

# **SUBSTANCE USE DISORDER**

## SERVICE CATEGORY: SUBSTANCE USE DISORDER

System Requirement: REGISTERED

### SERVICE DEFINITION

<b>Service Name</b>	<b>ADULT SUBSTANCE USE DISORDER ASSESSMENT</b>
<b>Eligibility</b>	Behavioral Health
<b>Setting</b>	Services are rendered in a professional office, clinic, home or other environment appropriate to the provision of psychotherapy or substance use services.
<b>Facility License</b>	Mental Health Substance Use Treatment Center as required by DHHS Division of Public Health
<b>Basic Definition</b>	The adult substance use disorder assessment is an evaluation, through utilization of validated tools, to guide the process of the assessment in determining if a substance use disorder exists and if so, what appropriate level of intervention is recommended. It should be conducted in accordance with the American Society of Addiction Medicine (ASAM) guidelines.
<b>Service Expectations</b>	<p>The Substance Use Disorder Assessment is comprised of three components: Assessment and screening tools and scores; Comprehensive biopsychosocial assessment; and Multidimensional risk profile to determine type and intensity of services.</p> <p><b>I. <u>ASSESSMENT AND SCREENING TOOLS AND SCORES</u></b></p> <p>All initial adult substance use disorder assessment reports will include the use and results of at least one nationally accepted screening instrument. One example of an acceptable instrument is the Substance Abuse Subtle Screening Inventory (SASSI). The Addiction Severity Index (ASI) is required to be used as a face-to-face structured interview guide, to be scored and utilized to provide information for substance use disorder assessment and the multidimensional risk profile.</p> <p><b>II. <u>COMPREHENSIVE BIOPSYCHOSOCIAL ASSESSMENT/SUBSTANCE USE DISORDER EVALUATION:</u></b></p> <p>A comprehensive bio psychosocial assessment will include all of the following:</p> <p><b>Demographics</b></p> <p><b>Presenting Problem/Chief Complaint</b></p> <ol style="list-style-type: none"><li>1. Referral Source</li><li>2. When the individual was first recommended to obtain an evaluation</li></ol>

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	<p data-bbox="499 233 1346 264">3. Synopsis of what led the individual to schedule this evaluation</p> <p data-bbox="428 269 653 300"><b>Medical History</b></p> <p data-bbox="428 321 842 352"><b>Work/School/Military History</b></p> <p data-bbox="428 373 905 404"><b>Alcohol/Drug History &amp; Summary</b></p> <ol data-bbox="499 409 1549 878" style="list-style-type: none"> <li>1. Frequency and amount</li> <li>2. Drug and/or alcohol of choice</li> <li>3. History of substance induced/use/disorder</li> <li>4. Use patterns</li> <li>5. Consequences of use (physiological, interpersonal, familial, vocational, etc.)</li> <li>6. Periods of abstinence/when and why</li> <li>7. Tolerance level</li> <li>8. Withdrawal history and potential</li> <li>9. Influence of living situation on use</li> <li>10. Other addictive behaviors (e.g., gambling)</li> <li>11. IV drug use</li> <li>12. Prior substance use disorder evaluations and findings</li> <li>13. Prior substance use disorder treatment</li> </ol> <p data-bbox="428 922 621 953"><b>Legal History</b></p> <p data-bbox="428 974 1163 1005"><b>Family / Social/ Peer History</b> (including trauma history)</p> <p data-bbox="428 1026 953 1057"><b>Psychiatric/Behavioral Health History</b></p> <ol data-bbox="499 1078 999 1146" style="list-style-type: none"> <li>1. Previous mental health diagnoses</li> <li>2. Prior mental health treatment</li> </ol> <p data-bbox="428 1167 1163 1198"><b>Other Diagnostics/ Screening Tools – Score &amp; Results</b></p> <p data-bbox="428 1219 701 1250"><b>Clinical Impression</b></p> <ol data-bbox="499 1255 1052 1399" style="list-style-type: none"> <li>1. Summary of evaluation <ol data-bbox="617 1295 1052 1399" style="list-style-type: none"> <li>A. Behavior during evaluation</li> <li>B. Stages of Change information</li> <li>C. Level of insight</li> </ol> </li> </ol>

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	<p style="text-align: center;">D. Any discrepancies of information provided</p> <ol style="list-style-type: none"> <li>2. Diagnostic impression (including justification) to include DSM current edition diagnoses</li> <li>3. Strengths of individual and family identified</li> <li>4. Problems identified</li> </ol> <p><b>Recommendations:</b></p> <ol style="list-style-type: none"> <li>1. Complete III. Multidimensional Risk Profile</li> <li>2. Complete the ASAM Clinical Assessment and Placement Summary</li> </ol> <p><b>III. <u>MULTIDIMENSIONAL RISK PROFILE</u></b></p> <p>Recommendations for individualized treatment, potential services, modalities, resources, and interventions must be based on the ASAM national criteria multidimensional risk profile. The provider is responsible for referring to the ASAM criteria for the full matrix when applying the risk profile for recommendations. For each dimension, report intensity and justification.</p> <p>A comprehensive substance use assessment includes collateral contacts with former and current healthcare providers, family members, friends, court contacts and others to assess medical history, substance usage, and legal history.</p> <p>When dually credentialed clinicians are completing the evaluation, the recommendations must include co-occurring issues.</p> <p>When LADCs are completing the evaluation they must include a screening for possible co-occurrence of mental health problems and include referral for mental health evaluation as appropriate in their recommendations.</p>

Service Name	<b>ADULT SUBSTANCE USE DISORDER ASSESSMENT</b>
<b>Length of Services</b>	The substance use disorder assessment is completed prior to initiation of services and should be updated yearly. A substance use addendum may be completed if determined to be medically necessary (see ASA Addendum service definition).
<b>Staffing</b>	LADC, LIMHP, LMHP, PLMHP, Psychologist, Provisional Psychologist, PLADC. An individual currently holding a provisional license, without another valid full professional license, is permitted to conduct the Adult Substance Use Disorder Assessment within their scope of practice and with supervision as required by the DHHS Division of Public Health.
<b>Staffing Ratio</b>	1 to 1 typically
<b>Hours of Operation</b>	Typical office hours with available evening and weekend hours by appointment
<b>Desired Individual Outcome</b>	Upon completion of the substance use disorder assessment, the individual will have been assessed for a substance use disorder diagnosis, an assessment of risk of dangerousness to self and/or others, and recommendation for the appropriate service level with referrals to appropriate service providers.

