Enrollee actively participates.
6. Upon admission, a substance use assessment and evaluation are completed, as clinically indicated.
7. Within eight (8) hours of admission, an RN completes a nursing assessment of each Enrollee.
8. Within 24 hours of admission, an attending psychiatrist completes an evaluation of each Enrollee, which includes a medical history, physical examination, and a psychiatric evaluation.
9. The multi-disciplinary treatment team meets to assess the Enrollee's response to interventions during the observation period of up to 24 hours, to review the collateral contact information, and to make recommendations for further treatment.
10. All activities are documented in the Enrollee'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.

QUALITY MANAGEMENT

1. The provider will develop and maintain a quality management plan that is consistent with their contractual responsibilities to Optum, and which utilizes appropriate measures to monitor, measure, and improve the activities and services it provides.
2. A continuous quality improvement process is utilized and may include outcome measures and satisfaction surveys to measure and improve the quality of care and services delivered to Enrollees, including youth and their families.
3. Clinical outcomes data must be made available to Optum upon request and must be consistent with the performance specifications of this service.
4. Providers must report any adverse incidents and other reportable events that occur to the relevant authorities.