

Level I SA: Community Support - Adult

Definition

The following is based on the Adult Criteria of the Patient Placement Criteria for the Treatment of Substance-Related Disorders of the American Society of Addiction Medicine, Second Edition Revised (ASAM PPC-2R). Providers are responsible to refer to the ASAM PPC-2R ADULT PLACEMENT MANUAL Pages 45-53 for the complete criteria.

Level I: Community Support is a rehabilitation and support service for individuals with primary Axis I substance dependence. Community Support Workers provide direct rehabilitation and support services to the individual in the community with the intention of supporting the individual to maintain abstinence, stable community living, and prevent exacerbation of illness and admission to higher levels of care. Community Support describes the professionally directed evaluation, and recovery services for individuals experiencing a substance related disorder that causes moderate and/or acute disruptions in the individual's life. While the services follow a defined set of policies and procedures or clinical protocols, they must be tailored to each patient's individual level of clinical severity and must be designed to help the patient achieve changes in his or her alcohol or other drug using behaviors. The service must address major lifestyle, attitudinal and behavior issues that may undermine treatment goals or impair the individual's ability to function in at least one life area. Service is not provided during the same service delivery hour of other rehabilitation services; with the exception of availability for individuals 30 days prior to discharging from a 24 hour treatment setting.

Level I services are appropriate in the following situations:

- As an initial level of care when the severity of the illness warrants this intensity of intervention. Treatment should be able to be completed at this level, thus using only one level of care unless an unanticipated event warrants a reassessment of the appropriateness of this level of care.
- As a "step down" from a more intensive level of care
- As an alternative approach to engage the resistant individual in treatment, who is in the early stages of change and who is not yet ready to commit to full recovery. This often proves more effective than intensive levels of care that lead to increased conflict, passive compliance, or leaving treatment. If this approach proves successful, the patient may no longer require a higher intensity of service, or may be able to better use such service.

Policy

Level I: Community Support services are available to Medicaid Managed Care eligible adult members, age 21 and over.

Program Requirements

Medicaid providers of substance abuse treatment services will adhere to all criteria outlined in the American Society of Addiction Medicine, Second Edition Revised (ASAM PPC-2R).

Refer to the program standards common to all levels of care/programs for general requirements.

Licensing/Accreditation

Level I Community Support services are organized services which may be delivered by individuals working under a Nebraska Substance Abuse Treatment Center license.

The agency must have written policies and procedures related to:

Refer to the “Standards Common to all Levels of Care” for a potential list of policies generally related to the provision of mental health and substance abuse treatment. Agencies must develop policies to guide the provision of any service in which they engage clients, and to guide their overall administrative function.

Features/Hours

Community Support services are provided in regularly scheduled sessions, or in times of crisis, up to 3 times per month or 3 hours total per month. Community Support programs must have emergency services available by telephone 24 hours a day, 7 days a week.

- **Dual Diagnosis Capable Programs**

At level I, the patient may have a co-occurring mental disorder that meets the stability criteria for a Dual Diagnosis Capable program. Other patients may have difficulties in mood, behavior or cognition as a result of other psychiatric or substance-induced disorders, or the patient’s emotional, behavioral or cognitive symptoms are troublesome but not sufficient to meet the criteria for a diagnosed mental disorder. Patients in these programs may require the kinds of assessment and treatment plan review offered by Dual Diagnosis Enhanced programs, but at a reduced level of frequency and comprehensiveness, because their mental health problems are more stable.

- **Dual Diagnosis Enhanced Programs**

The patient who is identified as in need of Level I Dual Diagnosis Enhanced program services is assessed as meeting the diagnostic criteria for a Mental Disorder as well as a Substance Disorder as defined in the current DSM. Level I Dual Diagnosis enhanced programs offer ongoing intensive case management for highly crisis-prone dually diagnosed individuals. Such services are delivered by cross-trained interdisciplinary staff through mobile outreach and engagement-oriented psychiatric and substance disorders programming. Staff of Level I Dual Diagnosis enhanced programs include credentialed mental health trained staff who are able to assess, monitor and manage severe and persistent mental disorders seen in a Level I setting, as well as other psychiatric disorders that are mildly unstable. Such staff are knowledgeable about the management of co-occurring mental and substance-related disorders, including assessment of the patient’s stage of readiness to change and engagement of patients who have co-occurring mental disorders. Level I Dual Diagnosis Enhanced programs must also provide a review of the patient’s recent psychiatric history and a mental status examination, reviewed by a psychiatrist, if necessary. A comprehensive psychiatric history and examination and a psycho diagnostic assessment are performed within a reasonable time, as determined by the

patient's psychiatric condition. Active reassessment of the patient's mental status and follow-through with mental health treatment and psychotropic medication must be provided and documented at each visit.