## SERVICE CATEGORY: SUBSTANCE USE DISORDER

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### SERVICE DEFINITION

Service Name	ADULT SUBSTANCE USE DISORDER ASSESSMENT ADDENDUM
<b>Funding Source</b>	Behavioral Health
<b>Setting</b>	Services are rendered in a professional office, clinic, home or other environment appropriate to the provision of psychotherapy or substance use services.
<b>Facility License</b>	Mental Health Substance Use Treatment Center as required by DHHS Division of Public Health
<b>Basic Definition</b>	The purpose of the addendum is to clarify/update the treatment needs and recommendations and/or gather information that covers the time frame when an individual was not receiving treatment. It should be conducted in accordance with the American Society of Addiction Medicine (ASAM) guidelines.
<b>Service Expectations</b>	<p>If the individual remains involved continuously in treatment for more than one year, an addendum is reimbursable at the annual date of the initial substance abuse assessment.</p> <p>If the individual leaves treatment prior to a successful discharge and fails to return within six months, the provider will assess the need for an addendum or a new substance abuse assessment.</p> <p>The need for updated information is to be reflective of the individual's current status, functioning, and treatment goals.</p> <p>The addendum will reflect information that has not been addressed in the clinical notes and capture information that covers the period of time outside of treatment.</p> <p>Continued assessment for co-occurring conditions throughout the addendum and a referral made to appropriately licensed clinician for further assessment when necessary.</p>
<b>Length of Services</b>	N/A

Service Name	<b>ADULT SUBSTANCE USE DISORDER ASSESSMENT ADDENDUM</b>
<b>Staffing</b>	LADC, LIMHP, LMHP, PLMHP, Psychologist, Provisional Psychologist, PLADC. An individual currently holding a provisional license, without another valid full professional license, is permitted to conduct the Adult Substance Use Disorder Assessment within their scope of practice and with supervision as required by the DHHS Division of Public Health.
<b>Staffing Ratio</b>	1 to 1 typically
<b>Hours of Operation</b>	Typical office hours with available evening and weekend hours by appointment
<b>Desired Individual Outcome</b>	Upon completion of the substance use disorder assessment addendum, the individual will have been assessed for a substance use disorder diagnosis, an assessment of risk of dangerousness to self and/or others, and recommendation for the appropriate service level with referrals to appropriate service providers.

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### SERVICE DEFINITION

<b>Service Name</b>	<b>OUTPATIENT SERVICES (COMMUNITY SUPPORT) – ASAM LEVEL 1: ADULT SUBSTANCE USE DISORDER</b>
<b>Funding Source</b>	Behavioral Health
<b>Setting</b>	Community Based – Most frequently provided in the home
<b>Facility License</b>	Mental Health Substance Use Treatment Center as required by DHHS Division of Public Health
<b>Basic Definition</b>	Community Support - Substance Use Disorder is a rehabilitative and support service for individuals with primary substance use disorders and extensive treatment needs. Community Support Workers provide direct rehabilitation and support services to the individual in the community with the intention of supporting the individual to maintain abstinence, stable community living, and prevent exacerbation of illness and admission to higher levels of care.
<b>Service Expectations</b>	<p>A Substance Use Disorder Assessment completed by a licensed clinician prior to the beginning of treatment, which includes a diagnosis and level of care recommendation for this level of treatment. This may also be from a Substance Use Disorder Assessment Addendum. If a prior SUD assessment is determined to be clinically relevant and includes a current diagnosis, level of care recommendation and a discharge plan, it can serve as the admission assessment. If the prior assessment is not relevant or does not contain the necessary information than an SUD addendum would be necessary.</p> <ul style="list-style-type: none"><li>• A strengths-based assessment which may include skills inventories, interviews and/or use of other tools for the purpose of identifying treatment and rehabilitation goals and plans with the client, should be completed within 30 days of admission and may be completed by non-licensed or licensed individuals on the client's team.</li><li>• A treatment/recovery plan developed with the individual, which includes individual strengths &amp; needs, community, family and other supports, measurable goals and specific interventions, and includes a documented discharge and relapse prevention plan. This is completed within 30 days of admission, reviewed, approved and signed by the Clinical Supervisor.</li><li>• Review and update of the treatment/recovery and discharge plan with the individual and other approved family/supports every 90 days or more often as medically indicated; approved and signed by the Clinical Supervisor, or other licensed person.</li></ul>

Service Name	<b>OUTPATIENT SERVICES (COMMUNITY SUPPORT) – ASAM LEVEL 1: ADULT SUBSTANCE USE DISORDER</b>
	<ul style="list-style-type: none"> <li>• Provision of active rehabilitation and support interventions with focus on activities of daily living, education/employment, budgeting, medication adherence and self-administration (as appropriate and part of the overall treatment/recovery plan), relapse prevention, social skills, and other independent living skills that enable the individual to reside in their community</li> <li>• Provide service coordination and case management activities, including coordination or assistance in accessing medical, psychopharmacological, psychological, psychiatric, social, education/employment, transportation or other appropriate treatment/support services as well as linkage to other community services identified in the treatment/recovery plan</li> <li>• Develop and implement strategies to encourage the individual’s engagement in necessary substance use disorder and mental health treatment services as recommended and included in the treatment/recovery plan</li> <li>• Participate with and report to treatment/rehabilitation team on the individual’s progress and response to community support intervention in the areas of relapse prevention, substance use disorder, application of education and skills, and the recovery environment (areas identified in the plan).</li> <li>• Provide therapeutic support and intervention to the individual in time of crisis</li> <li>• If hospitalization or residential care is necessary, facilitate, in cooperation with the treatment provider, the individual’s transition back into the community upon discharge.</li> <li>• Face-to-face contact a minimum of 3 times per month or 3 total hours of contact.</li> <li>• If the client has a co-occurring diagnosis (MH/SUD), it is the provider’s responsibility to coordinate with other treating professionals.</li> </ul>
<b>Length of Services</b>	<p>Length of service is individualized and based on clinical criteria for admission and continuing stay, as well as the client’s ability to demonstrate progress on individual treatment/recovery goals.</p> <p>If progress is not demonstrated, evaluate the treatment plan goals for potential revision and/or the need for this level of care.</p> <p>Service is not provided during the same service delivery hour of other rehabilitation services. DBH exception: For the purposes of continuity of care and successful transition of the consumer from 24 hour levels of care, for an individual already enrolled in community support, the service can be authorized 30 days in and 30 days prior to discharge from the 24 hour treatment setting.</p>
<b>Staffing</b>	<ul style="list-style-type: none"> <li>• Clinical Supervision (APRN, RN, LMHP, LIMHP, PLMHP, LADC, PLADC, Licensed Psychologist, Provisionally Licensed Psychologist, dual MH/SUD licensed preferred) working with the program and</li> </ul>

