

23-Hour Crisis Observation, Evaluation, Holding and Stabilization

Definition

This level of care provides up to 23 hours and 59 minutes of care in a secure and protected environment. The program is medically staffed, psychiatrically supervised and includes continuous nursing services. The primary objective of this level of care is for prompt evaluation and/or stabilization of individuals presenting with acute symptoms or distress. Before or at admission, a comprehensive assessment is conducted and a treatment plan developed. The treatment plan should place emphasis on crisis intervention services necessary to stabilize and restore the individual to a level of functioning that does not require hospitalization. This level of care may also be used for a comprehensive assessment and to obtain clarification regarding previously incomplete diagnostic information that may lead to a determination that the individual requires a more intensive level of care. This service is not appropriate for individuals who by history or initial clinical presentation require services of an acute psychiatric inpatient setting exceeding 23 hours and 59 minutes. Duration of services at this level of care may not exceed 23 hours and 59 minutes, by which time stabilization and/or a determination of the appropriate level of care will be made, and facilitation of appropriate treatment and support linkages will be coordinated by the treatment team.

Policy

23-Hour Crisis Observation, Evaluation, Holding and Stabilization mental health services are available to Medicaid Managed Care eligible adult members, age 21 and over.

Program Requirements

Refer to the program standards common to all levels of care/programs for additional requirements.

Licensing

The hospital must be licensed or formally approved as a hospital by the Nebraska Department of Health and Human Services Regulation and Licensure. Accreditation by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or the American Osteopathic Association (AOA) is preferable.

The agency must have written policies and procedures related to:

Refer to “Standards Common to all Levels of Care” for a potential list of policies generally related to the provision of mental health and substance abuse treatment. Agencies must develop policies to guide the provision of any service in which they engage clients, and to guide their overall administrative function.

Features/Hours

The program has the ability to accept admissions at any time and operates 24 hours a day, 7 days per week.

Service Expectations

- Multidisciplinary/bio-psychosocial, trauma-informed, assessment conducted by a licensed clinician

- A substance abuse screening during the individual's 23-Hour Crisis admission
- Health screening/nursing assessment conducted by an RN
- Substance abuse assessment by an LMHP, LMHP/LADC, Psychologist, LADC or other mental health professional working within their scope of practice if screening reveals a need for further assessment
- Discharge plan with emphasis on crisis intervention and referral for relapse prevention services developed under the direction of a physician (psychiatrist preferred) at admission
- Medication evaluation and management
- Individual and family, therapy available and offered as tolerated and/or appropriate using a brief therapy/solution focused approach
- Intense discharge planning
- Consultation services available for general medical, dental, pharmacology, psychological, dietary, pastoral, emergency medical, recreation therapy, laboratory and other diagnostic services as needed

Special Staff Requirements for Psychiatric Hospitals as per 42 CFR 482.62

Medical Director (Boarded or Board eligible Psychiatrist)

Psychiatrist (s) and/or Physicians (s)

APRN(s) (with psychiatric specialty, in collaboration with a psychiatrist)

Director of Psychiatric Nursing (RN, APRN)

LMHP, LMHP/ LADC, LIMHP, Psychologist (or ASO approved provisional licensure)

RN(s) and APRN(s) (psychiatric experience preferable)

Director of Social Work (MSW preferred)

Social Worker(s) (at least one social worker, director or otherwise, holding an MSW degree)

Technicians, HS with JCAHO approved training and competency evaluation. (2 years experience in mental health service preferred)

Medical Director (Boarded or Board eligible Psychiatrist):

A Nebraska licensed physician, working within his/her scope of practice, qualified to insure the medical integrity of, and provide the leadership required for an acute psychiatric treatment program. The psychiatrist physician's personal involvement in all aspects of the patient's care must be documented in the patient's medical record (i.e., physician's orders, progress notes).

Director of Psychiatric Nursing (RN, APRN with psychiatric experience)

The Director of Psychiatric Nursing is licensed in the State of Nebraska, works within his/her scope of practice, and has the psychiatric nursing experience to provide the leadership for the 23-Hour Crisis program. This position directs, supervises, evaluates, and trains other program staff to implement the nursing and other therapeutic components of the patient's treatment plan.

Director of Social Work (MSW preferred)

Monitor and evaluate the quality and appropriateness of social services furnished. If the Director of Social Work is not an MSW, at least one individual in this department needs to be an MSW.