Service Expectations

- A Substance Abuse Assessment by a fully licensed clinician prior to the beginning of treatment
- A strengths-based needs assessment completed within 30 days of admission
- A treatment/recovery plan developed with the individual, integrating individual strengths & needs, considering community, family and other supports, stating measurable goals and specific interventions, that includes a documented discharge and relapse prevention plan, completed within 30 days of admission, reviewed, approved and signed by the Clinical Supervisor., or other licensed person.
- Review and update of the treatment/recovery and discharge plan with the individual and other approved family/supports every 90 days or as often as medically indicated; approved and signed by the Clinical Supervisor, or other licensed person.
- Provision of active rehabilitation and support interventions with focus on activities of daily living, education, budgeting, medication compliance and self-administration (as appropriate and part of the overall treatment/recovery plan), relapse prevention, social skills, and other independent living skills that enable the individual to reside in their community
- Provide service coordination and case management activities, including coordination or assistance in accessing medical, psychopharmacological, psychological, psychiatric, social, education, , transportation or other appropriate treatment/support services as well as linkage to other community services identified in the treatment/recovery plan
- Develop and implement strategies to encourage the individual to become engaged and remain engaged in other necessary substance use/abuse and mental health treatment services as recommended and included in the treatment/recovery plan
- Participate with and report to treatment/rehabilitation team on the individual's progress and response to community support intervention in the areas of relapse prevention, substance use/abuse, application of education and skills, and the recovery environment (areas identified in the plan).
- Provide therapeutic support and intervention to the individual in time of crisis
- If hospitalization or residential care is necessary, facilitate, in cooperation with the treatment provider, the individual's transition back into the community upon discharge.
- Face-to-face contact a minimum of 3 times per month or 3 total hours of contact.
- If the client has a co-occurring diagnosis (MH/SA) it is the provider's responsibility to coordinate with other treating professionals.

Staffing

- Clinical Supervision (APRN, RN, LMHP, LIMHP, PLMHP, LADC, PLADC, Licensed Psychologist, Provisionally Licensed Psychologist); dual MH/SA licensing preferred) working with the program and responsible for all clinical decisions (ie. admissions, assessment, treatment/discharge planning and review) and to provide clinical consultation and support to community support workers and the individuals

they serve. This individual will review each case plan monthly at a minimum (face-to-face preferable but phone review will be accepted) with the Community Support worker. The Clinical Supervisor will also continually incorporate new clinical information and best practices into the program to assure program effectiveness and viability, and assure quality of rehabilitation clinical records.

- For Community Support workers a BS degree or higher in psychology, sociology, or a related human service field is preferred, but two years course work in a human services field, and two years experience/training with demonstrated skills and competencies in treatment of individuals with chemical dependency is acceptable.
- ***Other individuals could provide non-clinical administrative functions.**

Staffing Ratio

Clinical Director to direct care staff ratio as needed to meet all responsibilities
1:20 Community Support worker to individual served.

Training

Refer to “Standards Common to all Treatment Services” for a list of potential training topics related to the provision of mental health and substance abuse treatment. Agencies should provide adequate pre-service and ongoing training to enhance the capability of all staff to treat the individuals they serve and provide the maximum levels of safety for themselves and others. All staff must be educated/trained in rehabilitation and recovery principles.

Documentation

Individualized progress notes in the patient’s record clearly reflect implementation of the treatment/rehabilitation plan and the patient’s response to therapeutic interventions for all disorders treated. Documentation reflects ASAM Adult Patient Placement Criteria.

The clinical record will contain assessments, assessment updates, the master treatment/recovery and discharge plan and treatment/recovery and discharge plan updates, therapy progress notes, a complete record of supervisory contacts, narratives of others case management functions, and other information as appropriate.

