



ADULT Extended Acute Care

PROGRAM DESCRIPTION

Extended Acute Care (EAC) is a long-term psychiatric inpatient level of care for adults diagnosed with severe and persistent mental illness who, due to the nature of their illness, require an extended episode of treatment to return to baseline functioning.

EACs provide comprehensive assessment, stabilization, and treatment for individuals 18 years and older. Psychiatric nursing and clinical staff are available 24/7 to implement treatment and closely monitor responses to EAC interventions. Staff must be able to address a myriad of presenting challenges stemming from mental health needs, substance use, intellectual disabilities, medical complexities, psychosocial barriers, legal involvement, or a combination. The EACs should make use of the on-site medical staff to efficiently address presenting medical needs.

AUTHORIZATION PROCESS

EAC authorization is contingent on an individual meeting the CBH criteria, State-approved medical necessity criteria (MNC), and Assessment, Discharge And Planning Team (ADAPT) criteria (all 3). The process is as follows:

The referring psychiatrist submits the recommendation for EAC to CBH. A CBH physician makes an approval or denial determination based on CBH Admission Criteria AND State-approved MNC (both listed below). After CBH provides approval, the inpatient social worker makes a referral to the Assessment, Discharge And Planning Team (ADAPT), who will then conduct a thorough evaluation of the individual's current status and history against the ADAPT criteria (listed below). After the individual is evaluated and approved for EAC by ADAPT, they are placed on a waiting list for the next available opening.

CBH ADMISSION CRITERIA

- Individual's current symptomatology is severe and the individual has not responded appropriately to trials of psychotropic medications.
- The individual has a history of multiple psychiatric hospitalizations in close succession which suggest that he/she could benefit from an extended episode of acute treatment to return to baseline functioning and successfully reside in a supportive community setting.

MEDICAL NECESSITY CRITERIA (Appendix T: same as acute inpatient hospitalization)

Admission Criteria (must meet criteria in all domains)

A physician has conducted an evaluation and has determined that:

- I. The person is at least 18 years old with a psychiatric diagnosis, excluding intellectual disability, substance abuse or dementia, unless these conditions coexist with another psychiatric diagnosis.
- and
- II. The person cannot be appropriately treated at a less intense level of care because of the need for:
- 24-hour availability of services for diagnosis, continuous monitoring and assessment of the person's response to treatment;
 - availability of a physician 24 hours a day to make timely and necessary changes in the treatment plan;
 - the involvement of a psychiatrist in the development and management of the treatment program; and
 - 24-hour availability of professional nursing care to implement the treatment plan and monitor/ assess the person's condition and response to treatment;
 - 24-hour clinical management and supervision.

and

- III. The severity of the illness presented by the person meets one or more of the following:
- The person poses a significant risk of harm to self or others, or to the destruction of property.
 - The person has a medical condition or illness which cannot be managed in a less intensive level of care because the psychiatric and medical conditions so compound one another that there is a significant risk of medical crisis or instability.
 - The person's judgment or functional capacity and capability has decreased to such a degree that self-maintenance, occupational, or social functioning are severely threatened.
 - The person requires treatment which may be medically unsafe if administered at a less intense level of care.
 - There is an increase in the severity of symptoms such that continuation at a less intense level of care cannot offer an expectation of improvement or the prevention of deterioration, resulting in danger to self, others, or property.

and

- IV. An acute psychiatric inpatient setting has requested transfer to extended acute care.

and

- V. There is clinical rationale to support that the person has not achieved stability despite assertive treatment (including biological, psychological, and social interventions) in the acute inpatient psychiatric level of care, as evidenced by at least one of the following:
- The person has had repeated 302 commitments within the preceding 12 months
 - The person has had a prolonged length of stay in the current treatment episode¹
- and
- VI. The services are not being sought to potentially avoid legal proceedings, incarceration or other legal consequences.
- and
- VII. The services are not primarily domiciliary or custodial, and include active treatment even when the individual is awaiting referral to a different level of service.

Continued Stay Criteria (must meet criteria in domain I and II)

- I. The severity of the illness presented by the person meets one or more of the following:
- Persistence of symptoms which meet admission criteria; or
 - development of new symptoms during the person’s stay which meet admission criteria; or
 - there is an adverse reaction to medication, procedures, or therapies requiring continued hospitalization; or
 - there is a reasonable expectation based on the person’s current condition and past history, that withdrawal of Extended Acute Care will impede improvement or result in rapid decompensation or the re-occurrence of symptoms or behaviors which cannot be managed in a treatment setting of lesser intensity.
- and
- II. The person continues to need the intensity of treatment defined under Admission Criterion II; and
- a psychiatrist conducts a psychiatric examination within 24 hours after admission; and
 - the person participates in treatment and discharge planning; and
 - treatment planning and subsequent therapeutic orders reflect appropriate, adequate and timely implementation of all treatment approaches in response to the person’s changing needs.

Discharge Indicators (must meet criteria in domain I or II)

- I. The person no longer needs extended acute care because:

¹ Please ensure individual meets CBH and ADAPT criteria for number and types of hospitalizations.

- The symptoms, functional impairments and/ or coexisting medical conditions that necessitated admission or continued stay have diminished in severity and the person's treatment can now be managed at a less intensive level of care; and
- The improvement in symptoms, functional capacity and/ or medical condition has been stabilized and will not be compromised with treatment being given at a less intensive level of care; and
- The person does not pose a significant risk of harm to self or others, or destruction of property; and
- There is a viable discharge plan which includes living arrangements and follow-up care

or

II. Extended Acute Care is discontinued because:

- A diagnostic evaluation and/ or a medical treatment has been completed when one of these constitutes the reason for medical admission; or
- The person withdraws from treatment against advice and does not meet criteria for involuntary commitment; or
- The person is transferred to another facility/ unit for continued extended acute care.

Admission, Discharge and Planning Team (ADAPT) criteria

- The individual must be on a 303 or 304 commitment, must be hospitalized at least 5 days, AND one of the following must be true:
 1. After 25 consecutive days of inpatient psychiatric hospitalization, the hospital's treatment team determines the individual requires at least 30 more days of continued hospitalization OR
 2. The individual has had a total of 45 cumulative days of acute inpatient psychiatric hospitalization within the past 12 months OR
 3. Including the individual's current commitment status, he/she has had at least three (3) 303 commitments within the past 6 months OR
 4. Including the individual's current commitment status, he/she has had at least three (3) 303 commitments within the past year AND meets the following clinical criteria:
 - Has a diagnosed and treatable mental illness consistent with the definition of the Mental Health/Mental Retardation Act of 1966
 - Has the manifestation of 1 or more of the following behaviors which necessitate short-term, acute psychiatric hospitalization, with insufficient abatement of the same during the course of the inpatient treatment:
 - Assaultive, self-mutilation, destructive behavior, suicide attempts, delusions, hallucinations, disorientation, lability of affect reflected by disorganized behavior or inability to perform, as well as the need for at least another 30 days of inpatient psychiatric hospitalization