

TREATMENT POLICY #13

SUBJECT: Withdrawal Management Continuum of Services

ISSUED: May 5, 2017

EFFECTIVE: July 1, 2017

PURPOSE:

The purpose of this policy is to establish requirements for withdrawal management services based on the American Society of Addiction Medicine (ASAM) Level of Care (LOC) criteria, and to support individualized services that maintain cultural, age, and gender appropriateness.

SCOPE:

This policy impacts the Prepaid Inpatient Health Plans (PIHP) and the withdrawal management service provider network.

BACKGROUND:

Withdrawal management includes a wide variety of covered services with the provision of these services expected to be individualized to the needs of the client. The Administrative Rules for Substance Abuse Services, established in 1981, are very limited and do not reflect advances in science and practice. These changes have essentially left the administrative rules obsolete in the area of recommended services. This policy seeks to establish criteria that will result in services that are provided in accordance with those outlined by the ASAM Criteria and are more reflective of interventions that have been shown to be effective in providing care to individuals receiving withdrawal management services.

Withdrawal management, or detoxification, has historically been available within residential programs only. However, this policy expands the opportunities for individuals requiring withdrawal management by supporting services at additional levels of care. An individual who does not meet medical necessity criteria for residential based withdrawal management may receive their services through a licensed outpatient program. Outpatient programs offering withdrawal management will be required to have access to appropriately licensed laboratories for testing. Only programs that offer Levels 3.2 and 3.7 will be required to maintain a Residential Detoxification license.

Withdrawal management services also include physicians or physician's designated representatives, and staffing requirements, and these requirements must be met, as appropriate, for each level of care. For instance, it is not necessary to have staffing 24 hours per day, 7 days per week in an outpatient withdrawal management level of care.

To ensure that all clients are served at the level of care that best meet their needs, it is necessary to increase the opportunity for withdrawal management beyond the traditional residential setting. Many clients have the ability to manage their withdrawal from substances through outpatient

services, while maintaining their everyday responsibilities, and it is necessary that the publicly funded SUD system is able to support their needs.

DEFINITIONS:

Toxicology Screening - screening used for the purpose of tracking ongoing use of substances when this has been established as a part of the treatment plan or an identified part of the treatment program. (This may include onsite testing such as portable breathalyzers or non-laboratory urinalysis).

Biopsychosocial Screening and Assessment- screening is used to determine if problem is there, assessment determines nature of problem and a diagnostic impression. This also determines the level of care the individual should receive, as well as determines individualized care plan and treatment priorities.

Counseling - an interpersonal helping relationship that begins with the client exploring the way they think, how they feel and what they do, for the purpose of enhancing their life. The counselor helps the client to set the goals that pave the way for positive change to occur.

Crisis Intervention - a service for the purpose of addressing problems/issues that may arise during treatment and could result in the client requiring a higher LOC if intervention is not provided.

Daily assessment – a tool used to determine clients progress and successes throughout program, can also be used to determine any weaknesses client may have in order to focus on strengthening those or determine any treatment changes.

Discharge – withdrawal signs and symptoms are sufficiently resolved that client can be safely managed at less intensive level of care or be sent home.

Group Counseling - face-to-face intervention for the purpose of goal setting and achievement, as well as skill building.

Group Psychotherapy - face-to-face, insight-oriented interventions with three or more clients.

Health Education Services – multidisciplinary approach to help clients understand how social factors, financing systems, organizational and familial systems, health technologies and personal behavior impact their health.

Individual Counseling - face-to-face intervention for the purpose of goal setting and achievement, and skill building. This is distinct from treatment planning, as this may be goals and achievements identified in case management or through peer based services.

Individualized Treatment Planning - direct and active client involvement in establishing the goals and expectations for treatment to ensure the appropriateness of the current LOC, to ensure

true and realistic needs are being addressed, and to increase the client's motivation to participate in treatment. Treatment planning requires an understanding that each client is unique, and each treatment plan must be developed based on the individual needs, goals, desires, and strengths of each client and be specific to the diagnostic impression and assessment.

Interactive Education - services that are designed or intended to teach information about addiction and/or recovery skills, often referred to as a "didactic" education.

Interactive Education Groups - activities that center on teaching skills to clients necessary to support recovery, including "didactic" education.

Medical Necessity - treatment that is reasonable, necessary, and appropriate based on individualized treatment planning and evidence-based clinical standards.

