



THE OFFICE OF SUBSTANCE ABUSE SERVICES

REQUIREMENTS FOR THE PROVISION OF RESIDENTIAL DETOXIFICATION SERVICES BY PROVIDERS FUNDED WITH DBHDS RESOURCES

PURPOSE:

The goal of this document is to describe the level of detoxification services that the Virginia Department of Behavioral Health and Developmental Services (DBHDS) strives to support with the funds it allocates to community services boards (CSBs). Nothing in this document is intended to affect licensing regulations adopted by the State Board of Behavioral Health and Developmental Services pursuant to § 37.2-403 et seq. of the Code of Virginia.

RATIONALE:

The purposes of detoxification services are to attend to the physiological and psychological features of withdrawal syndromes and interrupt compulsive use in persons diagnosed with substance abuse or dependence. These services should provide adequate opportunities to engage the person in treatment and to help the person understand his or her role in treatment, including what will can be expected physiologically and emotionally in the course of detoxification, how symptoms will be addressed by staff, how the person should advocate for him or herself while in the service, and what options are available for treatment and other support once detoxification is complete.

A consistently adequate level of care should be available for people who need detoxification services. Detoxification is the community-based service that is available to persons who exhibit the most severe and medically at-risk signs and symptoms of abuse or dependence on alcohol or other drugs. Detoxification is often the first step in treatment and may be the intervention needed to prevent continued life-threatening use of alcohol or other drugs.

SOURCE:

The requirements presented in this document are directly based on the description of Level III.7-D Medically Monitored Inpatient Detoxification, American Society of Addiction Medicine (ASAM) Patient Placement Criteria – Second Edition- Revised (ASAM PPC-2R), published by the American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders (2001).

REQUIREMENT:

All detoxification services established after December 31, 2012 that are supported by funds awarded by DBHDS will meet the requirements described in this document. In addition,

DBHDS will work closely with CSBs that currently provide detoxification services supported by state allocations, either directly or through contract, to identify and resolve barriers to meeting the criteria described in this document.

BACKGROUND:

Developed by the American Society of Addiction Medicine (ASAM) as a consensus of leading experts in the field of addiction treatment, the ASAM PPC-2R criteria provide a common basis and language for matching people with substance use disorders to the appropriate type of care. ASAM criteria require that the person seeking services be continually assessed along six dimensions:

- Dimension 1: Alcohol Intoxication and Withdrawal Potential
- Dimension 2: Biomedical Conditions and Complications
- Dimension 3: Emotional, Behavioral or Cognitive Conditions and Complications
- Dimension 4: Readiness to Change
- Dimension 5: Relapse, Continued Use or Continued Problem Potential
- Dimension 6: Recovery Environment

In and of itself, ASAM PPC-2R is not an assessment instrument; rather it is a tool for using information gathered in a formal assessment to place an individual in a level of care that provides the degree of intensity, duration and supports needed for that person to be successful in treatment. It is likely that one person may need several levels of care during an episode of treatment; therefore, continuous assessment is needed to assure that the person is receiving the appropriate level of care.

ASAM PPC-2R describes several levels of detoxification service. This document, which focuses on residential detoxification services, combines two of these levels. Level III.7-D, Medically Monitored Inpatient Detoxification, is the primary basis of the requirements in this document. However, DBHDS recognizes that some individuals who need residential detoxification may not meet the clinical standard of need for this level of care. Therefore, admission criteria include those for people who present clinical need for Level III.2-D, Clinically-Managed Residential Detoxification, as well as those with more severe symptoms who meet the criteria for Level II.7.D.

The next section of this document describes detoxification services provided at Level III.7-D, except where noted. All of the information is taken directly from ASAM PPC-2R.

**ADULT CRITERIA
DETOXIFICATION SERVICES FOR ASAM LEVEL III.7-D
MEDICALLY MONITORED INPATIENT DETOXIFICATION**

Level III.7-D: Medically Monitored Inpatient Detoxification is an organized service delivered by medical and nursing professionals that provides for 24-hour medically supervised evaluation and withdrawal management in a permanent facility with licensed residential beds. Services are delivered under a defined set of physician-approved policies and physician-monitored procedures or clinical protocols.

