

Service Name	Medically Monitored Inpatient Withdrawal Management (MMIW) ASAM Level 3.7-WM
Setting	MMIW is provided in an inpatient, non-hospital setting in alignment with the current edition American Society of Addiction Medicine (ASAM) Level 3.7-WM
Licensure, Certification, or Accreditation	<p>The agency providing this service must be licensed by the DHHS Division of Public Health and accredited by CARF, The Joint Commission, COA, or other equivalent nationally recognized approved accrediting body that is approved by DHHS Division of Medicaid and Long-Term Care (MLTC), 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>Medically Monitored Inpatient Withdrawal Management (ASAM Level 3.7-WM) is a non-hospital intervention delivered by medical, nursing, mental health and substance use clinicians, which provide 24-hour medically monitored evaluation under physician-approved policies and procedures or clinical protocols</p> <p>This level of care is appropriate for individuals with biomedical, emotional, behavioral and/or cognitive conditions that require highly structured services including direct evaluation, observation, and medically monitored addiction treatment. This service is suitable for individuals whose withdrawal signs and symptoms are sufficiently severe to require 24-hour care, but do not require the full resources of an acute care general hospital or a medically managed intensive inpatient program</p>
Service Expectations	<ul style="list-style-type: none"> • A substance use focused history is performed or available for a physician to review during the admission process or within 24 hours of admission • Physical assessment by a physician, physician assistant (PA), or advanced practice registered nurse (APRN) must be completed within 24 hours of admission (or earlier if medically necessary). As part of this evaluation, appropriate laboratory and toxicology tests are ordered and interpreted. If a physical exam has been performed within the preceding 7 days at a higher level of care, that exam is available for review by the physician • The physician, PA or APRN must be available to provide on-site care and further evaluation on a daily basis and be available 24 hours a day by telephone to provide access to the individual • Mental status examination, by a licensed clinician operating within their scope of practice, must be completed as part of the intake and assessment process • A Substance Use Disorder Assessment must be completed within 24 hours of the beginning of treatment by a licensed clinician operating within their scope of practice. The SUD Assessment must 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 SUD assessment for this service. 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 is indicated and 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 RN or an LPN under RN supervision conducts an alcohol or other drug-focused nursing assessment upon admission, administers prescribed medications, and monitor's the individual's progress.
- A biophysical screening (includes at a minimum, vital signs, detoxification rating scale, and other fluid intake) conducted by appropriately trained staff within the first four hours of admission with ongoing monitoring as needed, with licensed medical consultation available
- Appropriately licensed and credentialed staff (described under staffing) must be available to administer medications in accordance with physician orders
- An initial treatment, recovery, and rehabilitation plan must be developed within 24 hours of admission
- Provide access to Medication Assisted Treatment (MAT) as medically appropriate
- The individual must be assessed daily for progress through withdrawal management and the initial treatment, recovery, and rehabilitation plan.
- Multidisciplinary biopsychosocial screenings are performed to allow for the determination of the appropriate level of care, to address treatment priorities identified in Dimensions 12 through 6, and to develop the treatment, recovery, and rehabilitation plan
- Daily assessment of the patient's progress through history, physical or nursing exam as medically indicated. Treatment changes are made based on these evaluations
- Individual, group and family psychotherapy services conducted by a licensed clinician to address cognitive, behavioral, and mental health, and substance use treatment needs
- Provide medications to ease the discomfort of withdrawal symptoms
- Perform random urine drug testing, laboratory and toxicology tests as ordered by the physician, APRN, or PA.
- Provide health education and addiction education.
- Consultation, referral, or both as needed for medical, psychological, and psychopharmacology needs
- Ancillary service referral as needed: dental, optometry, ophthalmology, other mental health and/or social services including substance use disorder treatment, etc.

	<ul style="list-style-type: none"> 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, 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 sensitivity Crisis assistance must be available 24 hours a day, 7 days a week
Length of Service	<ul style="list-style-type: none"> The individual continues in the Level 3.7-WM program until withdrawal signs and symptoms are sufficiently resolved that they can be safely managed at a less intensive level of care, or The individual's signs or symptoms of withdrawal have failed to respond to MMIW treatment and have intensified, such that a transfer to a more intensive level of care is indicated
<p>Staffing</p> <p>(Detailed training and licensure requirements are referenced in the document titled <i>Medicaid Requirements for Behavioral Health Services</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) Licensed independent mental health practitioner (LIMHP) <p>Licensed Clinicians May include:</p> <ul style="list-style-type: none"> 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) <p>Licensed Nursing staff May include:</p> <ul style="list-style-type: none"> Licensed Registered Nurse (RN) Licensed Practical Nurse (LPN) <p>Direct Care staff</p>

	<p>Other staff may include: Certified Peer Support Provider</p> <p>Medication Dispensing: Appropriately licensed and credentialed staff must be available to administer medications in accordance with physician orders.</p> <p>Eligible provider types who can administer medication:</p> <ul style="list-style-type: none"> • Physician • APRN • RN & LPN under the supervision of the MMIW Physician or APRN <p>Additional Requirements Physicians or Advanced Practice Registered Nurses must be available 24 hours per day to supervise the clinical practice and medically manage the care of the patient</p> <p>Physician assistants may perform assigned duties under collaborative agreements with the supervising physician</p> <p>Special training and competency evaluation required in carrying out physician developed protocols</p> <p>All staff must meet the qualifications and supervision requirements as defined in the document titled <i>Medicaid Requirements for Behavioral Health Services</i></p> <p>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</p>
Staffing Ratio	Clinical Director to direct care staff ratio as needed to meet all responsibilities 2 awake Direct Care staff overnight
Hours of Operation	24 hours a day, 7 days a week
Desired Individual Outcome	<ul style="list-style-type: none"> • The individual meets the treatment, recovery, and rehabilitation plan goals and objectives which includes successful detoxification and stabilization of withdrawal symptoms • The individual is referred to ongoing withdrawal treatment and recovery services • The individual has support systems in place to help the individual maintain stability in the community
Admission Guidelines	<ul style="list-style-type: none"> • Decision to admit an individual for ASAM 3.7-WM must be based on current edition DSM, diagnosis criteria and an appropriate Level of Care determination using the six dimensions of the current ASAM Criteria

	<ul style="list-style-type: none"> • The individual meets the diagnostic criteria for a moderate or severe substance use or addictive disorder, as defined in the current edition DSM, and • The individual meets the dimensional criteria for MMIW
Continued Stay Guidelines	<ul style="list-style-type: none"> • The individual continues in MMIW until withdrawal signs and symptoms are sufficiently resolved that they can be safely managed at a less intensive level of care • There is reasonable likelihood of substantial benefit as a result of continued MMIW services, as demonstrated by objective behavioral measurements of improvement • Transfer to a more intensive level of care is indicated when the individual's signs and symptoms of withdrawal have failed to respond to treatment and have intensified (as confirmed by higher scores on standardized scoring assessment)