Psychotherapy - an advanced clinical practice that includes the assessment, diagnosis, or treatment of mental, emotional, or behavioral disorders, conditions, addictions, or other biopsychosocial problems and may include the involvement of the intrapsychic, intrapersonal, or psychosocial dynamics of individuals (Michigan Administrative Code, Social Work General Rules).

Recovery - a process of change through which an individual achieves abstinence and improved health, wellness, and quality of life. The experience (a process and a sustained status) through which individuals, families, and communities impacted by severe alcohol and other drug (AOD) problems utilize internal and external resources to voluntarily resolve these problems, heal the wounds inflicted by AOD-related problems, actively manage their continued vulnerability to such problems, and develop a healthy, productive, and meaningful life (http://www.michigan.gov/documents/mdch/ROSC_Glossary_of_Terms_350345_7.pdf)

Recovery Planning - purpose is to highlight and organize a person's goals, strengths, and capacities and to determine what barriers need to be removed or problems resolved to help a person achieve their goals. This should include an asset and strength-based assessment of the client.

Recovery Support and Preparation - services designed to support and promote recovery through development of knowledge and skills necessary for an individual's recovery.

Referral/Linking/Coordination of Services - office-based service activity performed by a primary clinician, or other assigned staff, to address needs identified through the assessment, and/or to ensure follow through with access to outside services, and/or to establish the client with another substance use disorder service provider.

Substance Use Disorder - a term inclusive of substance abuse and dependence, which also encompasses problematic use of substances.

Withdrawal Management - monitoring for the purpose of preventing/alleviating medical complications related to no longer using, or decreasing the use of, a substance.

REQUIREMENTS:

The withdrawal management level of care from ASAM is established based on the intensity of the needs of the client within the six dimensions. Withdrawal management, or detoxification, will be identified by level of care, with a continuum of services offered under withdrawal management and based on the needs of the individual. PIHPs will need to have the capacity to provide a withdrawal management continuum that will meet the needs of clients at ASAM levels 1-WM, 2-WM, 3.2-WM, and 3.7-WM. Level 4-WM, as a medically managed intensive inpatient withdrawal management service, is not offered within the PIHP system, and if indicated by the LOC determination must be accessed through the physical health system. The frequency and duration of services are expected to be guided by the ASAM levels of care, and are described as follows:

ASAM Level 1 – Ambulatory Withdrawal Management without Extended On-Site Monitoring

This is an organized outpatient service, which may be delivered in an office setting, health care or addiction treatment facility, or in an individual's home by trained clinicians who provide medically supervised evaluation, withdrawal management, and referral services according to a predetermined schedule. These services should be provided through regularly scheduled sessions and should be delivered under a defined set of policies and procedures or medical protocols.

Support Systems

Support systems at this level should include the availability of specialized psychological and psychiatric consultation and supervision for biomedical, emotional, behavioral, and cognitive problems as indicated. As well as the ability to obtain a comprehensive medical history and physical examination of the individual at admission. They should also have affiliation with other levels of care, including other levels of specialty addiction treatment, for additional problems identified through a comprehensive biopsychosocial assessment. The ability to conduct and/or arrange for appropriate laboratory and toxicology tests, which can be point-of-care testing, is necessary. Twenty-four-hour access to emergency medical consultation services should they be necessary, by phone or face to face as indicated. Lastly, the ability to provide or assist in accessing transportation services for individuals who lack safe transportation.

Staff Requirements

Level 1-withdrawal management services should be staffed by physicians and nurses, who are essential to this type of service, though they need not be present in the treatment setting at all times. It is important for medical and nursing personnel to be readily available to evaluate and confirm that withdrawal management in a less supervised setting would be safe.

Physicians do not need to be certified as addiction specialists and nurses do not need to be certified as addiction nurses, but training and experience in assessing and managing intoxication and withdrawal states is necessary. Services provided by counselors,

psychologists and social workers may be available through withdrawal management service, or these services can be assessed through an affiliate of this level of care.

All clinicians who assess and treat individuals should be able to obtain and interpret information regarding the needs of these persons, and are knowledgeable about the biopsychosocial dimensions of alcohol, tobacco and other substance use disorders. This knowledge should include the signs and symptoms of alcohol and other drug intoxication and withdrawal, as well as the appropriate treatment and monitoring of these conditions and how to facilitate ongoing care for this individual.

