Residential Sub-Acute Detoxification Guidelines

I. Background Information

A. Definition of Detoxification

SAMSA's TIP #45, *Detoxification and Substance Abuse Treatment: Treatment Improvement Protocols* defines detoxification as "a set of interventions aimed at managing acute intoxication and withdrawal." It denotes a clearing of toxins from the body of the individual who is acutely intoxicated and/or dependent on substances of abuse. Detoxification seeks to minimize the physical harm caused by the abuse of substances.

These guidelines may be modified in the near future to align with recent revisions to ASAM criteria.

B. Levels of Care as identified by ASAM PPC-2R

1. *Level I-D: Ambulatory Detoxification without Extended Onsite Monitoring* (e.g., physician's office, home health care agency). This level of care is an organized outpatient service monitored at predetermined intervals.
2. Level *II-D: Ambulatory Detoxification with Extended Onsite Monitoring* (e.g., day hospital service). This level of care is monitored by appropriately credentialed and licensed nurses.
3. *Level III.2-D: Clinically Managed Residential Detoxification* (e.g., non-medical or social detoxification setting). This level emphasizes peer and social support and is intended for patients whose intoxication and/or withdrawal is sufficient to warrant 24-hour support.
4. *Level III.7-D: Medically Monitored Inpatient Detoxification* (e.g., freestanding detoxification center). Unlike Level III.2.D, this level provides 24-hour medically supervised detoxification services.
5. *Level IV-D: Medically Managed Intensive Inpatient Detoxification* (e.g., psychiatric hospital inpatient center). This level provides 24-hour care in an acute care inpatient setting.(This is a medical benefit thus it is not a benefit provided under LRP funding)

C. Evaluation of an Individual for Detoxification

Providers evaluating an individual's need for detoxification services must recognize the signs of withdrawal. Providers must consider the severity of each symptom present in determining the need for detoxification services.

SAMHSA, in TIP #45*, Detoxification and Substance use Treatment* lists the following signs of withdrawal:

1. Restlessness, irritability, anxiety, agitation
2. Anorexia (lack of appetite), nausea, vomiting
3. Tremors (shakiness), elevated heart rate
4. Insomnia, intense dreaming, nightmares
5. Poor concentration, impaired memory and judgment
6. Increased sensitivity to sound, light, and tactile sensations

7. Hallucinations (auditory, visual, or tactile)
8. Delusions, usually of paranoid or persecutory varieties
9. Grand mal seizures

D. Guiding Principals

1. Detoxification alone is not sufficient treatment for substance dependence, but it is one part of a continuum of care for substance-related disorders. Detoxification is the first step in a treatment episode rather than a stand-alone treatment episode.
2. The detoxification process consists of three components. All three of the following components must be evident in the process.
    a) Evaluation
    b) Stabilization
    c) Fostering patient readiness for entry into treatment
3. Detoxification can take place in a wide variety of settings and at a number of levels of intensity within these settings. Placement should be based on individual need as evident by current assessment/evaluation.
4. Individuals seeking detoxification services have diverse cultural and ethnic backgrounds, as well as unique health needs and life situations. Providers should take into account specific cultural and or unique health needs when evaluating the proper level of care.
5. Recovery planning should be done in conjunction with the individual and his or her family, friends or other significant people.
6. Staff working with an individual entering detoxification has a basic responsibility to assist the individual with recognizing that recovery is possible. Staff members must aid individuals with identifying potential obstacles that could prevent them from moving forward with stages of change and making progress in their recovery.
7. Motivational interviewing has been shown to be highly effective in assisting an individual to begin to make changes. Therefore, the LRP strongly recommends that all staff assisting an individual in the recovery process have at least a basic understanding of motivational interviewing.

II. Service Requirements

A. Co-Occurring Disorders

Individuals with co-occurring disorders that are admitted to a sub-acute detoxification program must be screened for prescribed additive medications. For individuals that are prescribed additive psychotropic medications, the sub-acute detoxification program must consult with the prescribing physician to assess if the individual can be switched to non-addictive medications.

B. Service Coordination

The following coordination efforts are required of providers delivering sub-acute detox services. Please note that for residential sub-acute detox services the short-term residential following sub-acute detox is considered to be

a part of the same level of care. Therefore, the following expectations would be expected by discharge from short-term residential.

