

Division of Behavioral Health



Detoxification Services

Detoxification Level Differences

<p>Ambulatory <u>with</u> extended on-site monitoring Level II-D</p>	<p>Clinically-Managed Residential Level III.2-D</p>	<p>Medically Monitored Residential Level III.7-D</p>
<p><u>Organized Outpatient service</u></p> <p>Level II-D services are provided in regular scheduled sessions. They are delivered under a defined set of policies and procedures or medical protocols. Outpatient services are designed to treat the patient’s level of clinical severity and to achieve safe and comfortable withdrawal from mood-altering drugs (including alcohol) and to effectively facilitate the patients entry into ongoing treatment and recovery.</p> <p>Essential to this level of care is the availability of appropriately credentialed and licensed nurses who monitor patients over a period of several hours each day of services.</p> <p>Pg. 145 of ASAM</p>	<p><u>Organized Residential Service</u></p> <p>Level III.2-D services are provided <u>with 24-hour supervision</u>, observation and support to patients who are experiencing withdrawal. Emphasis is placed on <u>peer and social support</u>.</p> <p>Essential to this level of care is to provide recipients whose intoxication/withdrawal signs and symptoms are sufficiently severe enough to require 24-hour structure and support. However, the full resources of a Level III.7-D, medically monitored residential detox service is not necessary.</p> <p>Pg. 146 of ASAM</p>	<p><u>Organized Residential Service</u></p> <p>Level III.7-D services are provided with 24-hour <u>medically supervised</u> evaluation and withdrawal management in a permanent facility with inpatient beds. Services are delivered under a defined set of physician-approve policies and physician-monitored procedures or clinical protocols.</p> <p>Essential to this level of care is to provide recipients whose intoxication/ withdrawal signs and symptoms are so severe that they require 24-hour structure and support by medical professionals.</p> <p>Pg. 146 of ASAM</p>

Detoxification Required Conditions

7 AAC 70.110

	Ambulatory w/ Onsite Monitoring	Clinically Managed Residential	Medically Monitored Residential
Required Conditions	<ul style="list-style-type: none"> a) CBHS Provider OP service b) 24/7 Medical consult & Emergency care c) Periodic eval of recipient condition & tx to confirm safety for service 	<ul style="list-style-type: none"> a) CBHS Provider Residential service b) 24/7 access to Medical consult & care 	<ul style="list-style-type: none"> a) CBHS Provider Residential service b) Med eval no later than 24hrs post intake c) Daily monitoring d) 24/7 access to telephonic Medical consult e) 24/7 Hourly monitoring of Pt's med's if Clinically/Medically necessary

Detoxification Services Requirements

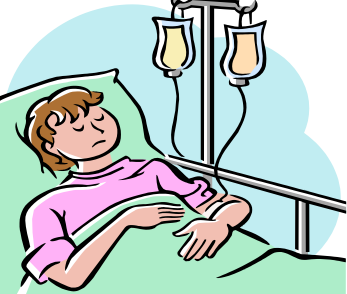
	Ambulatory	Clinically Managed	Medically Monitored
Required Services	<ol style="list-style-type: none"> 1. Integrated MH/SA Intake Assessment 2. Medical Eval. 3. Monitoring, Assessment & Management of intoxication 4. Use of CIWA-Ar or COWS to eval. Withdrawal 5. <u>At least three of: i-xi</u> (for extended on-site monitoring) 	<ol style="list-style-type: none"> 1. Integrated MH/SA Intake Assessment 2. Medical Eval. 3. <u>At least three of:</u> <ol style="list-style-type: none"> i. <i>Med's Admin.</i> ii. <i>Referral Services</i> iii. <i>Dx /Transition. Plan</i> iv. <i>Eval/Tx of Intox. & Withdrawal</i> v. <i>Community Support Services</i> vi. <i>Crisis & Relapse Planning</i> vii. <i>Daily Ind. Assess.</i> viii. <i>Case Mgmt</i> ix. <i>Disease Mgmt</i> x. <i>Urinalysis & Breathalyzer</i> xi. <i>Coping Skills Dev.</i> 	<ol style="list-style-type: none"> 1. Integrated MH/SA Intake Assessment 2. Medical Eval. (Re-eval by physician no later than 24hrs post admit for Methadone Pt's) 3. Nurse (a) monitoring, assess. & mgmt of intoxication (b) use of CIWA-Ar or COWS to evaluate Withdrawal 4. 24/7 Medically supervised eval & consultation 5. <u>At least three of: i-xi</u>

Detoxification Services Requirements

CBHS Provider Organizations Must:

- A. Establish Medical intervention protocols for nursing or physician care, emergency procedures, client transfer to higher level of care.
- B. Confirm services are Medically Necessary/Clinically Appropriate according to:
 - i. ASAM Placement Criteria*
 - ii. DSM IV-R*
 - iii. CIWA-Ar*
 - iv. COWS*

Detoxification Staff Qualifications

Detoxification Level	Staff Qualification
Ambulatory	Physician, Physician Assistant, Advanced Nurse Practitioner, Registered Nurse supervised by a physician or advanced nurse practitioner, or a licensed practical nurse supervised by a physician or advanced nurse practitioner.
Clinically-Managed	At a <u>minimum</u> a substance use disorder counselor, behavioral health clinical associate, or mental health professional clinician.
Medically-Monitored 	Physician, Physician Assistant, Advanced Nurse Practitioner, Registered Nurse supervised by a physician or advanced nurse practitioner or a licensed practical nurse supervised by a physician or advanced nurse practitioner.

Detoxification Staff Qualifications Cont.

All staff who provide detoxification services to recipients, regardless of level of detoxification or qualifications must have the following additional qualifications, and competencies and be able to meet the below requirements.

Qualifications:

- Be currently certified in
- CPR
- Basic 1st Aid, and
- Blood and Air-borne pathogens

Requirements:

- Work within scope of your Education, Training, Experience and Credentials; and
- Be Supervised by Licensed Medical Personnel
- Be trained in crisis management protocol

Competencies:

1. Implementing physician-approved protocols for observation and supervision;
2. Implementing provider-approved protocols for medical intervention & crisis management;
3. Assisting in the determination of, and transfer to, appropriate level of care;
4. Monitoring, indentifying, treating or assisting with treatment, of symptoms of intoxication & withdrawal form alcohol or drugs;
5. Following Provider protocol on when to seek medical care for any symptom or treatment need of a recipient;
6. Observing recipient self-administer medication and verifying that self-administration was done in accordance with the physicians prescription and all other laws, policies, and procedures; and
7. Monitoring a recipient's stabilized behavioral health problems and recognizing instability in a recipient with co-occurring disorders.