ASAM Level 2- Ambulatory Withdrawal Management with Extended On-Site Monitoring

This level is an organized service that can be delivered in an office setting, a general health care or mental health care facility by medical and nursing professionals that provide evaluation, withdrawal management and referral services. Services are provided in regularly scheduled sessions or under a defined set of physician approved policies or clinical protocols.

Support Systems

Level 2 support systems include the availability of specialized clinical consultation and supervision for biomedical, emotional, behavioral, and cognitive problems. Programs must either provide or have the ability to obtain a comprehensive medical history and physical examination of the individual at admission and have access to psychological and psychiatric consultation. This level of support also includes affiliation with other levels of care, including other levels of specialty addiction treatment, as well as general and psychiatric services for additional problems identified through a comprehensive biopsychosocial assessment.

The ability to conduct or arrange for appropriate laboratory and toxicology tests, which can be point-of-care testing, and 24-hour access to emergency medical consultation services are a necessity at this level. Lastly, this level of care includes the ability to provide or assist in accessing transportation services for individuals who lack safe transportation.

Staff Requirements

This level of care should be staffed by physicians and nurses, although they need not be present at all times. Since this level of care is administered on an outpatient basis, it is important for medical and nursing personnel to be readily available to evaluate and confirm that withdrawal management in a less supervised setting is safe. Physicians do not need to be certified as addiction specialists and nurses do not need to be certified as addiction nurses, but training and experience in assessing and managing intoxication and withdrawal states is necessary.

Counselors, psychologists and social workers may be available through the withdrawal management service or may be accessed through affiliation with organizations providing other Level 2 services. All clinicians that assess and treat individuals must have knowledge regarding the needs of their clients, and knowledge about the biopsychosocial dimensions of

alcohol and other drug addiction. Such knowledge includes signs and symptoms of alcohol and other drug intoxication and withdrawal, as well as appropriate treatment and monitoring of those conditions and how to facilitate entry into ongoing care.

ASAM Level 3.2 – Clinically Managed Residential Withdrawal Management

Referred to as “social setting detoxification” or “social detox,” this is an organized service that is delivered by appropriately trained staff, who provide 24-hour supervision, observation, and support for individuals who are intoxicated or experiencing withdrawal. This level is characterized by its emphasis on peer and social support rather than typical medical or nursing care services. This level of care provides services for clients with severe intoxication/withdrawal signs and symptoms that require 24-hour structure and support.

Some programs may be staffed to supervise self-administered medications for the management of withdrawal. All Level 3.2 programs must rely on established clinical protocols to identify individuals that are in need of medical services beyond the capacity of the facility and to transfer these individuals to appropriate levels of care.

Support Systems

Level 3.2 Withdrawal Management support systems include the availability of specialized clinical consultation and supervision for biomedical, emotional, behavioral and cognitive problems. Since this level is managed by clinicians and not medical or nursing staff, protocols are in place in case an individual’s condition deteriorates and appears to need medical or nursing interventions.

These protocols are used to determine the nature of the medical or nursing interventions that may be required. Protocols include under what conditions and when transfer to a medically monitored facility or an acute care hospital is necessary. These protocols are developed and supported by a physician knowledgeable in addiction medicine. These programs must also be affiliated with other levels of care with the ability to arrange for appropriate laboratory and toxicology tests.

Staff Requirements

Level 3.2 programs are staffed by appropriately credentialed personnel who are trained and competent to implement physician-approved protocols for individual observation and supervision, determination of appropriate levels of care, and facilitation of the individual’s transition to continuing care. Social withdrawal management is a clinically managed withdrawal management service explicitly designed to safely assist individuals through withdrawal without the need for ready on-site access to medical and nursing personnel. Medical evaluation and consultation is available 24-hours a day, in accordance with treatment/transfer practice protocols and guidelines. All clinicians who assess and treat individuals are able to obtain and interpret information regarding the needs of these individuals. This knowledge includes the signs and symptoms of alcohol and other drug intoxication and withdrawal, as well as the appropriate treatment and monitoring of those conditions and how to facilitate entry into ongoing care. Facilities that supervise self-administered medications have appropriately licensed or credentialed staff and policies and procedures in accordance with state and federal law. The staff at this level of care should

ensure that individuals are taking medication according to prescription and legal requirements.

ASAM Level 3.7 – Medically Monitored Inpatient Withdrawal Management

This level of care is an organized service that is delivered by medical and nursing professionals that provide 24-hour evaluation and withdrawal management in a permanent facility with inpatient beds. Services are delivered under a defined set of physician approved policies and physician-monitored procedures or clinical protocols.

