

PROGRAM DESCRIPTION

Non-Hospital Extended Acute Care (EAC) is an integrated residential treatment program for consumers who meet the criteria for serious mental illness and require extended comprehensive behavioral health and support services in a non-hospital, community based residential setting. Due to the nature of their illness, these members require an extended episode of treatment to return to baseline functioning. Non-Hospital EAC provide comprehensive assessment, stabilization, and treatment. Psychiatric nursing and clinical staff are available 24/7 to implement treatment and closely monitor responses to Non-Hospital EAC interventions.

Members eligible for Non-Hospital EAC are individuals 18 years of age or older, who are experiencing severe and persistent mental health disabilities and who have sufficiently stabilized in a referring environment and who are actively engaged in discharge planning to a lower level of care. The individuals who are being referred to the Non-Hospital EAC must be documented as no longer needing inpatient psychiatric hospitalization and/or Hospital Based EAC but do require a comprehensive treatment program in a secure non-hospital residential setting.

The two primary goals of this level of care are:

- 1) The continued reduction and stabilization of psychiatric symptoms that have led to the numerous psychiatric hospitalizations that have been part of the individual's life to date.
- 2) The overall improvement and expansion of the member's general quality of life.

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:
- a. 24-hour availability of services for diagnosis, continuous monitoring and assessment of the person's response to treatment;
 - b. availability of a physician 24 hours a day to make timely and necessary changes in the treatment plan;
 - c. 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;
 - d. 24-hour clinical management and supervision.

and

- III. The severity of the illness presented by the person meets one or more of the following:
- a. The person poses a significant risk of harm to self or others, or to the destruction of property.
 - b. 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.
 - c. The person requires treatment which may be medically unsafe if administered at a less intense level of care.

and

- IV. An acute psychiatric inpatient setting or hospital based extended acute care setting has requested transfer to non-hospital extended acute care.

and

- V. The services are not being sought to potentially avoid legal proceedings, incarceration or other legal consequences.

and

- VI. 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:
 - a. Persistence of symptoms which meet admission criteria; or
 - b. there is a reasonable expectation based on the person's current condition and past history, that withdrawal of Non-Hospital 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. a psychiatrist conducts a psychiatric examination within 24 hours after admission; and
 - b. the person participates in treatment and discharge planning; and
 - c. treatment planning and subsequent therapeutic orders reflect appropriate, adequate and
 - d. 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. A member no longer needs the non-hospital extended acute level of care because:
 - a. The presenting symptoms, impairments and/or coexisting medical conditions that existed at admission or continued stay have

diminished in severity and the individual's treatment can now be provided at a less intense level of care.

- b. The improvement in symptoms, impairments and/or coexisting medical conditions has been achieved and the expectation is that these improvements will not be compromised at a less intense level of care.
- c. The person no longer poses a significant risk of harm to self or others, or destruction of property.
- d. The individual has benefited from non-hospital extended acute treatment and has developed sufficient coping skills and effective community supports indicating a high probability of a positive transition to the community,

and

- e. A safe, secure and therapeutic discharge plan has been affected that includes living arrangements and treatment.

or

II. Non-Hospital Extended Acute Care is discontinued because:

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