<b>Service Name</b>	<b>OUTPATIENT SERVICES (COMMUNITY SUPPORT) – ASAM LEVEL 1: ADULT SUBSTANCE USE DISORDER</b>
	<p>responsible for all clinical decisions (i.e. admissions, assessment, treatment/discharge planning and review) and to provide clinical consultation and support to community support workers and the individuals they serve. The Clinical Supervisor will review client clinical needs with the worker every 30 days. The review should be completed preferably face to face but phone review will be accepted. The Clinical Supervisor may complete the review in a group setting with more than one worker as long as each client on the worker’s case load is reviewed.</p> <ul style="list-style-type: none"> <li>• Direct Care Staff, holding a bachelor’s degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable.</li> </ul>
<b>Staffing Ratio</b>	<p>Clinical Supervisor to Community Support Worker ratio as needed to meet all clinical supervision responsibilities outlined above. 1:25 Community Support Worker to individuals served.</p>
<b>Hours of Operation</b>	24/7 Access to service during weekend/evening hours; in times of crisis, access to a mental health professional
<b>Desired Individual Outcome</b>	<ul style="list-style-type: none"> <li>• The individual has substantially met treatment plan goals and objectives</li> <li>• The precipitating condition and relapse potential is stabilized such that individual’s condition can be managed without this level of professional interventions and external supports</li> <li>• Individual has natural support systems secured to help the individual maintain sobriety and stability in the community</li> <li>• The individual has progressed through stages of change and is willing to engage in treatment at a higher level of care if clinically indicated</li> </ul>

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### SERVICE DEFINITION

<b>Service Name</b>	<b>OUTPATIENT <i>INDIVIDUAL</i> THERAPY– ASAM LEVEL 1: ADULT SUBSTANCE USE DISORDER</b>
<b>Funding Source</b>	Behavioral Health
<b>Setting</b>	Outpatient Services are rendered in a professional office/clinic, home, or other environment appropriate to the provision of psychotherapy service.
<b>Facility License</b>	Mental Health Substance Use Treatment Center as required by DHHS Division of Public Health
<b>Basic Definition</b>	Outpatient individual substance use disorder therapy describes the professionally directed evaluation, treatment and recovery services for individuals experiencing a substance related disorder that causes moderate and/or acute disruptions in the individual's life. Individual therapy consists of interactions geared towards enabling the individual to gain insight, reduce maladaptive behaviors related to the disorder, and restore normalized functioning and appropriate interpersonal and social relationships.
<b>Service Expectations</b>	<ul style="list-style-type: none"><li>• A Substance Use Disorder Assessment by a licensed clinician prior to the beginning of treatment indicating the individual meets diagnostic criteria for a substance use disorder and recommends this level of care as the least restrictive necessary to treat the condition</li><li>• An Individualized treatment/recovery plan, including discharge plan and relapse prevention, which is developed with the individual prior to the beginning of treatment. It will consider community, family and other supports, be reviewed on an ongoing basis, adjusted as medically necessary, and signed by the team including the individual served.</li><li>• Individuals will be screened for co-occurring conditions throughout the assessment. If the clinician is a LADC or a PLADC and suspects a possible mental health condition, a referral is to be made to a clinician capable of diagnosing/treating co-occurring mental health and substance use disorders.</li><li>• Assessment should be ongoing with treatment and reviewed each session for progress towards goals</li><li>• Assessments, treatment, and referral should address co-occurring needs</li><li>• Monitoring stabilized co-occurring mental health conditions</li><li>• Consultation and/or referral for general medical, psychiatric, and psychopharmacology needs</li><li>• It is the provider's responsibility to coordinate with other treating professionals</li></ul>

Service Name	<b>OUTPATIENT <i>INDIVIDUAL</i> THERAPY– ASAM LEVEL 1: ADULT SUBSTANCE USE DISORDER</b>
<b>Length of Services</b>	Length of treatment is individualized and based on clinical criteria for admission and continued treatment, as well as the client’s ability to benefit from individual treatment/recovery goals.
<b>Staffing</b>	<ul style="list-style-type: none"> <li>• Appropriately licensed and credentialed professionals (Psychiatrist, APRN, Psychologist, Provisionally Licensed Psychologist, LIMHP, LMHP, PLMHP, LADC, PLADC) working within their scope of practice to provide substance use disorder and/or co-occurring (MH/SUD) outpatient treatment</li> <li>• A dually licensed clinician is preferred for any client with a co-occurring diagnosis.</li> </ul>
<b>Staffing Ratio</b>	1:1 Individual
<b>Hours of Operation</b>	Typical business hours with weekend and evening hours available by appointment to provide this service
<b>Desired Individual Outcome</b>	<ul style="list-style-type: none"> <li>• The individual has substantially met their treatment plan goals and objectives</li> <li>• Individual is able to remain stable and sober in the community without this treatment.</li> <li>• Individual has support systems secured to help the individual maintain stability in the community</li> </ul>











