

LEVEL III.1 SA: HALFWAY HOUSE - 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 71-126 for the complete criteria.

Halfway House is a transitional, 24-hour structured supportive living/treatment/recovery facility of no more than 16 beds, located in the community for adults seeking reintegration into the community generally after primary treatment at a more intense level. This service provides safe housing, structure and support, affording individuals an opportunity to develop and practice their interpersonal and group living skills, strengthen recovery skills and reintegrate into their community, find/return to employment or enroll in school. The services provided usually include, individual, group and family therapy; medication management and medication education. Mutual/self-help meetings usually are available on site. Some persons require the structure of a Level III.1 program to achieve engagement in treatment. Those who are in the early stages of readiness to change may need to be removed from an unsupportive living environment in order to minimize their continued alcohol or other drug use. Level III.1 programs can also meet the needs of individuals who may not yet acknowledge that they have an alcohol or other drug problem. Such individuals may be living in a recovery environment that is too toxic to permit treatment on an outpatient basis. Because these individuals are at an early stage of readiness to change, they many need monitoring and motivating strategies to prevent deterioration, engage them in treatment and facilitate their progress through the stages of change to recovery. They are appropriately placed in a Level III.1 supportive environment while receiving “discovery” services as opposed to “recovery” services. In every case, the individual should be involved in planning continuing care to support recovery and improve his or her functioning.

Policy

Level III.1: Clinically Managed Low-Intensity Residential Treatment-Halfway House 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 III.1 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.

- **Dual Diagnosis Capable Programs**

Certain residents, may need the kinds of assessment and treatment services described here for Dual Diagnosis Enhanced, but at a reduced level of frequency and comprehensiveness to match the greater stability of the resident's mental health problems. For such resident's placement in a Dual Diagnosis capable program may be appropriate.

- **Dual Diagnosis Enhanced Programs**

In addition to the above support systems, Level III.1 Dual Diagnosis Enhanced programs offer psychiatric services, medication evaluation and laboratory services. Such services are provided on-site or closely coordinate off-site, as appropriate to the severity and urgency of the resident's mental condition.

In addition to the staff listed above, 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.1 Dual Diagnosis Enhanced programs offer planned clinical activities (either directly or through affiliated providers) that are designed to stabilize the resident's mental health problems 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.

Dual Diagnosis Enhanced programs (either directly or through affiliation with another program) 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 assessment and treatment plan review activities described above, Level III.1 Dual Diagnosis Enhanced programs provide a review of the resident's recent psychiatric history and mental status examination, completed by a psychiatrist. A comprehensive psychiatric history and examination and psychodiagnostic assessment are performed within a reasonable time, as determined by the resident's needs.

In addition to the documentation requirements of Level III.1, Dual Diagnosis Enhanced Programs regularly document the resident's mental health problems, the relationship between the mental and substance dependence disorders, and the resident's current level of mental functioning.

Service Expectations

- A strengths based substance abuse assessment and mental health screening conducted by licensed clinician at admission with ongoing assessment as needed
- Individualized treatment/recovery plan, including discharge and relapse prevention, developed under clinical supervision with the individual (consider community, family and other supports) within 14 days of admission
- Review and update of the treatment/recovery plan with the individual and other approved family/supports every 30 days or more often as medically indicated

- Monitoring to promote successful reintegration into regular, productive daily activity such as work, school or family living
- Other services could include 24 hours crisis management, family education, self-help group and support group orientation
- Monitoring stabilized co-occurring mental health problems
- Consultation and/or referral for general medical, psychiatric, and psychopharmacology needs
- Provides a minimum of 8 hours of skilled treatment and recovery focused services per week including therapies/interventions such as individual, family, and group psychotherapy, educational groups, motivational enhancement and engagement strategies

Staffing

- Clinical Director (APRN, RN, LMHP, LIMHP, LADC or licensed, psychologist) working with the program and responsible for all clinical decisions (admissions, assessment, treatment/discharge planning and review) and to provide consultation and support to care staff and the individuals they serve.
- Appropriately licensed and credentialed professionals working within their scope of practice to provide substance abuse treatment. LADCs and PLADCs are included and Behavioral Health Services funded programs must have a minimum of 50% licensed alcohol and drug counselors.
- Direct care employees holding a BS degree or higher in psychology, sociology, or a related human service field are 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 provision of substance abuse services and demonstrated skill and competency in working with chronic substance dependence is acceptable.

Staffing Ratios

- Clinical Director to direct care staff ratio as needed to meet all responsibilities
- 1:10 Direct Care staff to individual served during day hour
- 1:12 Therapist to individual served
- 1 awake staff for each 10 individuals during client sleep hours (overnight) with on-call availability for emergencies, 2 awake, overnight staff for 11 or more individuals served
- On-call availability of 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, but individuals typically require this service for longer than 6 months for maximum effectiveness

Special Procedures

None allowed

Clinical Guidelines: Level III.1 SA: Halfway House - 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. The individual meets specifications in each of the six dimensions.
3. The individual is expected 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: No withdrawal risk, or minimal or stable withdrawal. Concurrently receiving Level I-D (minimal) or Level II-D (moderate) services

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

Dimension 3: Emotional, Behavioral or Cognitive Conditions & Complications: None or minimal; not distracting to recovery. If stable, a Dual Diagnosis Capable program is appropriate. If not, a Dual Diagnosis Enhanced program is required.

Dimension 4: Readiness to Change: Open to recovery, but needs a structured environment to maintain therapeutic gains.

Dimension 5: Relapse, Cont. Use or Cont. Problem Potential: Understands relapse but needs structure to maintain therapeutic gains.

Dimension 6: Recovery Environment: Environment is dangerous but recovery is achievable if Level III.1 24-hour structure is available.

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.

9-09