

Service Name	Adult Substance Use Disorder Intermediate Therapeutic Residential Treatment (Co-occurring capable)
Setting	<p>Adult SUD Intermediate Therapeutic Residential Treatment services are provided in the following setting in alignment with the 3rd edition, American Society of Addiction Medicine (ASAM) level 3.3:</p> <ul style="list-style-type: none"> • Facility
Licensure, Certification, or Accreditation	<p>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)</p> <p>Individual providers must be licensed by the DHHS Division of Public Health as required by DHHS Division of Medicaid and Long-Term Care (MLTC)</p>
Basic Definition	<p>Intermediate Therapeutic 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 a safe and stable living environment in order to develop recovery skills. It is intended for individuals 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 3rd edition ASAM level 3.3 guidance</p>
Service Expectations	<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ○ 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 a 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 • 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

	<p>prevention, with the individual (consider community, family and other supports) within seven days of admission.</p> <ul style="list-style-type: none"> • 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 • A nursing assessment by an RN, or LPN under RN supervision must be completed within 24 hours of admission • Therapies/interventions should include individual, family, and group substance use disorder counseling, psychoeducational groups, sober leisure skill development, motivational enhancement and engagement strategies and must be provided a minimum of 30 hours per week • Program is characterized by slower paced interventions; purposefully repetitive to meet special individual treatment needs • Monitoring to promote successful reintegration into regular, productive daily activity such as work, school or family living • Other services could include family education, self-help group and support group orientation, drug screenings • Monitoring stabilized co-occurring mental health problems • Consultation, referral, or both for medical, psychological, and psychopharmacology needs • 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
<p>Length of Service</p>	<p>Length of service is individualized and based on clinical criteria for admission and continuing stay. The anticipated duration of the service must be documented in the treatment, recovery, and rehabilitation plan.</p>
<p>Staffing</p> <p>(Detailed training and licensure requirements are referenced in the document titled <i>Medicaid Requirements for</i></p>	<p>Clinical Director: May be a:</p> <ul style="list-style-type: none"> • 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)

<p><i>Behavioral Health Services)</i></p>	<ul style="list-style-type: none"> • Licensed alcohol and drug counselor (LADC) <p>Licensed Clinicians: May include:</p> <ul style="list-style-type: none"> • 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) <p>Direct Care staff</p> <p>All staff must meet the qualifications and supervision requirements as defined in Medicaid Requirements for Behavioral Health Services</p> <p>All staff are required to work within their scope of practice to provide mental health, substance use, or co-occurring mental health and substance use disorder treatment.</p>
<p>Staffing Ratio</p>	<p>Therapist to individual 1:10 Direct care staff to individual 1:10 Awake staff to individual during night hours 1:10</p> <p>A licensed clinician and direct care staff must be available on-call 24 hours a day</p>
<p>Hours of Operation</p>	<p>24 hours a day, 7 days a week</p>
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> • 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
<p>Admission Guidelines</p>	<ul style="list-style-type: none"> • The individual meets the diagnostic criteria for a Substance Use Disorder as defined in the Diagnostic and Statistical Manual (DSM), current edition,

	<p>as well as American Society of Addiction Medicine (ASAM), 3rd edition, dimensional criteria for admission to this service</p> <ul style="list-style-type: none"> • Individuals in an ASAM Level 3.3 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	<p>It is appropriate to retain the individual at the present level of care if:</p> <ul style="list-style-type: none"> • 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