

LEVEL III.5 DUAL DISORDER RESIDENTIAL – Adult (Dual Diagnosis Enhanced)

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 71-126 for the complete criteria.

Dual Disorder Residential Treatment is intended for adults with a primary Axis I diagnosis of substance dependence and a co-occurring severe and persistent mental illness requiring a more restrictive treatment environment to prevent substance use. This service is highly structured, based on acuity, and provides primary, integrated treatment to further stabilize acute symptoms and engage the individual in a program of maintenance, treatment, rehabilitation and recovery. Dual Disorder Residential Treatment is provided in units of 16 beds or fewer. This service may be located in a community setting or a specialty unit within a licensed health care facility. Level III.5 programs are designed to treat persons who have significant social and psychological problems. Such programs are characterized by their reliance on the treatment community as a therapeutic agent. The goals of treatment are to promote abstinence from substance use and antisocial behavior and to effect a global change in participant's lifestyle, attitudes and values. This philosophy views substance-related problem as disorders of the whole person that are reflected in problems with conduct, attitudes, moods, values, and emotional management. The defined characteristics of these residents are found in their emotional, behavioral and cognitive conditions and their living environments. Individuals who are appropriately placed in a Level III.5 program typically have multiple deficits, which may include substance-related disorders, criminal activity, psychological problems, impaired functioning and disaffiliation from mainstream values. Their mental disorders may involve serious and persistent mental health issues. Other functional deficits in residents appropriately placed at this level of care include a constellation of criminal history or antisocial behaviors, with a risk of continued criminal behavior, and extensive history of treatment and /or criminal justice involvement, limited education, little or no work history and limited vocational skills. Poor social skills, inadequate anger management skills, extreme impulsivity, emotional immaturity and /or an antisocial value system.

Policy

Level III.5 Dual Disorder Residential Treatment 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).

Licensing/Accreditation

Level III.5 is an organized service provided 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

Hours of operation are 24 hours per day, 7 days per week.

- **Biomedical Enhanced Services**

Biomedical Enhanced services are delivered by appropriately credentialed medical staff, who are available to assess and treat co-occurring biomedical disorders and to monitor the resident's administration of medications in accordance with a physician's prescription. The intensity of nursing care and observation is sufficient to meet the patient's needs.

- **Dual Diagnosis Capable Programs**

The therapies described above encompass Level III.5 dual diagnosis capable program services for residents who are able to tolerate and benefit from a planned program of therapies. Certain residents may require the kinds of assessment and treatment services described for Dual Diagnosis Enhanced Services, but at a reduced level of frequency and comprehensiveness to match the greater stability of the residents mental health problems. For such residents, placement in a Dual Diagnosis Capable program may be appropriate. Other residents, especially those who are severely and persistently mentally ill, may not be able to benefit from such a program. Once stabilized, such residents will require planning for and integration into intensive case management, medication management and/or psychotherapy.

- **Dual Diagnosis Enhanced Programs**

In addition to the above support systems, Level III.5 Dual Diagnosis Enhanced programs offer psychiatric services, medication evaluation and laboratory services. Such services are available by telephone within 8 hours and on-site or closely coordinated off-site within 24 hours, as appropriate to the severity and urgency of the resident's mental condition.

Dual Diagnosis Enhanced programs are staffed by appropriately credentialed mental health professionals who are able to assess and treat co-occurring mental disorders and who have specialized training in behavior management techniques. Some (if not all) of the addiction treatment professionals have had sufficient cross-training to understand the signs and symptoms of mental disorders and to understand and explain to the resident the purposes of psychotropic medications and their interactions with substance use. The intensity of nursing care and observation is sufficient to meet the resident's needs.

The therapies in the Level III.5 Dual Diagnosis Enhanced programs offer planned clinical activities designed to stabilize the resident's mental health problem and psychiatric symptoms and to maintain such stabilization. The goals of therapy apply to both the substance dependence disorder and any co-occurring mental disorder. Specific attention is given to medication education and management and to motivational and engagement strategies which are use in preference to confrontational approaches.

In addition to the assessment requirements of Level III.5, Dual Diagnosis Enhanced Programs provide a review of the resident's recent psychiatric history and mental status examination. A psychiatrist conducts this review. A comprehensive psychiatric history and examination a psychodiagnostic assessment are performed within a reasonable time, as determined by the resident's needs. Dual Diagnosis Enhanced programs also provide active reassessments of the patient's mental status, at a frequency determined by the urgency of the resident's psychiatric problems, and follow-through with mental health treatment and psychotropic medications.

In addition to the documentation requirements described above, the Dual Diagnosis Enhanced programs document the resident's mental health problems, the relationship

between the mental and substance dependence disorders, and the residents current level of mental functioning.