This level provides care to individuals whose withdrawal signs and symptoms are sufficiently severe to require 24-hour residential care. It sometimes is provided by overlapping with Level IV-D services (as a “step-down” service) in a specialty unit of an acute care general or psychiatric hospital. Twenty-four 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.

Example

Freestanding Detoxification Center

Setting

Level III.7-D detoxification may be conducted in a freestanding or other appropriately licensed health care or addiction treatment facility.

Support Systems

In level III.7-D detoxification, support systems feature:

- (a) Availability of specialized clinical consultation and supervision for biomedical, emotional, behavioral and cognitive problems.
- (b) Availability of medical and nursing care and observation as warranted, based on clinical judgment.
- (c) Direct affiliation with other levels of care.
- (d) Ability to conduct or arrange for appropriate laboratory and toxicology tests.

Staff

Level III.7-D detoxification programs are staffed by physicians who 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. [Note: The physician assessment must be conducted by a physician while in the physical presence of the individual.]

A registered nurse provides supervision to staff who attend to the daily needs of individuals.

A registered nurse or other licensed and credentialed nurse is available to conduct a nursing assessment on admission.

A nurse is responsible for overseeing the monitoring of the individual’s progress and medication administration on an hourly basis, if needed. This level of care may be provided by licensed practical nurses.

Appropriately licensed and credentialed staff are available to administer medications in accordance with physician orders. The level of nursing care is appropriate to the severity of individual 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.

Therapies

Therapies offered by Level III.7-D detoxification programs include daily clinical services to assess and address the needs of each individual. Such clinical services may include appropriate medical services, individual and group therapies, and withdrawal support.

Hourly nurse monitoring of the individual's progress and medication administration are available, if needed.

The following therapies are provided as clinically necessary, depending on the individual's progress through the detoxification and the assessed needs in Dimensions 2 through 6:

- (a) A range of cognitive, behavioral, medical, mental health, and other therapies are administered to the individual on an individual or group basis. These are designed to enhance the individual's understanding of addiction, the completion of detoxification process and referral to an appropriate level of care for continuing treatment.
- (b) Multidisciplinary individualized assessment and treatment.
- (c) Health education services.
- (d) Services to families and significant others.

Assessments/Treatment Plan Review

In Level III.7-D detoxification programs, elements of the assessment and treatment plan review include:

- (a) An addiction-focused history obtained as part of the initial and assessment and reviewed by a physician during the admission process.
- (b) A physical examination by a physician, physician assistant, or nurse practitioner within 24 hours of admission, and appropriate laboratory and toxicology tests. If Level III.7-D detoxification services are step-down services from Level IV-D, records of a physical examination within the preceding 7 days are evaluated by a physician within 24 hours of admission.
- (c) Sufficient biopsychosocial screening assessments to determine the level of care in which the individual should be placed and for the individualized care plan to address treatment priorities identified in Dimensions 2 through 6.
- (d) An individualized treatment plan, including problem identification in Dimensions 2 through 6 and development of treatment goals and measurable treatment objectives and activities designed to meet those objectives.
- (e) Daily assessment of individual progress through detoxification and any treatment changes.
- (f) Discharge/transfer planning, beginning at admission.
- (g) Referral arrangements, made as needed.

Documentation

Documentation standards include progress notes in the individual's clinical record that clearly reflect implementation of the treatment plan and the individual's response to treatment, as well as subsequent amendments to the plan.

Detoxification rating scale tables and flow sheets (which may include tabulation of vital signs) are used as needed.

Diagnostic Admission Criteria

The individual who is appropriately placed in a Level III.7-D detoxification program meets the diagnostic criteria for Substance –Induced Disorder of the *Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association or other standardized and widely accepted criteria, as well as the dimensional criteria for admission.

Dimensional Admission Criteria

The individual who is appropriately placed in a Level III.7-D detoxification program meets specifications in (a) *or* (b):

- (a) Signs and symptoms of severe withdrawal are evident or are imminent, based on history of substance intake, age, gender, previous withdrawal history, present symptoms, physical condition, or emotional, behavioral or cognitive condition.