This level of care provides care to individuals with withdrawal signs and symptoms that are sufficiently severe to require 24-hour inpatient care. It sometimes is provided by overlapping with Level 4 withdrawal management services, with a specialty unit of an acute care general or psychiatric hospital. 24-hour observation, monitoring, and treatment are available. However, the full resources of an acute care general hospital or a medically managed intensive inpatient treatment program are not necessary.

Support Systems

Level 3.7 Withdrawal Management support systems feature the availability of specialized clinical consultation and supervision for biomedical, emotional, behavioral and cognitive problems. They also feature the availability of medical nursing care and observation as warranted based on clinical judgment, along with direct affiliation with other levels of care. Programs must have the ability to conduct or arrange for appropriate laboratory and toxicology tests.

Staff Requirements

Level 3.7 programs should be staffed by physicians that are available 24-hours a day by telephone. A physician is available to assess the individual within 24-hours of admission, or earlier if medically necessary, and is available to provide on-site monitoring of care and further evaluation on a daily basis. A registered nurse or other licensed and credentialed nurse is available to conduct a nursing assessment on admission. A nurse will be responsible for overseeing the monitoring of the individual's progress and medication administration on an hourly basis. There will need to be appropriately licensed and credentialed staff is available to administer medications in accordance with physician orders. The level of nursing care needs to be appropriate to the severity of the individual's needs.

Licensed, certified, or registered clinicians provide a planned regimen of 24-hour, professionally directed evaluation, care, and treatment services for individuals and their families. An interdisciplinary team of appropriately trained clinicians (such as physicians, nurses, counselors, social workers, and psychologists) is available to assess and treat the individual and to obtain and interpret information regarding the individual's needs. The number and disciplines of team members are appropriate to the range and severity of the individual's problems.

ASAM Level 4 – Medically Managed Intensive Inpatient Withdrawal Management

This level of withdrawal management is an organized service delivered by medical and nursing professionals that provide 24-hour medically directed evaluation and withdrawal management in an acute care inpatient setting. This information is being provided for reference and guidance purposes only, and it is not an expectation that PIHPs provide this level of care. Services are delivered under a defined set of physician-approved policies and physician managed procedures and protocols.

This level of care also provides care to individuals whose withdrawal signs and symptoms are sufficiently severe to require primary medical and nursing care services. Twenty-four-hour observation, monitoring, and treatment are available at this level, and is designed for acute medical withdrawal management. It is required that the individual be assessed and a care plan for any of their treatment priorities be developed.

Support Systems

Support systems at this level of care feature the availability of specialized medical consultation, full medical acute care services and intensive care as needed.

Staff requirements

This level of care requires programs are staffed by physicians that are available 24-hours a day as active members of an interdisciplinary team of appropriately trained professionals and those that can medically manage the individual’s care. A registered nurse or other licensed and credentialed nurse is available for primary nursing care and observation 24-hours a day.

This level of care also requires facility-approved addiction counselors or licensed, certified, or registered addiction clinicians be available eight (8) - hours per day to administer planned interventions according to the assessed needs of the individual. An interdisciplinary team of appropriately trained clinicians is available to assess and treat the individual with a substance use disorder, or an addicted individual with a concomitant acute biomedical, emotional or behavioral disorder.

The ASAM Assessment Dimensions must be used to assist in the determination of the LOC needed by the individual:

Dimensional Interactions	Severity Increase	Severity Decrease
Dimension 1	Acute intoxication and/or withdrawal potential	Acute intoxication and/or withdrawal potential
Dimension 2	Impaired liver function, comorbid neurological conditions that could be exacerbated by autonomic nervous system hyperarousal, pregnancy	Absence of comorbid medical condition

Dimensional Interactions	Severity Increase	Severity Decrease
Dimension 3	Use or misuse of psychiatric medications that are metabolized in the liver, psychiatric disorganization that may affect patient adherence to withdrawal management regimen.	Absence of comorbid psychiatric condition
Dimension 4	Lack of readiness to change affecting adherence to withdrawal management protocols or causing premature discharge from withdrawal management, lack of readiness to change affecting effectiveness of ambulatory withdrawal management	Readiness to change at a level that facilitates adherence to ambulatory withdrawal management services
Dimension 5	Continued use of alcohol, illicit drugs, or non-medical use of prescription drugs	No continued use of alcohol, illicit drugs, or non-medical use of prescription drugs
Dimension 6	Lack of supportive recovery environment or transportation for ambulatory withdrawal management	A supportive recovery environment and transportation to ambulatory withdrawal management