1. Treatment services should be holistic in nature and occur within a recovery oriented system of care.
2. Providers are encouraged to seek appropriate interventions from alternative therapies, such as; occupational (sensory integration) therapy, physical therapy (recreational therapy), and acupuncture.
3. If a full bio-psycho-social assessment was conducted by an Entry Level Provider the sub-acute detoxification provider must use the assessment already completed. CMHSP staff will provide a copy of the assessment when authorizing services.
4. Sub-acute detoxification providers must develop a treatment/recovery plan that addresses all assessed needs. The treatment/recovery plan should identify agencies in the individual's home county that can provide services following discharge. If a sub-acute detoxification provider is unsure of available resources in an area they should contact the CMHSP Access Center.
5. A client may not be admitted to sub-acute detox without signing a release of information form for all personal care physicians, dentists, and mental health professionals serving the client. Providers must engage in care coordination with an individual's personal care physician, dentist, mental health professional and CMHSP Access Center staff as appropriate.
6. Sub-acute detoxification providers must work to promote continuity of treatment at the level of care. Therefore, it is expected that they :
    a) Perform assessment of urgency for treatment during transitional planning at the next level of care.
    b) Prioritize treatment goals/outcomes during transitional planning for the next level of care.
    c) Provide information to the client on Substance Abuse Treatment, including, information on what to expect at the first appointment at the next level of care
    d) Engage the support of family members as appropriate.
    e) Introduce the client to the counselor at the next provider who will deliver rehabilitation services (this can be done via telephone and/or face to face).
    f) Ensure the individual knows the date, time, and place of their next level of care appointment.
    g) Provide contacts for support group meetings in the individual's home area.
    h) The sub-acute detoxification provider shall submit the developed treatment/recovery plan and discharge summery to the level provider and CMHSP.

III. Eligibility Criteria for Sub-Acute Detoxification

General Criteria

An individual must meet medical necessity for sub-acute detoxification services based on ASAM PPC-2R.

B. Detoxification in an Residential Setting

The individual must meet criteria 1, 2, 3, and 4 and at least one of criteria 5, 6, 7, or 8.

Must meet all of the following criteria:

1. The individual has a withdrawal screening score of severe (CIWA COWS, etc.).
   AND
2. The client is experiencing signs and symptoms of severe withdraw or there is evidence based on history of substance intake, age, gender, previous withdrawal, physical conditions, and/or emotional/behavioral/cognitive condition.
   AND
3. The individual is experiencing severe withdrawal that cannot be handled at a lower level of care.
   AND
4. The individual has recent history of detoxification at a lower level of care and was unsuccessful.

And, at least one of the following criteria:

5. The individual has minimal or no supports to assist in non- residential detoxification.
   OR
6. The individual has a SPMI or cognitive disorder that would complicate treatment and thus required 24 hour monitoring.
   OR
7. The individual has a long history of abusing alcohol and/or benzodiazepines.
   OR
8. Patient is presently suffering from a significant medical disorder related to substance use that would complicate treatment and require 24 hour monitoring.

Discharge Criteria

The individual must meet criteria 1 or 2 or meet criteria 3, 4, 5, 6, 7, 8.

1. The individual is not engaging in treatment services, is disruptive, and non-compliant with residence rules and/or policies.
   OR
2. The individual chooses to leave treatment early against the advice of clinical staff.
   OR
3. Completion of current prescribed treatment.
   AND
4. Individual is off all medications that were used for detoxification EXCEPT if the plan is for the patient to be maintained on buprenorphine or methadone with appropriate referral, or; the patient has been stabilized on a sedative, with appropriate referral, to an outpatient detox service or another level of care in which the medication can be slowly tapered.
   AND

5. The individual's vital signs have normalized and/or medical condition is stabilized to the degree that they can be treated in an outpatient setting.
   AND
6. Withdrawal screening tool (CIWA, COWS, etc) is now in normal range.
   AND
7. Transfer coordination with the next level of care provider has been completed.
   AND
8. The individual is linked to social and/or environmental supports required for successful recovery (in their local area).

IV. Authorization and Reauthorization of Services

As detailed in the Provider Manual, all services authorized will be based on ASAM criteria, medical necessity, and the validation of eligibility. Concurrent reviews will be based on the initial review, services continuation review, and services continue criteria as detailed in the Provider Manual. All authorizations will reflect the required timelines and the requirements established by MDCH and provided in MDCH Treatment Policy #05.