<b>Service Name</b>	<b>INTENSIVE OUTPATIENT – ASAM LEVEL 2.1: ADULT &amp; ADOLESCENT SUBSTANCE USE DISORDER</b>
	<ul style="list-style-type: none"> <li>• Consultation and/or referral for general medical, psychiatric, and psychopharmacology needs</li> <li>• Provides 9 or more hours per week of skilled treatment, 3 – 5 times per week, or a minimum of 6 hours a week for adolescent treatment</li> <li>• Access to a licensed mental health/substance abuse professional on a 24/7 basis</li> <li>• It is the provider’s responsibility to coordinate with other treating professionals.</li> </ul>
<b>Length of Services</b>	<p>Length of service is individualized and based on clinical criteria for admission and continued treatment, as well as the client’s ability to make progress on individual treatment/recovery goals. Six to 10 weeks may be typical.</p> <p>If progress is not demonstrated, evaluate the treatment plan goals for potential revision and/or the need for this level of care.</p>
<b>Staffing</b>	<p>Appropriately licensed and credentialed professionals (Psychiatrist, APRN, Psychologist, Provisionally Licensed Psychologist, LIMHP, LMHP, PLMHP, LADC, PLADC) working within their scope of practice to provide substance use disorder and/or co-occurring (MH/SUD) outpatient treatment.</p> <p>Staff in adolescent programs should be knowledgeable about adolescent development and resources for youth.</p>
<b>Staffing Ratio</b>	1:1 Individual; 1:1 Family; 1:3 minimum and no more than 1:12 maximum for group treatment
<b>Hours of Operation</b>	Typical business hours with weekend and evening hours available to provide this service, including after school hours for adolescents
<b>Desired Individual Outcome</b>	<ul style="list-style-type: none"> <li>• The individual has substantially met their treatment plan goals and objectives</li> <li>• The precipitating condition and relapse potential is stabilized such that there is sustained improvement in health and psychosocial functioning</li> <li>• Individual is able to remain stable and sober in the community at a less intensive level of treatment or support</li> </ul>

## SERVICE CATEGORY: SUBSTANCE USE DISORDER

System Requirement: AUTHORIZED

### SERVICE DEFINITION

<b>Service Name</b>	<b>CLINICALLY MANAGED LOW INTENSITY RESIDENTIAL (HALFWAY HOUSE) – ASAM LEVEL 3.1: ADULT SUBSTANCE USE DISORDER</b>
<b>Funding Source</b>	Behavioral Health
<b>Setting</b>	Facility based
<b>Facility License</b>	Mental Health Substance Use Treatment Center as required by DHHS Division of Public Health
<b>Basic Definition</b>	Halfway House is a transitional, 24-hour structured supportive living/treatment/recovery facility located in the community for adults seeking reintegration into the community often 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. Services align with ASAM 3.1 guidance.
<b>Service Expectation</b>	<ul style="list-style-type: none"><li>• A strengths based substance use disorder assessment and mental health screening conducted by licensed clinician at admission, including relevant diagnosis and recommendation for level of care, with ongoing assessment as needed</li><li>• 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</li><li>• 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</li><li>• Monitoring to promote successful reintegration into regular, productive daily activity such as work, school or family living</li><li>• Other services could include family education, self-help group and support group orientation</li><li>• Monitoring stabilized co-occurring mental health problems</li><li>• Consultation and/or referral for medical, psychiatric, psychological, and psychopharmacology needs</li></ul>

Service Name	<b>CLINICALLY MANAGED LOW INTENSITY RESIDENTIAL (HALFWAY HOUSE) – ASAM LEVEL 3.1: ADULT SUBSTANCE USE DISORDER</b>
	<ul style="list-style-type: none"> <li>• 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, psychoeducational groups, motivational enhancement and engagement strategies</li> <li>• Availability of 24 hours a day emergency services</li> </ul>
<b>Length of Services</b>	Length of service is individualized and based on clinical criteria for admission and continuing stay. Individuals typically require this service for longer than 6 months for maximum effectiveness.
<b>Staffing</b>	<ul style="list-style-type: none"> <li>• Clinical Director (APRN, RN, LMHP, LIMHP, LADC, or licensed psychologist) working with the program and responsible for all clinical decisions (i.e. admissions, assessment, treatment/discharge planning and review) and to provide consultation and support to care staff and the individuals they serve.</li> <li>• Appropriately licensed and credentialed professionals working within their scope of practice to provide substance use disorder treatment.</li> <li>• Direct Care Staff, holding a bachelor’s degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable.</li> <li>• All staff should be educated/trained in rehabilitation, recovery principles and trauma informed care.</li> </ul>
<b>Staffing Ratio</b>	<ul style="list-style-type: none"> <li>• Clinical Director to direct care staff ratio as needed to meet all responsibilities</li> <li>• 1:10 Direct Care Staff to Individual (day and evening hours), 1:12 Therapist to Individual</li> <li>• 1 staff awake overnight with on-call availability</li> <li>• On-call availability of direct care staff and licensed clinicians 24/7</li> </ul>
<b>Hours of Operation</b>	24/7
<b>Desired Individual Outcome</b>	<ul style="list-style-type: none"> <li>• The individual has substantially met their treatment plan goals and objectives</li> <li>• The precipitating condition and relapse potential is stabilized such that individual’s condition can be managed without professional external supports and intervention at this level of care; or</li> <li>• The individual has progressed through stages of change and is willing to engage in treatment at a higher level of care if clinically indicated</li> <li>• Individual has alternative support systems secured to help the individual maintain stability and recovery in the community</li> </ul>

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### SERVICE DEFINITION

<b>Service Name</b>	<b>CLINICALLY MANAGED RESIDENTIAL WITHDRAWAL MANAGEMENT (SOCIAL DETOX) - ASAM LEVEL 3.2WM: ADULT SUBSTANCE USE DISORDER</b>
<b>Funding Source</b>	Behavioral Health
<b>Setting</b>	Facility Based
<b>Facility License</b>	Mental Health Substance Use Treatment Center as required by DHHS Division of Public Health
<b>Basic Definition</b>	Social Detoxification provides voluntary and involuntary 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 ASAM level 3.2WM guidance.
<b>Service Expectations</b>	<ul style="list-style-type: none"><li>• 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.</li><li>• Implementation of physician approved protocols, including withdrawal management and seizure risk protocols.</li><li>• An addiction focused history is obtained and reviewed with the physician if protocols indicate concern.</li><li>• Physical exam to be completed prior to or at 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</li><li>• Monitor self-administered medications</li></ul>