The severe withdrawal syndrome is assessed as manageable at this level of service. Examples include, but are not limited to:

[1] *Alcohol*: The individual is withdrawing from alcohol, the CIWA-Ar (Clinical Institute Withdrawal Assessment-Alcohol-Revised) score is 10 or greater (or the equivalent for a standardized scoring system) by the end of the period of outpatient monitoring available in Level II-D (Ambulatory Detoxification with Extended On-Site Monitoring).

[2] *Sedative-hypnotics*: Two types of individuals use sedatives/hypnotics. The first type has ingested sedative-hypnotics at more than therapeutic levels daily for more than four weeks and is not responsive to appropriate recent efforts to maintain the dose at therapeutic levels.

In the second type (III.7-d(a)[3]) the individual has ingested sedative-hypnotics at more than therapeutic levels daily for more than four weeks, in combination with daily alcohol use or regular use of another mind-altering drug known to pose a severe risk of withdrawal. Signs and symptoms of withdrawal are of moderate severity, and the individual cannot be stabilized by the end of the period of outpatient monitoring available at Level II-D.

[3] *Alcohol and sedative hypnotics*: The individual has marked lethargy or hypersomnolence due to intoxication with alcohol or other drugs, and a history of severe withdrawal syndrome, or the individual's altered level of consciousness has not stabilized at the end of the period of outpatient monitoring available at Level II-D.

[4] *Opiates*: Three types of individuals may present that would be appropriate for this setting. For the first two types, withdrawal management not using opiate substitution methods of detoxification is appropriate. The first of this type presents with withdrawal signs and symptoms that are distressing but do not require medication for reasonable withdrawal discomfort, and lacks skills needed to prevent immediate continued drug use (Level III.2-D, item (a)[2]).

The second type of individual for whom no medication would be used has used injectable opiates daily for more than two weeks and has a history of inability to complete withdrawal as an outpatient or without medication.

For the third type (III.7-d (a) [6]), antagonist medication is used in withdrawal in a brief but intensive detoxification (as in multiday pharmacological induction onto naltrexone).

[5] *Stimulants*: The individual has marked lethargy, hypersomnolence, agitation, paranoia, depression or mild psychotic symptoms due to stimulant withdrawal, and poor impulse control or coping skills to prevent immediate continued drug use.

- (b) Need for medication may or may not be present. When the individual does not require medication and the individual lacks adequate home supervision or support, as evidenced by continued use of alcohol or other drugs (III.2-D). If medication is indicated (III.7-D), there is a strong likelihood that the individual will not complete detoxification at another level of care and enter into continuing treatment or self-help recovery, as evidenced (for example), by any of the following:

[1] The individual's recovery environment is not supportive of detoxification or entry into treatment, and the individual does not have sufficient coping skills to safely deal with the problems in the recovery environment (III.2-D (b) [1]) *or*

[2] The individual requires medication and has a recent history of detoxification at a less intensive level of care, marked by past and current inability to complete detoxification and enter into continuing addiction treatment. The individual continues to have insufficient skills or supports to complete detoxification; *or*

[3] The individual has a recent history of detoxification at less intensive levels of service that is marked by inability to complete detoxification or to enter into continuing addiction treatment, and the individual continues to have insufficient skills to complete detoxification; *or*

[4] The individual recently has demonstrated an inability to complete detoxification at a less intensive level, as demonstrated by a continued use of other-than-prescribed drugs or other mind-altering substances (III.2-D(b)[3]) *or*

[5] The individual has a co-morbid physical, emotional, behavioral, or cognitive condition (such as chronic pain with active exacerbation or post-traumatic stress disorder with brief

dissociative episodes) that is manageable in a Level III.7.D setting but which increases the clinical severity of the withdrawal and complicates detoxification.

Length of Service /Continued Service and Discharge Criteria

The individual continues in a Level III.7-D detoxification program until withdrawal signs and symptoms are sufficiently resolved that he or she can be safely managed at a less intensive level of care *or*

Alternatively, the individual's signs and symptoms of withdrawal have failed to respond to treatment and have intensified (as confirmed by higher scores on the CIAWA Ar or other comparable standardized scoring system), such that transfer to a Level IV-D (Medically Managed Intensive Inpatient Detoxification) detoxification service is indicated.