

LEVEL III.2-D SA: CLINICALLY MANAGED RESIDENTIAL DETOXIFICATION Adult (Social Detoxification)

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 145-175 for the complete criteria.

Policy

Level III.2-D Clinically Managed Residential Detoxification 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.2-D is an organized service provided in a facility that is currently licensed in Nebraska as a Substance Abuse Treatment Center.

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.

Hours

Hours of operation are 24 hours per day.

Service Expectations

- A biophysical screening (ie, includes at a minimum, vital signs, detoxification rating scale, and other fluid intake) conducted by appropriately trained staff at admission with ongoing monitoring as needed, with licensed medical consultation available.
- Implementation of physician approved protocols
- An addiction focused history is obtained and reviewed with the physician if protocols indicate concern.
- Physical exam to be completed prior to admission if the client will be self-administering detoxification medication. This is not necessary if the program has 24-hour nursing and nursing administers client medications according to the program’s physician protocols
- Monitor self-administered medications
- Sufficient biopsychosocial screening to determine the level of care in which the patient should be placed and for the individualized care plan to address treatment priorities identified in Dimensions 2 through 6.
- Detoxification staff will initiate a plan of care for the individual at the time of intake. Prior to discharge, the staff in concert with the individual will develop a discharge plan which will include specific referral and relapse strategy.
- Daily assessment of individual progress through detoxification and any treatment changes
- Medical evaluation and consultation is available 24 hours per day
- Consultation and/or referral for general medical, psychiatric, psychopharmacology, and other needs

- Interventions will include a variety of educational sessions for individuals and their families, and motivational and enhancement strategies
- Individual participation is based on the biophysical condition and ability of the individual.
- Assist individual to establish social supports to enhance recovery.

Staffing

- Clinical Director (APRN, RN, LMHP, LIMHP, or licensed psychologist or LADC providing consultation and support to care staff and the individuals they work with. This individual will also continually 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.
- Appropriately licensed and credentialed professionals working within their scope of practice to provide substance abuse and/or dual (MH/SA) treatment and are knowledgeable about the biological and psychosocial dimensions of abuse/dependence. LADC's and PLADC's are included and Behavioral Health Services funded programs must have a minimum of 50% licensed alcohol and drug counselors.
- For direct care employees 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 with demonstrated skills and competencies in the treatment of individuals with a chemical dependency diagnoses is acceptable. **Special training and competency evaluation required in carrying out physician developed protocols.**

* All staff should be educated/trained in rehabilitation and recovery principles.

Staffing Ratio

Clinical Director to direct care staff ratio as needed to meet all responsibilities

2 awake Direct Care staff overnight

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

Generally 2 to 5 days.

Special Procedures

None Allowed

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Admission Guidelines:

1. The individual in a Level III.2-D detoxification program meets the diagnostic criteria for Substance Induced Disorder of the current DSM, as well as the ASAM dimensional criteria for admission. **Providers are responsible to refer to the ASAM PPC–2R ADULT PLACEMENT CRITERIA MANUAL PAGES 145-175.**

The individual who is appropriately placed in a Level III.2-D detoxification program meets specifications in (a) *and* (b):

(a) The individual is experiencing signs and symptoms of withdrawal, or there is evidence (based on history of substance intake, age, gender, previous withdrawal history, present symptoms, physical condition, and/or emotional, behavioral, or cognitive condition) that withdrawal is imminent. The individual is assessed as not being at risk of severe withdrawal syndrome, and moderate withdrawal is safely manageable at this level of service (see examples pg. 164-169). **AND**

(b) The individual is assessed as not requiring medication, but requires this level of service to complete detoxification and enter into continued treatment or self-help recovery because of inadequate home supervision or support structure, as evidenced by meeting

[1] or [2] or [3]:

[1] The individual's recovery environment is not supportive of detoxification and entry into treatment, and the individual does not have sufficient coping skills to safely deal with the problems in the recovery environment; *or*

[2] The individual has a recent history of detoxification at less intensive levels of service that is marked by inability to complete detoxification or to enter into continuing addiction treatment, and the individual continues to have insufficient skills to complete detoxification; *or*

[3] The individual has demonstrated an inability to complete detoxification at a less intensive level of services, as by continued use of other-than-prescribed drugs or other mind-altering substances.

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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