Service Name	<b>CLINICALLY MANAGED RESIDENTIAL WITHDRAWAL MANAGEMENT (SOCIAL DETOX) - ASAM LEVEL 3.2WM: ADULT SUBSTANCE USE DISORDER</b>
	<ul style="list-style-type: none"> <li>• 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. For individuals who are brought into care involuntarily, interventions may be restricted to meet the individual's acute intoxication and withdrawal management needs as appropriate to meet the needs of the individual.</li> <li>• Detoxification staff will initiate a plan of care for the individual at the time of intake. Prior to discharge, the staff will develop a discharge plan which will include specific referral and relapse strategies . All efforts to engage the client in development of the client's plan of care and discharge plan will be made.</li> <li>• Daily assessment of individual progress through detoxification and any treatment changes at minimum. Individuals brought into care experiencing active withdrawal or acute intoxication will receive ongoing monitoring and re-assessment as indicated by their presenting condition.</li> <li>• Medical evaluation and consultation is available 24 hours per day</li> <li>• Consultation and/or referral for general medical, psychiatric, psychological, psychopharmacology, and other needs</li> <li>• Interventions will 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.</li> <li>• Assist individual to establish social supports to enhance recovery.</li> </ul>
<b>Length of Services</b>	Generally 2 to 5 days for individuals who are participating voluntarily. Individuals who are brought into care involuntarily will be released within 24 hours of admission unless they agree to continue services on a voluntary basis.
<b>Staffing</b>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>

<b>Service Name</b>	<b>CLINICALLY MANAGED RESIDENTIAL WITHDRAWAL MANAGEMENT (SOCIAL DETOX) - ASAM LEVEL 3.2WM: ADULT SUBSTANCE USE DISORDER</b>
	<ul style="list-style-type: none"> <li>• Appropriately licensed and credentialed professionals working within their scope of practice to provide substance use disorder and/or co-occurring (MH/SUD) treatment and are knowledgeable about the biological and psychosocial dimensions of substance use disorder.</li> <li>• Direct Care Staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable.</li> <li>• Special training and competency evaluation required in carrying out physician developed protocols.</li> <li>• All staff should be educated/trained in rehabilitation, recovery principles and trauma informed care.</li> </ul>
<b>Staffing Ratio</b>	<p>Clinical Director to direct care staff ratio as needed to meet all responsibilities</p> <p>2 awake Direct Care staff overnight</p>
<b>Hours of Operation</b>	24/7
<b>Desired Individual Outcome</b>	The individual has successfully detoxified and has been assessed and referred for additional service/treatment needs

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System Requirement: AUTHORIZED

### SERVICE DEFINITION

<b>Service Name</b>	<b>CLINICALLY MANAGED MEDIUM INTENSITY RESIDENTIAL (INTERMEDIATE RESIDENTIAL CO-OCCURRING DIAGNOSIS CAPABLE) – ASAM LEVEL 3.3: ADULT SUBSTANCE USE DISORDER</b>
<b>Funding Source</b>	Behavioral Health
<b>Setting</b>	Facility based
<b>Facility License</b>	Mental Health Substance Use Treatment Center as required by DHHS Division of Public Health
<b>Basic Definition</b>	Intermediate Residential Treatment encompasses organized services staffed by designated substance use disorder personnel directing a planned regimen of care in a 24-hour live-in setting. It is staffed 24 hours a day and serves individuals who need safe and stable living environments in order to develop their recovery skills. It is intended for adults with a primary substance use disorder for whom shorter term treatment is inappropriate, either because of the pervasiveness of the impact of substance use on the individual's life or because of a significant history of repeated short-term or less restrictive treatment. Typically this service provides a high level of support and relies less on peer dynamics in its treatment approach. Services align with ASAM level 3.3 guidance.
<b>Service Expectations</b>	<ul style="list-style-type: none"><li>• A strengths based, substance use disorder assessment and mental health screening conducted prior to admission by licensed professionals, with ongoing assessment as needed. Assessment includes a relevant diagnosis and level of care recommendation for this service. If the clinician is a LADC or a PLADC and suspects a possible mental health condition, a referral is to be made to a clinician capable of diagnosing/treating co-occurring mental health and substance use disorders.</li><li>• If a prior SUD assessment is determined to be clinically relevant and includes a current diagnosis, level of care recommendation and a discharge plan, it can serve as the admission assessment. If the prior assessment is not relevant or does not contain the necessary information, an SUD addendum would be necessary.</li></ul>

<b>Service Name</b>	<b>CLINICALLY MANAGED MEDIUM INTENSITY RESIDENTIAL (INTERMEDIATE RESIDENTIAL CO-OCCURRING DIAGNOSIS CAPABLE) – ASAM LEVEL 3.3: ADULT SUBSTANCE USE DISORDER</b>
	<ul style="list-style-type: none"> <li>• An initial treatment/recovery plan to guide the first seven days of treatment developed within 24 hours. The comprehensive individualized treatment/recovery plan, including discharge and relapse prevention, developed under clinical supervision with the individual within seven days of admission.</li> <li>• 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 needed</li> <li>• Therapies/interventions should include individual, family, and group substance use disorder counseling, psychoeducational groups, sober leisure skill development, motivational enhancement and engagement strategies provided a minimum of 30 hours per week</li> <li>• Program is characterized by slower paced interventions; purposefully repetitive to meet special individual treatment needs</li> <li>• Monitoring to promote successful reintegration into regular, productive daily activity such as work, school or family living</li> <li>• Other services could include 24 hours crisis management, family education, self-help group and support group orientation, drug screenings</li> <li>• Monitoring stabilized co-occurring mental health problems</li> <li>• Consultation and/or referral for medical, psychiatric, psychological, and psychopharmacology needs</li> <li>• On-call availability of medical and direct care staff and licensed clinicians to meet the needs of individuals served 24/7</li> </ul>
<b>Length of Services</b>	Length of service is individualized and based on clinical criteria for admission and continuing stay, but individuals typically require this service for up to one year for maximum effectiveness. If progress towards goals is not demonstrated, evaluate the treatment plan goals for potential revision and/or the need for this level of care.
<b>Staffing</b>	<ul style="list-style-type: none"> <li>• Clinical Director (APRN, RN, LMHP, LIMHP, LADC or Licensed Psychologist) to provide clinical supervision, consultation and support to all program staff and the clients they serve. 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.</li> <li>• Appropriately licensed and credentialed professionals working within their scope of practice to provide substance use disorder treatment and are knowledgeable about the biological and psychosocial dimensions of substance use disorder and mental health conditions.</li> </ul>

