

Service Name	Adult Substance Use Disorder Dual Disorder Residential Treatment (Co-occurring Diagnosis Enhanced) ASAM Level 3.5
Setting	Adult Substance Use Disorder (SUD) Dual Disorder Residential (Co-occurring Diagnosis-Enhanced) services are provided in the following setting in alignment with the current edition, ASAM Level 3.5: • Facility
Licensure, Certification, or Accreditation	The agency providing this service must be licensed by the DHHS Division of Public Health and accredited by CARF, TJC, or COA, and accredited to provide the level of care applicable to this service as required by DHHS Division of Medicaid and Long-Term Care (MLTC) Individual providers must be licensed by the DHHS Division of Public Health as required by DHHS Division of Medicaid and Long-Term Care (MLTC)
Basic Definition	Dual Disorder Residential Treatment is intended for individuals with a primary substance use disorder and a co-occurring severe mental illness requiring a more intensive treatment environment to treat complex biopsychosocial issues and 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. Services align with current edition ASAM level 3.5 guidance
Service Expectations (Information about this service is referenced in Title 471 chapter 20)	• An Initial Diagnostic Interview (IDI) must be completed, if one has not been completed within the previous 12 months of admission to the service, within 24 hours of the initiation of treatment interventions. The IDI must establish the need for this service. The IDI must meet the requirements as noted in the Initial Diagnostic Interview Medicaid Service Definition ○ If the IDI was completed within the previous 12 months of admission to the service, a licensed clinician who is able to diagnose and treat major mental illness within their scope of practice, must review the IDI to determine if the diagnosis and treatment, recovery, and rehabilitation plan are still applicable. If there is new information available, including changes in the treatment, recovery, and rehabilitation plan, an update to the IDI must be documented in the form of an IDI addendum. The IDI addendum must reflect the individual's current functional status • Substance use disorder (SUD) assessment: by a licensed clinician, operating within their scope of practice, must be completed within 24 hours of the beginning of treatment and meet the requirements as noted in the SUD Assessment Medicaid Service Definition ○ If a substance use disorder assessment was conducted within the previous 12 months prior to admission to the service, and is

	determined to be clinically relevant, it can serve as the service admission assessment. If there is new information available, an update to the SUD assessment must be documented in the form of an SUD addendum. The SUD addendum must reflect the individual's current status ○ If a substance use disorder assessment was not conducted within the previous 12 months prior to admission to the service, or the prior SUD assessment is not relevant and does not contain the necessary information, then a substance use disorder assessment must be performed • A nursing assessment by an RN, or LPN under RN supervision, must be completed within 24 hours of admission with recommendations for further in-depth physical examination as indicated • An initial treatment, recovery, and rehabilitation plan must be developed within 24 hours to guide the first seven days of treatment • Under clinical supervision, develop an Individualized Treatment, Rehabilitation, and Recovery Plan, including discharge plan and relapse prevention, with the individual (consider community, family and other supports) within seven days of admission • Review and update the Individualized Treatment, Rehabilitation, and Recovery Plan every 30 days or more often as clinically indicated. Review must be completed under a licensed clinician with the individual and must include family, guardians, other supports as authorized by the individual • Provide access to Medication Assisted Treatment (MAT) as medically appropriate • Interventions to include individual, family, and group psychotherapy, psychoeducational groups, motivational enhancement and engagement strategies, sober leisure skill building activities, medication management, and daily clinical services are to be provided at a minimum of 42 hours per week • Drug screenings as clinically indicated • Medication management and education including monitoring of medication adherence as needed • Consultation, referral, or both for medical, psychological, and psychopharmacology needs • Other services may include family education, self-help group and support group orientation • Discharge planning is an ongoing process that occurs through the duration of service. A Discharge summary must be completed prior to discharge • Initial and full Individualized Treatment, Rehabilitation, and Recovery Plans, Nursing Assessments, Discharge Planning and Discharge Summaries must be completed in accordance with the requirements outlined in the document titled <i>Medicaid Requirements for Behavioral Health Services</i> • All services must be provided with cultural competence
--	--

	• Crisis assistance must be available 24 hours a day, 7 days a week
Length of Service	Length of service is individualized based on the individual's ability to make progress with treatment and recovery goals
Staffing (Detailed training and licensure requirements are referenced in the document titled <i>Medicaid Requirements for Behavioral Health Services</i>)	Clinical Director May be a: • Physician: psychiatrist is preferable • Psychologist • Advanced practice registered nurse (APRN) • Physician Assistant (PA) • Registered Nurse (RN) • Licensed independent mental health practitioner (LIMHP) • Licensed mental health practitioner (LMHP) • Licensed alcohol and drug counselor (LADC) A consulting psychiatrist or APRN must be available, if not in the Clinical Director position Licensed Clinicians May include: • Psychiatrist • Physician • Psychologist • Provisionally licensed psychologist • Advanced practice registered nurse (APRN) • Physician Assistant (PA) • Licensed Independent Mental Health Practitioner (LIMHP) • Licensed mental health practitioner (LMHP) • Provisionally licensed mental health practitioner (PLMHP) • Licensed alcohol and drug counselor (LADC) • Provisionally licensed alcohol and drug counselor (PLADC) All clinicians are to be dually licensed; however one of the licenses may be provisional Licensed Nursing staff May include: • Licensed Registered Nurse (RN) • Licensed Practical Nurse (LPN) Direct Care staff Other staff may include: • Recreational Therapist • Community Support Worker • Certified Peer Support Provider

	All staff must meet the qualifications and supervision requirements as defined in the document titled <i>Medicaid Requirements for Behavioral Health Services</i> All staff are required to work within their scope of practice to provide mental health, substance use disorder, or co-occurring mental health and substance use disorder treatment
Staffing Ratio	• Clinical director to direct care staff ratio as needed to meet all responsibilities • 1:8 therapist or licensed clinician to individuals served • 1:6 direct care staff to individual served during day hours • 1:10 awake staff to individuals served during night hours • 2 awake staff overnight for 11 or more individuals served • Licensed medical providers, licensed clinicians and direct care staff must be available on-call 24 hours a day
Hours of Operation	24 hours per day, 7 days a week
Desired Individual Outcome	• The individual has substantially met the treatment, recovery, and rehabilitation plan goals and objectives • The precipitating condition and relapse potential is stabilized such that there is sustained improvement in health and psychosocial functioning • The individual's condition can be managed without the professional external supports and intervention at this level of care • The individual has alternative support systems secured to help maintain active recovery and stability in the community • The individual is connected to the next appropriate level of care necessary to treat the condition
Admission Guidelines	• The individual meets the diagnostic criteria for a Substance Use Disorder as defined in the Diagnostic and Statistical Manual (DSM), current edition, as well as American Society of Addiction Medicine (ASAM), current edition, dimensional criteria for admission to this service • Individuals in an ASAM Level 3.5 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 current edition DSM criteria for a severe and persistent mental disorder • The individual meets specifications in each of the six ASAM dimensions. • It is expected that the individual will be able to benefit from this treatment • This level of care is the least restrictive setting that will produce the desired results in accordance with the needs of the individual

Continued Stay Guidelines	It is appropriate to retain the individual at the present level of care if: • The individual is making progress but has not yet achieved the goals articulated in the individualized treatment, recovery, and rehabilitation plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward their treatment goals, or • The individual is not yet making progress but has the capacity to resolve their problems. The individual is actively working toward the goals in the individualized treatment, recovery, and rehabilitation plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward their treatment goals, or • 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 must be reviewed. If the criteria apply to the individual's existing or new problem(s), they should continue in treatment at the present level of care
---------------------------	---