Length of Service

Length of treatment is individualized and based on clinical criteria for admission and continued treatment, as well as the client’s ability to benefit from individual treatment/recovery goals.

Special Procedures

None allowed.

Clinical Guidelines: Level I SA: Community Support - Adult

Admission Guidelines:

1. The individual is assessed as meeting the diagnostic criteria for a Substance-Related Disorder (including Substance Use Disorder or Substance-Induced Disorder), as defined in the most recent DSM as well as the dimensional criteria for admission.
2. The individual who is identified as in need of Level 1 Dual Diagnosis Enhanced program services is assessed as meeting the diagnostic criteria for a Mental Disorder

- as well as a Substance Use Disorder, as defined in the current DSM-IV as well as the dimensional criteria for admission.
3. The individual has a substance dependence diagnosis with functional impairments in each of the following areas: activities of daily living, employment/educational, and social which are the direct result of the diagnosis
 4. The individual is assessed as meeting specifications in ALL of the following six dimensions.
 5. There is an expectation that the individual has the capacity to make significant progress toward treatment goals.

The following six dimensions and criteria are abbreviated. **Providers are responsible to refer to the ASAM PPC-2R ADULT PLACEMENT MANUAL, Pages 45-53 for the complete criteria.**

DIMENSION 1: ACUTE INTOXICATION AND/OR WITHDRAWAL POTENTIAL:

- Acute Intoxication &/or Withdrawal Potential: Not experiencing withdrawal/minimal risk of severe withdrawal.

DIMENSION 2: BIOMEDICAL CONDITIONS AND COMPLICATIONS:

- Biomedical Conditions & Complications: None or very stable or receiving concurrent medical monitoring.

DIMENSION 3: EMOTIONAL, BEHAVIORAL OR COGNITIVE CONDITIONS AND COMPLICATIONS:

- None or very stable or receiving mental health monitoring.

DIMENSION 4: READINESS TO CHANGE:

- Ready for recovery but needs motivation and monitoring strategies to strengthen readiness OR High severity in this dimension but not in other dimensions. Needs a Level I motivational enhancement program.

DIMENSION 5: RELAPSE, CONTINUED USE OR CONTINUED PROBLEM POTENTIAL:

- Able to maintain abstinence or control use and pursue recovery or motivational goals with minimal support..

DIMENSION 6: RECOVERY ENVIRONMENT:

- Recovery environment is not supportive but, with structure and support, the client can cope.

Exclusionary Guidelines:

N/A in ASAM. Please refer to admission and continued stay criteria as noted.

Continued Stay Guidelines:

It is appropriate to retain the individual at the present level of care if:

1. The individual is making progress but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at this level of care is

assessed as necessary to permit the individual to continue to work toward his or her treatment goals.

OR

2. The individual is not yet making progress, but has the capacity to resolve his or her problems. The individual is actively working toward the goals in the individualized treatment plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals.

AND/OR

3. New problems have been identified that are appropriately treated at this level of care. This level of care is the least intensive level of care at which the individual's new problems can be addressed effectively.

To document and communicate the individual's readiness for discharge or need for transfer to another level of care, each of the six dimensions of the ASAM criteria should be reviewed. If the criteria apply to the individual's existing or new problem (s), he or she should continue in treatment at the present level of care. If not, refer to the Discharge/Transfer Criteria.

Discharge Guidelines:

It is appropriate to transfer or discharge the individual from the present level of care if he or she meets the following criteria:

1. The individual has achieved the goals articulated in his or her individualized treatment plan thus resolving the problem(s) that justified admission to the present level of care.

OR

2. The individual has been unable to resolve the problem(s) that justified admission to the present level of care, despite amendments to the treatment plan. Treatment at another level of care or type of service is therefore indicated.

OR

3. The individual has demonstrated a lack of capacity to resolve his or her problem(s). Treatment at another level of care or type of service is therefore indicated.

OR

4. The individual has experienced an intensification of his or her problem(s), or has developed a new problem(s), and can be treated effectively only at a more intensive level of care.

To document and communicate the individual's readiness for discharge or need for transfer to another level of care, each of the six dimensions of the ASAM criteria should be reviewed. If the criteria apply to the existing or new problem(s), the individual should be discharged or transferred, as appropriate. If not, refer to the Continued Service criteria.