<b>Service Name</b>	<b>CLINICALLY MANAGED MEDIUM INTENSITY RESIDENTIAL (INTERMEDIATE RESIDENTIAL CO-OCCURRING DIAGNOSIS CAPABLE) – ASAM LEVEL 3.3: ADULT SUBSTANCE USE DISORDER</b>
	<ul style="list-style-type: none"> <li>• Direct Care Staff, holding a bachelor’s degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable.</li> <li>• Other program staff may include RN’s, LPN’s, recreation therapists, peers or case managers</li> <li>• All staff should be educated/trained in rehabilitation, recovery principles and trauma informed care.</li> </ul>
<b>Staffing Ratio</b>	<ul style="list-style-type: none"> <li>• Clinical Director to direct care staff ratio as needed to meet all responsibilities</li> <li>• 1:10 Direct Care staff to individuals served during all waking hours</li> <li>• 1:10 Therapist to individuals</li> <li>• 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</li> </ul>
<b>Hours of Operation</b>	24/7
<b>Desired Individual Outcome</b>	<ul style="list-style-type: none"> <li>• The individual has substantially met their treatment plan goals and objectives</li> <li>• The precipitating condition and relapse potential is stabilized such that there is sustained improvement in health and psychosocial functioning</li> <li>• Individual’s condition can be managed with a lower level of professional interventions and external supports</li> <li>• Individual has alternative support systems secured to help the individual maintain sobriety and stability in the community</li> </ul>

## SERVICE CATEGORY: SUBSTANCE USE DISORDER

System Requirement: AUTHORIZED

### SERVICE DEFINITION

<b>Service Name</b>	<b>CLINICALLY MANAGED MEDIUM INTENSITY RESIDENTIAL (THERAPEUTIC COMMUNITY CO-OCCURRING DIAGNOSIS CAPABLE) – ASAM LEVEL 3.3 ADULT SUBSTANCE USE DISORDER</b>
<b>Funding Source</b>	Behavioral Health
<b>Setting</b>	Facility based
<b>Facility License</b>	Mental Health Substance Use Treatment Center as required by DHHS Division of Public Health
<b>Basic Definition</b>	<p>Therapeutic Community is intended for adults with a primary substance use disorder for whom shorter term treatment is inappropriate, either because of the pervasiveness of the impact of substance use disorder on the individual's life or because of a significant history of repeated short-term or less restrictive treatment. This service provides psychosocial skill building through a set of longer term, highly structured peer oriented treatment activities which define progress toward individual change and rehabilitation and which incorporate a series of clear phases. The individual's progress must be marked by advancement through these phases to less restrictiveness and more personal responsibility. Therapeutic Community relies on group accountability and support. Services align with ASAM level 3.3 guidance.</p>
<b>Service Expectations</b>	<ul style="list-style-type: none"><li>• A strengths based substance use disorder assessment and mental health screening conducted by appropriately credentialed professionals at admission with ongoing assessment as needed. Assessment includes a relevant diagnosis and level of care recommendation for this service. If the clinician is a LADC or a PLADC and suspects a possible mental health condition, a referral is to be made to a clinician capable of diagnosing/treating co-occurring mental health and substance use disorders.</li><li>• If a prior SUD assessment is determined to be clinically relevant and includes a current diagnosis, level of care recommendation and a discharge plan, it can serve as the admission assessment. If the prior assessment is not relevant or does not contain the necessary information, an SUD addendum would be necessary.</li></ul>

<b>Service Name</b>	<b>CLINICALLY MANAGED MEDIUM INTENSITY RESIDENTIAL (THERAPEUTIC COMMUNITY CO-OCCURRING DIAGNOSIS CAPABLE) – ASAM LEVEL 3.3 ADULT SUBSTANCE USE DISORDER</b>
	<ul style="list-style-type: none"> <li>• An initial treatment/recovery plan to guide the first seven days of treatment developed within 24 hours. The comprehensive individualized treatment/recovery plan, including discharge and relapse prevention, developed under clinical supervision with the individual within seven days of admission.</li> <li>• 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 needed</li> <li>• Telephone or in-person consultation with physician or APRN available 24 hours a day, 7 days a week</li> <li>• A minimum of 30 hours of treatment and recovery focused services weekly including individual, family, and group psychotherapy, psychoeducational groups, sober leisure skill development, motivational enhancement and engagement strategies</li> <li>• Program is characterized by peer oriented activities and defined progress through clear phases, designed to improve the ability to structure and organize the tasks of daily living and recovery, to stabilize and maintain the stability of the individual’s substance use disorder symptoms, and to help develop and apply recovery skills</li> <li>• Monitoring to promote successful reintegration into regular, productive daily activity such as work, school or family living</li> <li>• Other services could include 24 hours crisis management, family education, self-help group and support group orientation, drug screenings</li> <li>• Monitoring stabilized co-occurring mental health problems</li> <li>• Consultation and/or referral for medical, psychiatric, psychological, and psychopharmacology needs</li> </ul>
<b>Length of Services</b>	Length of service is individualized and based on clinical criteria for admission and continuing stay, but individuals typically require this service for up to one year for maximum effectiveness. If progress is not demonstrated, evaluate the treatment plan goals for potential revision and/or the need for this level of care.
<b>Staffing</b>	Clinical Director (APRN, RN, LMHP, LIMHP, LADC or Licensed Psychologist) to provide clinical supervision, consultation and support to all program staff and the clients they serve. 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.

<b>Service Name</b>	<b>CLINICALLY MANAGED MEDIUM INTENSITY RESIDENTIAL (THERAPEUTIC COMMUNITY CO-OCCURRING DIAGNOSIS CAPABLE) – ASAM LEVEL 3.3 ADULT SUBSTANCE USE DISORDER</b>
	<ul style="list-style-type: none"> <li>• Appropriately licensed and credentialed professionals working within their scope of practice to provide substance use disorder and/or co-occurring (MH/SUD) treatment and are knowledgeable about the biological and psychosocial dimensions of substance use disorders and mental health conditions.</li> <li>• Direct Care Staff, holding a bachelor’s degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable.</li> <li>• All staff should be educated/trained in rehabilitation, recovery principles and trauma informed care.</li> </ul>
<b>Staffing Ratio</b>	<ul style="list-style-type: none"> <li>• Clinical Director to direct care staff ratio as needed to meet all responsibilities</li> <li>• 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</li> <li>• 1:10 Therapist to individual</li> <li>• On-call availability of direct care staff and licensed clinicians 24/7</li> </ul>
<b>Hours of Operation</b>	24/7
<b>Desired Individual Outcome</b>	<ul style="list-style-type: none"> <li>• The individual has substantially met their treatment plan goals and objectives</li> <li>• The precipitating condition and relapse potential is stabilized such that there is sustained improvement in health and psychosocial functioning</li> <li>• Individual’s condition can be managed with a lower level of professional interventions and external supports</li> <li>• Individual has alternative support systems secured to help the individual maintain sobriety and stability in the community</li> </ul>

