

SERVICE CATEGORY: SUBSTANCE USE DISORDER

SERVICE DEFINITION

Service Name	ASAM LEVEL 3.7WM MEDICALLY MONITORED INPATIENT WITHDRAWAL MANAGEMENT
Funding Source	Behavioral Health
Setting	Facility based
Facility or Professional License	As required by DHHS Division of Public Health
Basic Definition	Medically monitored inpatient withdrawal management provides voluntary and involuntary medical and therapeutic interventions in an inpatient setting. This setting allows for 24-hour nursing coverage for oversight of hourly monitoring of the patient’s progress and medication monitoring as needed. These facilities are staffed by physicians or medical Advanced Practice Providers who are available by phone 24 hours per day and are responsible for treatment, policies and clinical protocols.
Service Expectations	<ul style="list-style-type: none"> • 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 • An addiction-focused history is performed or available for a physician to review during the admission process or within 24 hours of admission • A physical exam is performed by a physician, physician assistant or nurse practitioner within 24 hours of admission. 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 • Provide medications to ease the discomfort of withdrawal symptoms

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	<ul style="list-style-type: none"> • Multidisciplinary biopsychosocial screenings are performed to allow for the determination of the appropriate level of care, to address treatment priorities identified in Dimensions 2 through 6, and to develop the treatment plan • Daily assessment of the patient’s progress through history, physical or nursing exam as medically indicated and use with withdrawal scales are available. Treatment changes are made based on these evaluations • An individualized treatment plan is assembled utilizing an interdisciplinary team of clinicians. Based on this plan, individualized treatment goals are developed and treatment objectives and activities to meet those objectives are created • As part of the treatment plan, discharge and discharge planning are started on admission • Therapeutic interventions are available 24 hours per day to include a range of medical and mental health therapies administered to the patient on an individual and group basis • Services are provided to families and significant others. • All services must be culturally sensitive
Length of Services	<p>Generally two 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. However, length of stay is individually determined based on resolution of intoxication and withdrawal symptoms sufficient enough to allow for transfer to the next appropriate level of care.</p>
Staffing	<ul style="list-style-type: none"> • Physicians or medical Advanced Practice Providers are available 24 hours per day to supervise the clinical practice and medically manage the care of the patient. • Physician assistants may perform assigned duties under collaborative agreements with the supervising physician. • Clinical Director (APRN, RN, LMHP, LIMHP, Licensed Psychologist or LADC) providing consultation and support to care staff and the individuals served. The Clinical Director 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. • A registered nurse or licensed practical nurse is on site for primary nursing care and observation 24 hours per day.

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	<ul style="list-style-type: none"> • Appropriately licensed and credentialed staff should be available to administer medications in accordance with physician orders. • Licensed alcohol and drug counselors or licensed mental health practitioner with appropriate addiction training are available during waking hours to administer planned activities to allow individuals to complete objectives in the treatment plans. • Direct Care staff shall have demonstrated skills and competencies in treatment with individuals with a behavioral health diagnosis, demonstrated by at least one of the following: two years lived experience; two years' direct care experience in a human service field; two years of training in a human service field; or a bachelor's degree or higher in psychology, sociology, or related human service field, which is preferred • Special training and competency evaluation required in carrying out physician developed protocols. • All staff should be educated/trained in rehabilitation and recovery principles.
Staffing Ratio	Clinical Director to direct care staff ratio as needed to meet all responsibilities 2 awake Direct Care staff overnight
Hours of Operation	24/7
Individual Desired Outcome	The individual has successfully detoxified and has been assessed and referred for additional service/treatment needs

UTILIZATION GUIDELINES

MEDICALLY MONITORED INPATIENT WITHDRAWAL MANAGEMENT: Level 3.7

WM

i. Admission Guidelines:

1. The individual in a Level 3.7 WM detoxification program presents in an intoxicated state and meets ASAM dimensional criteria for admission. **Providers should refer to *ASAM Criteria – 3rd Edition* beginning on page 174 for complete criteria for each dimension.**

The individual who is appropriately placed in a Level 3.7 WM detoxification program meets specifications in (a) *and* (b):

- (a) The individual is experiencing signs and symptoms of severe withdrawal, or there is evidence (based on history of substance intake, age, gender, previous withdrawal history, present symptoms, physical condition, and/or emotional, behavioral, or cognitive condition) that severe withdrawal is imminent. The severe withdrawal syndrome is safely manageable at this level of service (see examples pg. 164-169). **AND**
- (b) The individual is assessed as needing medication and monitoring at this level of service to complete detoxification and enter into continued treatment or self-help recovery because of inadequate home supervision or support structure, as evidenced by meeting [1] or [2] or [3]:
 - [1] The individual requires medication and has a recent history of withdrawal management at a less intensive level of care, marked by past and current inability to complete withdrawal management and enter into continuing addiction treatment. The individual continues to have insufficient skills or supports to complete withdrawal management; *or*
 - [2] The individual has a recent history of withdrawal management at less intensive levels of service that is marked by inability to complete withdrawal management or to enter into continuing addiction treatment, and the individual continues to have insufficient skills to complete withdrawal management; *or*
 - [3] The individual has a comorbid physical, emotional, behavioral, or cognitive condition (such as chronic pain with active exacerbation or posttraumatic stress disorder with brief dissociative episodes) that is manageable in a Level 3.7WM setting but which increases the clinical severity of the withdrawal and complicates withdrawal management.

II. Continued Stay Guidelines:

It is appropriate to retain the individual at the present level of care if:

1. The individual is making progress but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals.

OR

2. The individual is not yet making progress, but has the capacity to resolve his or her problems. The individual is actively working toward the goals in the individualized treatment plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals.

AND/OR

3. 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 should be reviewed. If the criteria apply to the individual's existing or new problem (s), he or she should continue in treatment at the present level of care. If not, refer to the ASAM Continued Service and Discharge Criteria.