

NMNC 1.102.04 Observation Behavioral Health Service

Observation (OBS) beds provide a secure, medically-staffed, and psychiatrically-monitored environment for extended observation and assessment of behaviors, including mental status, in order to determine the most appropriate level of care for immediate treatment. This setting provides prompt evaluation and stabilization services that could result in a referral to a less intensive setting, for example partial care; or alternately provides a safe environment to obtain additional clinical information about the member’s condition that confirms the need for a more intensive level of care, such as inpatient. The OBS level of care is generally used for a duration of less than 24 hours, though it may be extended as required, for a maximum of 72 hours.

| Admission Criteria | Continued Stay Criteria | Discharge Criteria |
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| <p>All of the following criteria must be met:</p> <ol style="list-style-type: none"> 1) Symptoms consistent with a <i>DSM</i>/or corresponding ICD diagnosis 2) Indication that the symptoms are expected to stabilize within a 23-hour period (or up to a 72-hour period when clinically appropriate) at which time a less restrictive level of care will be appropriate 3) One of the following must be present: <ol style="list-style-type: none"> a) Indication of actual or potential danger to self or others as evidenced by: <ol style="list-style-type: none"> 1. suicidal intent or recent attempt with continued intent; or 2. homicidal ideation; or 3. command hallucinations or delusions or b) Loss of impulse control leading to life-threatening behavior and/or psychiatric symptoms that require immediate stabilization in a structured, psychiatrically-monitored setting or c) Substance intoxication with suicidal/homicidal ideation or inability to care for self or d) Indication of impairment / disordered / bizarre behavior impacting basic activities of daily living, as well as social or interpersonal, occupational and/or educational functioning 4) Presenting crisis cannot be safely evaluated or managed in a less restrictive setting 5) Member is willing to participate in treatment voluntarily | <p>All of the following criteria must be met:</p> <ol style="list-style-type: none"> 1) Member continues to meet admission criteria 2) Another less restrictive level of care would not be adequate to provide needed containment and to administer care 3) Treatment is still necessary to reduce symptoms and improve functioning so the member may be treated in a less restrictive level of care 4) There is evidence of progress towards resolution of the symptoms that are causing a barrier to treatment continuing in a less restrictive level of care 5) Medication assessment has been completed when appropriate and medication trials have been initiated or ruled out 6) Family/guardian/caregiver is participating in treatment as clinically indicated, or engagement efforts are underway 7) Coordination of care and active discharge planning includes goal of transitioning the member to a less intensive level of care or transferring the member to a higher level of care | <p>Any one of the following criteria must be met: 1, 2, 3 or 4; criteria 5 and 6 are recommended, but optional:</p> <ol style="list-style-type: none"> 1) Member no longer meets admission criteria and/or meets criteria for another level of care, either more or less intensive; or 2) Member or parent/guardian withdraws consent for treatment <i>and</i> member does not meet criteria for involuntary/mandated treatment; or 3) Member does not appear to be participating in the treatment plan; or 4) Member is not making progress toward goals, nor is there expectation of any progress. 5) Member’s individual treatment plan and goals have been met 6) Member’s support system is in agreement with the aftercare treatment plan |

Exclusions

Any **one** of the following criteria is sufficient for exclusion from this level of care:

- 1) Member can be safely maintained and effectively treated at a less restrictive level of care; or
- 2) Threat or assault toward others is not accompanied by a *DSM*/corresponding ICD diagnosis amenable to acute treatment; or
- 3) Presence of any condition of sufficient severity to require acute psychiatric inpatient, medical, or surgical care; or
- 4) Primary problem is social, economic (i.e., housing, family conflict, etc.), or one of physical health without a concurrent major psychiatric episode meeting the criteria for this level of care; or
- 5) Admission is being used as an alternative to incarceration

Reference Sources

Beacon's Medical Necessity Criteria incorporate generally accepted standards of behavioral health practice documented in evidence- and consensus-based guidelines derived from:

- 1) Professional societies: American Psychiatric Association (APA); American Academy of Psychiatrists in Alcoholism and Addictions (AAPAA); American Academy of Child and Adolescent Psychiatry (AACAP)
- 2) National care guideline and criteria entities: American Society of Addiction Medicine (ASAM); MCG Care Guidelines
- 3) National health institutes: National Institutes of Health (NIH); National Institute on Alcohol Abuse and Alcoholism (NIAAA); National Institutes of Drug Abuse (NIDA); Substance Abuse and Mental Health Services Administration (SAMHSA)
- 4) Professional publications and psychiatric texts: [see Beacon's [Publication Reference Table](#)]
- 5) Federal/state regulatory and industry accreditation requirements, including CMS's National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs)
- 6) National industry peer organizations, including managed care organizations (MCOs) and behavioral health organizations (BHOs)