

Service Name	Adult Substance Use Disorder Social Detoxification ASAM Level 3.2 WM
Setting	Social Detoxification SUD services are provided in the following setting in alignment with the current edition, American Society of Addiction Medicine (ASAM) level 3.2 WM: • 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	Social Detoxification provides intervention in substance use disorder emergencies on a 24 hour per day basis to individuals experiencing acute intoxication and/or withdrawal. This service has the capacity to provide a safe residential setting with staff present for observation and implementation of physician approved protocols designed to physiologically restore the individual from an acute state of intoxication when medical treatment for detoxification is not necessary. Services align with current edition ASAM level 3.2WM guidance
Service Expectations	• A biophysical screening (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 24 hours a day. • Implementation of physician approved protocols, including withdrawal management and seizure risk protocols • An addiction focused history is obtained and reviewed with the physician if protocols indicate concern • Physical exam to be completed prior to or at admission if the individual will be self-administering detoxification medication. This is not necessary if the program has 24-hour nursing and nursing administers medications to the individual 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. • An initial treatment, recovery, and rehabilitation plan must be developed within 24 hours. All efforts to engage the individual in development of the individual's initial treatment, recovery, and rehabilitation plan and discharge plan must be made • Daily assessment of the individual's progress through detoxification and any treatment changes at minimum. Individuals brought into care experiencing active withdrawal or acute intoxication must receive

	ongoing monitoring and re-assessment as indicated by their presenting condition • Medical evaluation and consultation are available 24 hours per day • Provide access to Medication Assisted Treatment (MAT) as medically appropriate • Consultation, referral, or both for medical, psychological, and psychopharmacology needs • Interventions must include a variety of educational sessions for individuals and their families, and motivational and enhancement strategies and/or stabilization for individuals experiencing withdrawal or acute intoxication. Individual participation is based on the biophysical condition and ability of the individual • Assist individual to establish social supports to enhance recovery • Discharge planning is an ongoing process that occurs through the duration of service. A Discharge summary must be completed prior to discharge • Initial Individualized Treatment, Rehabilitation, and Recovery Plans, 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. Duration to achieve successful detoxification is typically two to five days
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) • Registered Nurse (RN) • Physician Assistant (PA) • Licensed independent mental health practitioner (LIMHP) • Licensed mental health practitioner (LMHP) • Licensed alcohol and drug counselor (LADC) Licensed Clinicians May include: • Psychiatrist • Physician • Psychologist • Provisionally licensed psychologist • Advanced practice registered nurse (APRN) • Licensed 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) Direct Care staff Special training and competency evaluation required in carrying out physician developed protocols 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 - Two awake direct care staff overnight - A licensed clinician and direct care staff must be available on-call 24 hours a day
Hours of Operation	24 hours a day, 7 days a week
Desired Individual Outcome	The individual has successfully detoxified and has been assessed and referred for additional services and/or treatment needs
Admission Guidelines	- The decision to admit an individual who presents in an intoxicated state to Social Detoxification SUD (ASAM level 3.2 WM) must be based on the six dimensions of the current edition, ASAM level 3.2 WM for admission. - Of all reasonable options available to the individual, Social Detoxification SUD is the best treatment option with expectation of improvement in the individual's behavioral functioning - 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 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 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
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