## SERVICE CATEGORY: SUBSTANCE USE DISORDER

System Requirement: AUTHORIZED

### SERVICE DEFINITION

<b>Service Name</b>	<b>CLINICALLY MANAGED HIGH INTENSITY RESIDENTIAL (SHORT TERM RESIDENTIAL CO-OCCURRING DIAGNOSIS CAPABLE)– ASAM LEVEL 3.5 ADULT SUBSTANCE USE DISORDER</b>
<b>Funding Source</b>	Behavioral Health
<b>Setting</b>	Facility based
<b>Facility License</b>	Mental Health Substance Use Treatment Center as required by DHHS Division of Public Health
<b>Basic Definition</b>	Short Term Residential Treatment delivers a safe and stable intensive treatment environment to treat complex biopsychosocial issues, facilitate the recovery process and the development of a supportive recovery network, promote successful involvement in regular productive activity, and prevent the use of substances. This service is highly structured and provides primary, comprehensive substance use disorder treatment. Services align with ASAM level 3.5 guidance.
<b>Service Expectations</b>	<ul style="list-style-type: none"><li>• A strengths based substance abuse assessment and mental health screening conducted by licensed clinician prior to or at admission, with a relevant diagnosis and level of care recommendation and ongoing assessment as needed</li><li>• If a prior SUD assessment is determined to be clinically relevant and includes a current diagnosis, level of care recommendation and a discharge plan it can serve as the admission assessment. If the prior assessment is not relevant or does not contain the necessary information than an SUD addendum would be necessary.</li><li>• All individuals are to be screened for co-occurring conditions throughout the assessment. If the clinician is a LADC or a PLADC and suspects a possible mental health condition, a referral is to be made to a clinician capable of diagnosing/treating co-occurring mental health and substance use disorders.</li></ul>

Service Name	<b>CLINICALLY MANAGED HIGH INTENSITY RESIDENTIAL (SHORT TERM RESIDENTIAL CO-OCCURRING DIAGNOSIS CAPABLE)– ASAM LEVEL 3.5 ADULT SUBSTANCE USE DISORDER</b>
	<ul style="list-style-type: none"> <li>• An initial treatment/recovery plan (orientation, assessment schedule, etc.) to guide the first 7 days of treatment developed within 24 hours</li> <li>• A nursing assessment by a 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.</li> <li>• Under clinical supervision, develop an individualized treatment/recovery plan, including discharge and relapse prevention, with the individual (consider community, family and other supports) within 7 days of admission</li> <li>• Review and update of the treatment/recovery plan under a licensed clinician with the individual and other approved family/supports every 7 days or more often as clinically indicated</li> <li>• Drug screenings as clinically indicated</li> <li>• 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.</li> <li>• Individual psychiatric services as clinically indicated are provided.</li> <li>• The discharge plan is to promote successful reintegration into productive daily activity such as work, school or family living. This includes the establishment of each individual’s social supports to enhance recovery.</li> <li>• Other services should include 24 hours crisis management, family education, self-help group and support group orientation, all of which are included in the minimum of 42 hours per week.</li> <li>• On-call availability of medical and direct care staff and licensed clinicians to meet the needs of individuals served 24/7</li> <li>• Monitoring stabilized co-occurring mental health problems</li> <li>• Monitor the individual’s adherence in taking prescribed medications</li> <li>• Consultation and/or referral for medical, psychiatric, psychological, and psychopharmacology needs</li> </ul>
<b>Length of Services</b>	Length of service is individualized and based on clinical criteria for admission and continuing stay. If progress is not demonstrated, evaluate the treatment plan goals for potential revision and/or the need for this level of care.
<b>Staffing</b>	Clinical Director (APRN, RN, LMHP, LIMHP, licensed psychologist or LADC) working with the program and responsible for all clinical decisions (i.e. admissions, assessment, treatment/discharge planning and review) and to provide consultation and support to care staff and the individuals they serve. This individual will also continually

<b>Service Name</b>	<b>CLINICALLY MANAGED HIGH INTENSITY RESIDENTIAL (SHORT TERM RESIDENTIAL CO-OCCURRING DIAGNOSIS CAPABLE)– ASAM LEVEL 3.5 ADULT SUBSTANCE USE DISORDER</b>
	<p>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.</p> <ul style="list-style-type: none"> <li>• RNs and/or LPNs under the supervision of an RN with substance use disorder treatment experience preferred</li> <li>• Other program staff may include recreation therapists, peers or case managers. Appropriately licensed and credentialed professionals working within their scope of practice to provide substance abuse and/or co-occurring (MH/SUD) treatment and are knowledgeable about the biological and psychosocial dimensions of substance use disorder and mental health conditions.</li> <li>• Direct Care Staff, holding a bachelor’s degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable.</li> <li>• All staff should be educated/trained in rehabilitation, recovery principles and trauma informed care.</li> </ul>
<b>Staffing Ratio</b>	<ul style="list-style-type: none"> <li>• Clinical Director to direct care staff ratio as needed to meet all responsibilities</li> <li>• 1:8 Direct Care Staff to individual served during waking hours</li> <li>• 1:8 Therapist/ licensed clinician to individuals served</li> <li>• 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</li> </ul>
<b>Hours of Operation</b>	24/7
<b>Desired Individual Outcome</b>	<ul style="list-style-type: none"> <li>• The individual has substantially met their treatment plan goals and objectives</li> <li>• The precipitating condition and relapse potential is stabilized such that there is sustained improvement in health and psychosocial functioning</li> <li>• Individual’s condition can be managed with a lower level of professional interventions and external supports</li> <li>• Individual has alternative support systems secured to help them maintain sobriety and stability in the community</li> <li>• The individual is connected to the next appropriate level of care necessary to treat the condition</li> </ul>

