R9-10-1012. Behavioral Health Observation/Stabilization Services

A. An administrator of an outpatient treatment center that provides behavioral health observation/stabilization services shall ensure that:

1. The outpatient treatment center’s quality management program’s plan required in R9-10-1004(1), includes a method to identify and document each occurrence of exceeding licensed occupancy, as described in subsection (A)(11), and to evaluate the occurrences of exceeding licensed occupancy, including the actions taken for resolving occurrences of exceeding licensed occupancy;

2. Behavioral health observation/stabilization services are available 24 hours a day, every calendar day;

3. Behavioral health observation/stabilization services are provided in a designated area that:
   a. Is used exclusively for behavioral health observation/stabilization services; and
   b. For every 15 observation chairs or less, has one bathroom that contains:
      i. A working sink with running water,
      ii. A working toilet that flushes and has a seat,
      iii. Toilet tissue,
      iv. Soap for hand washing,
      v. Paper towels or a mechanical air hand dryer,
      vi. Lighting, and
      vii. A means of ventilation;

4. If the outpatient treatment center is authorized to provide behavioral health observation/stabilization services to individuals under 18 years of age:
   a. There is a separate designated area for providing behavioral health observation/stabilization services to individuals under 18 years of age that:
      i. Meets the requirements in subsection (B)(3), and
      ii. Has floor to ceiling walls that separate the designated area from other areas of the outpatient treatment center;
   b. A registered nurse is present in the separate designated area; and
   c. A patient under 18 years of age does not share any space, participate in any activity or treatment, or have verbal or visual interaction with a patient 18 years of age or older;

5. A medical practitioner is available;
6. If the medical practitioner present at the outpatient treatment center is a registered nurse practitioner or a physician assistant, a physician is on-call;

7. A registered nurse is present and provides direction for behavioral health observation/stabilization services in the designated area;

8. A nurse monitors each individual at the intervals determined according to subsection (B)(23) and documents the monitoring in the individual's medical record;

9. An individual who arrives at the designated area for behavioral health observation/stabilization services in the outpatient treatment center is screened within 30 minutes after entering the designated area to determine whether the individual is in need of immediate physical health services;

10. If a screening indicates that an individual needs immediate physical health services that the outpatient treatment center is:
   a. Able to provide according to the outpatient treatment center’s scope of services, the individual is examined by a medical practitioner within 30 minutes after being screened; or
   b. Not able to provide, the individual is transferred to a health care institution capable of meeting the individual's immediate physical health needs;

11. An individual admitted for behavioral health observation/stabilization services is provided an observation chair or as provided in subsection (A)(12)(b)(ii), a space and place to sit;

12. If an observation chair is not available for an individual's use:
   a. The individual is not admitted for behavioral health observation/stabilization services; or
   b. The individual may be admitted for behavioral health observation/stabilization services in an emergency if:
      i. A behavioral health professional reviews the individual’s screening to determine whether the admission is an emergency and documents the determination in the individual’s medical record;
      ii. There is space and a place to sit for the individual that allows a personnel member to provide behavioral health services and physical health services including emergency services to the individual; and
      iii. There are sufficient personnel members to ensure that the individual is assessed, monitored, and receives behavioral health services and physical health services according to policies and procedures and this Section;
13. A space and place to sit for an individual admitted to received behavioral health observation/stabilization services required in subsection (A)(12)(b)(ii) is raised at least 10 inches from the floor;

14. If an individual is not admitted for behavioral health observation/stabilization services because there is not an observation chair available for the individual's use, a personnel member provides support to the individual to access the services or resources necessary for the individual's health and safety which may include:
   a. Admitting the individual to the outpatient treatment center to provide behavioral health services other than behavioral health observation/stabilization services;
   b. Establishing a method to notify the individual when there is an observation chair available;
   c. Referring or providing transportation to the individual to another health care institution;
   d. Assisting the individual to contact the individual's support system; and
   e. If the individual is enrolled with a Regional Behavioral Health Authority, contacting the appropriate person to request assistance for the individual;

15. Personnel members establish a log of individuals who were not admitted because there was not an observation chair available and document the individual's name, actions taken to provide support to the individual to access the services or resources necessary for the individual's health and safety, and date and time the actions were taken;

16. The log required in subsection (B)(15) is maintained for one year after the date of documentation;

17. An observation chair or, as provided in subsection (A)(12)(b)(iii), a space and place to sit, is visible to a personnel member;

18. Except as provided in subsection (A)(19), a patient admitted to receive behavioral health observation/stabilization services is visible to a personnel member;

19. If a patient admitted to receive behavioral health observation/stabilization services is not visible to a personnel member, the personnel member is aware of the patient’s location and is able to intervene in the patient’s actions to ensure the patient’s health and safety;

20. An observation chair
   a. Effective until July 1, 2015, has space around the observation chair that allows a personnel member to provide behavioral health services and physical health services including emergency services to a patient in the observation chair; and
   b. Effective July 1, 2015, has at least three feet of clear floor space:
i. On at least two sides of the observation chair, and
ii. Between the observation chair and any other observation chair;

21. A patient is not admitted for behavioral health observation/stabilization services for longer than 23 hours and 59 minutes;

22. Within 24 hours after a patient is admitted for behavioral health observation/stabilization services, a medical practitioner determines whether the patient will be:
   a. If the behavioral health observation/stabilization services are provided in health care institution that also provided inpatient services and is capable of meeting the individual’s needs, admitted to the health care institution as an inpatient;
   b. Transferred to another health care institution capable of meeting the individual's needs,
   c. Provided a referral to another entity capable of meeting the individual's needs; or
   d. Discharged and provided patient follow-up instructions;

23. When an individual is admitted to a designated area for behavioral health observation/stabilization services, an assessment of the individual includes the interval for monitoring the individual based on the individual's medical condition, behavior, suspected drug or alcohol abuse, and medication status to ensure the health and safety of the individual;

24. If an individual is not being admitted as an inpatient to a health care institution, before discharging the individual from a designated area for behavioral health observation/stabilization services, a personnel member:
   a. Identifies the specific needs of the individual after discharge necessary to assist the individual to function independently;
   b. Identifies any resources including family members, community social services, peer support services, and Regional Behavioral Health Agency staff that may be available to assist the individual; and
   c. Documents the information in subsection (B)(24)(a) and the resources in subsection (B)(24)(b) in the individual’s medical record;

25. When an individual is discharged from a designated area for behavioral health observation/stabilization services a personnel member:
   a. Provides the individual with discharge information that includes:
      i. The identified specific needs of the individual after discharge, and
      ii. Resources that may be available for the individual; and
   b. Contacts any resources identified as required in subsection (B)(24)(b);
26. Except as provided in subsection (B)(27), an individual is not re-admitted to the outpatient treatment center for behavioral health observation/stabilization services within two hours after the individual’s discharge from designated area in the outpatient treatment center that provides behavioral health observation/stabilization services; and

27. An individual may be re-admitted to the outpatient treatment center for behavioral health observation/stabilization services within two hours after the individual’s discharge if:
   a. It is at least one hour since the time of the individual’s discharge;
   b. A law enforcement officer accompanies the individual to the outpatient treatment center;
   c. Based on a screening of the individual, it is determined that re-admission for behavioral health observation/stabilization is necessary for the individual; and
   d. The name of the law enforcement officer and the reasons for the determination in subsection (B)(27)(c) are documented in the individual’s medical record.

B. An administrator of an outpatient treatment center that provides behavioral health observation/stabilization services shall comply with the requirements for restraint and seclusion in R9-10-316.