APRN(s) (with psychiatric specialty, in collaboration with a psychiatrist)

Provides services in lieu of psychiatrist/attending physician. Works under the direction of the psychiatrist/attending physician.

Licensed Mental Health Practitioner, Psychologist, Licensed Independent Mental Health

Practitioner: A sufficient number of Nebraska licensed or provisionally licensed clinicians working within their scope of practice should be available to meet patient needs for psychotherapy services. Dual licensure is preferable for some positions to provide optimum services to patients with co-morbid diagnoses (MH/SA).

RN(s) and APRN(s):

RNs and APRNs must be Nebraska licensed, working within their scope of practice and have experience in developing and carrying out nursing care plans in psychiatric service programs.

Social Worker:

Social work services in the 23-Hour Crisis program are carried out under the direction of a Social Work Services Director preferably possessing a MSW degree from an accredited school of social work, licensed in the State of Nebraska, and working within his/her scope of practice. The Social Worker(s) fulfills responsibilities relating to the specific needs of the individual patient and their families in regard to discharge planning, community resources, consulting with other staff and community agencies as needed. This position may also assist in obtaining psychosocial information for use in planning by the treatment team.

Technicians:

Technicians, HS with JCAHO approved training and competency evaluation. (2 years experience in mental health service preferred)

Staffing Ratio (42 CFR 482.62)

- Availability of medical personnel must be sufficient to meet psychiatrically/medically necessary treatment needs for individuals served.

- RN availability must be assured 24 hours each day.
- The number of qualified therapists, support personnel, and consultants must be adequate to provide comprehensive therapeutic activities consistent with each patient's active treatment program.

Training

Refer to “Standards Common to all Treatment Services” for a list of potential training topics related to the provision of mental health and substance abuse treatment. Agencies should provide adequate pre-service and ongoing training to enhance the capability of all staff to treat the individuals they serve and provide the maximum levels of safety for themselves and others. All staff must be educated/trained in rehabilitation and recovery principles.

Clinical Documentation

The program shall follow the agency's written policy and procedures regarding clinical records. The agency's policies must include specifics about timely record entry by all professionals and paraprofessionals providing services in the program.

The clinical record must provide information that fully discloses the extent and outcome of treatment services provided to the client. The clinical record must contain sufficient documentation to justify Medicaid Managed Care participation.

The record must be organized with complete legible documents. When reviewing a clinical record, a clinician not familiar with the client or the program must be able to review, understand and evaluate the mental health and substance abuse treatment for the client. The clinical record must record the date, time, and complete name and title of the facilitator of any treatment service provided to the client. All progress notes should contain the name and title of the author of the note.

In order to maintain one complete, organized clinical record for each client served, the agency must have continuous oversight of the condition of the clinical record. The provider shall make the clinical record available upon Medicaid and/or the ASO's request to review or receive a copy of the complete record. All clinical records must be maintained for seven years following the provision of services.

Length of Stay: Up to 23 hours and 59 minutes

Special Procedures

The 23-Hour Crisis Observation, Evaluation, Holding and Stabilization treatment program is responsible to follow all Federal, State, and accrediting body guidelines in the use of restraint and seclusion.

Clinical Guidelines: 23-Hour Crisis Observation, Evaluation, Holding and Stabilization– Mental Health (Adult)

Admission Guidelines:

All of the following are necessary for admission to this level of care:

1. The individual presents in a condition (agitated, depressed) that is likely to significantly change after a period of rest or observation and intervention.
2. The individual's medical needs are stable.
3. The individual does not meet all inpatient criteria, but it is assessed that a period of observation may assist in the stabilization/prevention of symptom exacerbation.
4. Based on current information, there may be a lack of diagnostic clarity and further evaluation is necessary to determine the client's service needs.

Exclusionary Guidelines:

Any of the following guidelines are sufficient for exclusion from this level of care:

1. Medically unstable.
2. Client may be served in a less or more intensive levels of care.
3. The primary problem is social, economic (i.e. housing, family conflict) or one of physical health, or admission is being used as an alternative to incarceration.

Continued Stay Guidelines:

There is no continued stay associated with 23-hour observation.

Discharge Guidelines:

Any of the following guidelines may be sufficient for discharge from this level of care:

1. Evaluation and stabilization goals and objectives have been substantially met.
2. The individual no longer meets admission guidelines.
3. Length of stay at this level of care has surpassed the program's maximum 23:59 hour length of stay.
4. Consent for treatment is withdrawn.