## SERVICE CATEGORY: SUBSTANCE USE DISORDER

System Requirement: AUTHORIZED

### SERVICE DEFINITION

<b>Service Name</b>	<b>CLINICALLY MANAGED HIGH INTENSITY RESIDENTIAL (DUAL DISORDER RESIDENTIAL CO-OCCURRING DIAGNOSIS-ENHANCED) – ASAM LEVEL 3.5 ADULT SUBSTANCE USE DISORDER</b>
<b>Funding Source</b>	Behavioral Health
<b>Setting</b>	Facility based
<b>Facility License</b>	Mental Health Substance Use Treatment Center as required by DHHS Division of Public Health
<b>Basic Definition</b>	Dual Disorder Residential Treatment is intended for adults 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 ASAM level 3.5 guidance.
<b>Service Expectations</b>	<ul style="list-style-type: none"><li>• Prior to or within 24 hours of admission, a strengths based substance use disorder and mental health assessment conducted by a dually licensed clinician (preferable), or a licensed mental health clinician who is dually educated, trained, and experienced in substance use disorder. The assessment includes a relevant diagnosis and level of care recommendation.</li><li>• If a prior SUD assessment is determined to be clinically relevant and includes a current diagnosis, level of care recommendation and a discharge plan, it can serve as the admission assessment. If the prior assessment is not relevant or does not contain the necessary information than an SUD addendum would be necessary.</li><li>• A nursing assessment by a RN, or LPN under RN supervision, should be completed within 24 hours of admission with recommendations for further in-depth physical examination as indicated.</li><li>• Individualized psychiatric services</li></ul>

<b>Service Name</b>	<b>CLINICALLY MANAGED HIGH INTENSITY RESIDENTIAL (DUAL DISORDER RESIDENTIAL CO-OCCURRING DIAGNOSIS-ENHANCED) – ASAM LEVEL 3.5 ADULT SUBSTANCE USE DISORDER</b>
	<ul style="list-style-type: none"> <li>• An initial treatment/recovery plan to guide the first 7 days of treatment developed within 24 hours.</li> <li>• Under clinical supervision, develop an individualized treatment/recovery plan, including discharge and relapse prevention, with the individual (consider community, family and other supports) within 7 days of admission</li> <li>• Review and update of the treatment/recovery plan under a licensed clinician with the individual and other approved family/supports every 30 days or more often as clinically indicated</li> <li>• 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.</li> <li>• Drug screenings as clinically indicated</li> <li>• Medication management and education</li> <li>• Consultation and/or referral for medical, psychological, and psychopharmacology needs</li> <li>• 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</li> <li>• Other services should include 24 hours crisis management, family education, self-help group and support group orientation</li> </ul>
<b>Length of Services</b>	Length of service is individualized and based on clinical criteria for admission and continuing stay.
<b>Staffing</b>	<ul style="list-style-type: none"> <li>• Clinical Director is a licensed clinician (Psychiatrist, APRN, RN, LMHP, LIMHP, or Licensed Psychologist) with demonstrated work experience and education/training in both mental health and addictions who is responsible for all clinical decisions (i.e. admissions, assessment, treatment/discharge planning and review) and providing consultation and support to care staff and the individuals served. 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.</li> <li>• Consulting psychiatrist or APRN if not in the Clinical Director position</li> <li>• RNs and/or LPN’s under the supervision of an RN with substance use disorder/psychiatric treatment experience preferred</li> <li>• Other program staff may include recreation therapists, peers, or case managers</li> </ul>

<b>Service Name</b>	<b>CLINICALLY MANAGED HIGH INTENSITY RESIDENTIAL (DUAL DISORDER RESIDENTIAL CO-OCCURRING DIAGNOSIS-ENHANCED) – ASAM LEVEL 3.5 ADULT SUBSTANCE USE DISORDER</b>
	<ul style="list-style-type: none"> <li>• Appropriately licensed and credentialed clinicians working within their scope of practice to provide co-occurring (MH/SUD) treatment and are knowledgeable about the biological and psychosocial dimensions of substance use disorder and mental health conditions.</li> <li>• Direct Care Staff, holding a bachelor’s degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable.</li> <li>• All staff should be educated/trained in rehabilitation, recovery principles and trauma informed care.</li> </ul>
<b>Staffing Ratio</b>	<ul style="list-style-type: none"> <li>• Clinical Director to direct care staff ratio as needed to meet all responsibilities</li> <li>• 1:6 Direct Care Staff to individual served during waking hours</li> <li>• 1:8 Therapist/ licensed clinician to individuals served</li> <li>• 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</li> <li>• On-call availability of medical and direct care staff and licensed clinicians 24/7</li> </ul>
<b>Hours of Operation</b>	24/7
<b>Desired Individual Outcome</b>	<ul style="list-style-type: none"> <li>• The individual has substantially met their treatment plan goals and objectives</li> <li>• The precipitating condition and relapse potential is stabilized such that there is sustained improvement in health and psychosocial functioning</li> <li>• Individual’s condition can be managed with a lower level of professional interventions and external supports</li> <li>• Individual has alternative support systems secured to help them maintain stability in the community</li> <li>• The individual is connected to the next appropriate level of care necessary to treat the condition</li> </ul>

## SERVICE CATEGORY: SUBSTANCE USE DISORDER

System Requirement: REGISTERED

### SERVICE DEFINITION

Service Name	OPIOID TREATMENT PROGRAM (OTP)
Funding Source	Behavioral Health
Setting	Facility based
Facility License	Mental Health Substance Use Treatment Center as required by DHHS Division of Public Health
Basic Definition	The OTP provides medical and social services along with outpatient substance use disorder treatment to individuals with severe opioid use disorder. This service is provided under a defined set of policies and procedures, including admission, discharge and continued service criteria stipulated by state law and regulation and the federal regulations.
Service Expectations	Refer to <a href="http://dpt.samhsa.gov/regulations/regindex.aspx">http://dpt.samhsa.gov/regulations/regindex.aspx</a> <a href="https://www.samhsa.gov/medication-assisted-treatment/statutes-regulations-guidelines">https://www.samhsa.gov/medication-assisted-treatment/statutes-regulations-guidelines</a>
Length of Services	This service is recognized as long-term treatment, potentially for life. A range of 18 to 26 months should be the minimum time for minimally adequate physical and psychological recovery supported with at least one contact per month.
Staffing	See regulations
Staffing Ratio	See regulations
Hours of Operation	See regulations

<b>Service Name</b>	<b>OPIOID TREATMENT PROGRAM (OTP)</b>
<b>Consumer Outcome</b>	The precipitating condition and relapse potential is stabilized with Opioid Maintenance.