Service Expectations

- A strengths based substance abuse and mental health assessment conducted by a dually licensed clinician (preferable), or a licensed clinician who is dually educated, trained, and experienced in SA, prior to or within 24 hours of admission with ongoing assessment as needed
- A nursing assessment by a licensed (in NE or reciprocal) RN or LPN under RN supervision, should be completed within 24 hours of admission with recommendations for further in-depth physical examination if necessary as indicated.
- A face-to-face initial diagnostic interview by a psychiatrist, psychologist or APRN prior to or within 24 hours of admission and ongoing as clinically indicated
- Individualized psychiatric services
- An initial treatment/recovery plan (orientation, assessment schedule, etc.) to guide the first 30 days of treatment developed within 24 hours
- Individualized treatment/recovery plan, including discharge and relapse prevention, developed under clinical supervision with the individual (consider community, family and other supports) within 7 days of admission
- Review and update of the treatment/recovery plan under clinical supervision with the individual and other approved family/supports every 30 days or more often as clinically indicated
- Therapies/interventions should include individual, family, and group psychotherapy, educational groups, motivational enhancement and engagement strategies, recreational activities and daily clinical services provided at a minimum of 42 hours weekly
- Drug screenings as clinically indicated
- Medication management and education
- Consultation and/or referral for general medical, and psychopharmacology needs
- Discharge planning to promote successful reintegration into regular, productive daily activity such as work, school or family living, including the establishment of each individual's social supports to enhance recovery
- Other services should include 24 hours crisis management, family education, self-help group and support group orientation

Staffing

- Clinical Director who is a dually certified, licensed, registered addiction clinician (Psychiatrist, APRN, RN, LMHP, LIMHP, or licensed, psychologist) working with the program and responsible for all clinical decisions (ie. admissions, assessment, treatment/discharge planning and review) and to provide consultation and support to care staff and the individuals they serve. The Clinical Director also continually works to incorporate new clinical information and best practices into the program to assure program effectiveness and viability, and assure quality organization and management of clinical records, and other program documentation.
- Consulting psychiatrist
- RNs and/or LPN's under the supervision of an RN with substance abuse/psychiatric treatment experience preferred
- Other program staff may include recreation therapists or social workers
- Appropriately licensed and credentialed clinicians working within their scope of practice to provide dual (MH/SA) treatment and are knowledgeable about the biological and

psychosocial dimensions of abuse/dependence. All clinicians must be dually licensed however one of the licenses could be provisional.

- For direct care staff a BS degree or higher in psychology, sociology, or a related human service field is preferred, but two years of course work in a human services field, and two years experience/training or two years of lived recovery experience with demonstrated skills and competencies in the treatment of individuals with a MH and/or SA diagnoses is acceptable.

Staffing Ratios

- Clinical Director to direct care staff ratio as needed to meet all responsibilities
- 1:6 Direct Care staff during waking hours
- 1:8 Therapist/ licensed clinician to individuals served
- 1 awake staff for each 10 individuals during client sleep hours (overnight) with on-call availability for emergencies, 2 awake staff overnight for 11 or more individuals served
- On-call availability of medical and direct care staff and licensed clinicians 24/7

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 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 service is individualized and based on clinical criteria for admission and continuing stay.

Special Procedures

None Allowed

Clinical Guidelines: Level III.5 SA : Dual Diagnosis Enhanced - Adult

Admission Guidelines:

1. The individual meets the diagnostic criteria for a Substance Dependence Disorder as defined in the most recent DSM, as well as the dimensional criteria for admission.
2. Individuals in Level III.5 Dual Diagnosis Capable programs may have co-occurring mental disorders that meet the stability criteria for placement in a Dual Diagnosis Capable program; or difficulties with mood, behavior or cognition related to a substance use or mental disorder; or emotional, behavioral or cognitive symptoms that are troublesome but do not meet the current DSM criteria for a severe and persistent mental disorder
3. The individual who is appropriately admitted to a Level III.5 Dual Diagnosis Enhanced program meets the diagnostic criteria for a Severe and Persistent Mental Disorder as well as a Substance Dependence Disorder, as defined in the current DSM.

4. The individual meets specifications in each of the six dimensions.
5. It is expected that the individual will be able to benefit from this treatment.

• The following six dimensions and criteria are abbreviated. **Providers are responsible to refer to the ASAM PPC-2R ADULT PLACEMENT MANUAL Pages 71-126 for the complete criteria.**

Dimension 1: Acute Intoxication &/or Withdrawal Potential: At minimal risk of withdrawal, at Levels III.3 or III.5. If withdrawal is present, it meets Level III.2-D criteria.

Dimension 2: Biomedical Conditions & Complications: None or stable, or receiving concurrent medical monitoring.

Dimension 3: Emotional, Behavioral or Cognitive Conditions & Complications: Demonstrates repeated inability to control impulses or a personality disorder requires structure to shape behavior. Other functional deficits require a 24-hour setting to teach coping skills. A Dual Diagnosis Enhanced setting is required for SPMI Severely and Persistently Mentally Ill patients.

Dimension 4: Readiness to Change: Has marked difficulty with, or opposition to tx, with dangerous consequences; or there is high severity in this dimension but not in others. The client, therefore, needs a Level I motivational enhancement program.

Dimension 5: Relapse, Cont. Use or Cont. Problem Potential: Has no recognition of the skills needed to prevent continued use, with imminently dangerous consequences.

Dimension 6: Recovery Environment: Environment is dangerous and client lacks skills to cope outside of a highly structured 24-hour setting.

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 an 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.

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