



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.

MEDICAL NECESSITY CRITERIA

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 episode

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:

- 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.