PROCEDURE:

Admission Criteria

Admission to withdrawal management is limited to the following criteria:

- Medical necessity.
- Diagnosis: The current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) is used to determine an initial diagnostic impression of a substance use disorder (also known as provisional diagnosis). The diagnosis will be confirmed by the provider’s assessment process.
- Individualized determination of need.
- ASAM Criteria is used to determine substance use disorder treatment placement/admission and/or continued stay needs, and are based on a LOC determination using the six assessment dimensions of the ASAM Criteria below:
 - 1) Withdrawal potential.
 - 2) Medical conditions and complications.
 - 3) Emotional, behavioral, or cognitive conditions and complications.
 - 4) Readiness to change – as determined by the Stages of Change Model.
 - 5) Relapse, continued use or continued problem potential.
 - 6) Recovery/living environment.

Treatment must be individualized based on a biopsychosocial assessment, diagnosis, and client characteristics that include, but are not limited to, age, gender, culture, and development. Authorization decisions on length of stay (including continued stay), change in LOC, and discharge must be based on the ASAM Criteria. As a client’s needs change, the frequency, and

duration, of services may be increased or decreased as medically necessary. Participation of the individual receiving services in referral, continuing care, and recovery planning must occur prior to a move to another LOC for continued treatment.

Covered Services

The following services must be available in a Withdrawal Management setting regardless of the LOC and based on individual need:

Type	Withdrawal Management Services Description
Basic Care	Room, board, supervision, monitoring, toxicology screening, transportation facilitating to and from treatment; and treatment environment is structured, safe, and recovery-oriented. Levels 3.2 and 3.7 only: room and board.
Treatment Basics <u>Core Service</u>	Assessment; Episode of Care Plan (addressing treatment, recovery, discharge and transition across episode); coordination and referral; medical evaluation and attempt to link to services; connection to next provider and medical services; preparation for ‘next step’.
Therapeutic Interventions <u>Core Service</u>	Individual, group, and family psychotherapy services appropriate for the individual’s needs, and crisis intervention. Services provided by an appropriately licensed, credentialed, and supervised professional working within their scope of practice.
Interactive Education /Counseling <u>Core Service</u>	Interaction and teaching with client(s) and staff to process skills and information adapted to the individual client needs. This includes alternative therapies, individual, group and family counseling, anger management, coping skills, recovery skills, relapse triggers, and crisis intervention. Examples: disease of addiction, mental health, and substance use disorder.
Milieu/Environment (building recovery capital)	Peer support; recreation/exercise; leisure activities; treatment coordination; support groups; drug/alcohol free campus.
Medical Services <u>Core Service</u>	Medication prescribing and management. Physician monitoring, nursing care, and observation available. Medical specialty consultation, psychological, laboratory and toxicology services available. Psychiatric services available.

Treatment/Recovery Planning

Individuals entering any level of withdrawal management services will have recovery and functional needs that will continue to require intervention once withdrawal-based services are no longer appropriate. Therefore, withdrawal management should be viewed as a part of an episode of care within a continuum of services that will contribute toward recovery for the individual. Withdrawal management should never be presented to individuals as being a complete episode of care. To facilitate the client moving along the treatment continuum, it is expected that the provider, as part of treatment planning, begins to prepare the client for the next stage of the

recovery process as soon after admission as possible. This will help to facilitate a smooth transition to the next LOC, as appropriate, and make sure that the client is aware that services will continue once withdrawal management services are no longer necessary.

To make the transition to the next LOC, the withdrawal management provider may assist the client in choosing an appropriate service based on needs and location, helping to schedule appointments, arranging for a meeting with the new service provider, arranging transportation, and ensuring all required paperwork is completed and forwarded to the new service provider in a timely manner. These activities are provided, as examples of activities that could take place if it were determined there would be a benefit to the client. There could potentially be many other activities or arrangements that may be needed, or the client may require very little assistance. To the best of their ability, it is expected that the withdrawal management provider arranges for any needed assistance to ensure a seamless transfer to the next LOC.

Continuing Stay Criteria

Re-authorization or continued treatment should be based on ASAM Continued Service Criteria, medical necessity, and a reasonable expectation of benefit from continued care.

REFERENCES:

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Approved by: _____ ***Signed*** _____
Larry P. Scott, Acting Director
Office of Recovery Oriented Systems of Care