

TREATMENT POLICY #13

SUBJECT: Withdrawal Management Continuum of Services

ISSUED: May 5, 2017

EFFECTIVE: July 1, 2017, October 1, 2025

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 4th ed. 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 and/or advanced practice providers and staffing requirements, and these requirements must be met, as appropriate, for each LOC. For instance, it is not necessary to have staffing 24 hours per day, seven days per week in an outpatient withdrawal management LOC.

To ensure that all clients are served at the LOC that best meets 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 substance use disorder (SUD) system is able to support their needs.

DEFINITIONS:

Advance Practice Provider – A nonphysician healthcare provider with the scope of practice to provide medical diagnoses and treatments, including but not limited to physician assistants (PAs), nurse practitioners (NPs) and certified psychiatric-mental health clinical nurse specialists (PMH-CNS).

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

Counseling – This is 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 – This is 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 – This is 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 – The withdrawal signs and symptoms are sufficiently resolved that client can be safely managed at less intensive LOC or be released.

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 – A 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 – The 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 SUD service provider.

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

Toxicology Screening – A 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).

Withdrawal Management – Monitoring and treating for the purpose of preventing/alleviating medical complications related to no longer using, or decreasing the use of, a substance.

REQUIREMENTS:

The withdrawal management LOC 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 LOC, 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 1.7–WM, 2.7–WM, 3.7–WM, 3.7–BIO and 4–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. Services required at all levels of withdrawal management include:

- Medical monitoring and management of signs and symptoms of intoxication and withdrawal.
- Biopsychosocial assessment.
- Pharmacological methods of withdrawal management are appropriate based on severity of symptoms.
- Nonpharmacological clinical support.

The frequency and duration of services are expected to be guided by the ASAM levels of care and are described as follows:

ASAM Level 1.7 – Medically Managed Outpatient

This is an organized outpatient service, which may be delivered in an office setting, health care or addiction treatment facility, mobile facility, or in an individual's home by medical professionals who provide medically supervised evaluation and management of intoxication, withdrawal, biomedical concerns and common low complexity psychiatric concerns. These services should be provided through a defined set of physician-approved policies and physician-managed procedures and protocols.

Medical services include medical or nursing assessment upon admission (vitals, including pulse oximetry, history of present illness, baseline evaluation of withdrawal severity and risks and medical history, including assessment of current biomedical, psychiatric and cognitive concerns and medication review); addiction-focused physical examination; and medication initiation and management for common low complexity psychiatric conditions. Biomedical capabilities should be comprised of vitals measurements and monitoring, including pulse oximetry and blood pressure; glucose monitoring; basic first aid; automated external defibrillator; basic wound care; injectable epinephrine; overdose reversal medication (e.g., naloxone, nalmefene); point-of-care pregnancy testing, laboratory services; and drug testing and toxicology services.

Clinical services are provided in terms of amount, frequency and intensity appropriate to individual patient needs and level of function as determined by clinical assessment.

Psychosocial services are defined and delivered based on assessment of patient. Services should be individualized based on the ability of the individual to participate based on acute withdrawal or biomedical, psychiatric or cognitive conditions prevent effective participation. Services should be provided through affiliated providers and programs with regular check-ins of patients occurring throughout.

Level 1.7 is consistent with ongoing treatment but does not need to be tied to a specific location. Telemedicine with an initial in person visit and street medicine are also appropriate, where available, with physician oversight. Same day services to those released from incarceration may be initiated and utilized.

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 substance use 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, telemedicine, 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 1.7 services should be staffed by physicians and/or advance practice providers and nurses, who are essential to this type of service as part of the treatment team, 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. Staff should be comprised of appropriately trained addiction treatment professionals acting within their scope of practice, counselors, psychologists, social workers, SUD and mental health counselors or others trained to address and treat SUD and co-occurring mental health conditions.

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

An assessment should be done within 24 hours of admission by a physician or advanced practice provider which includes a history and physical examination.

ASAM Level 2.7 – Medically Managed Intensive Outpatient Treatment

This level is an organized service that can be delivered in an Intensive Outpatient Program (IOP), Opioid Treatment Program (OTP), partial hospitalization programs and office-based specialty addiction treatment practices. Services are provided in regularly scheduled sessions or under a defined set of physician approved policies or clinical protocols.

Medical services include: comprehensive medical history and physical examination; medical or nursing assessment upon admission (vitals, including pulse oximetry, history of present illness, baseline evaluation of withdrawal severity and risks and medical history, including assessment of current biomedical, psychiatric and cognitive concerns and medication review); nurse monitoring; medication management, including regular monitoring of the patient's adherence for prescribed medications; and prescription services with essential medications on-site. Biomedical capabilities should be comprised of: vitals measurements and monitoring, including pulse oximetry and blood pressure; glucose monitoring; basic first aid; automated external defibrillator; ECG with a 3-lead rhythm strip at minimum; basic wound care; injectable epinephrine; overdose reversal medication (e.g., naloxone, nalmefene); vaccine administration (e.g., hepatitis A and B viruses, influenza, COVID-19); point-of-care pregnancy testing, laboratory phlebotomy services; and drug testing and toxicology services.

Clinical services are provided at least 20 hours per week comprised of medical and psychosocial services. Services should be provided in terms of amount, frequency and intensity appropriate to individual patient needs and level of function as determined by clinical assessment.

Psychosocial services are defined and delivered based on assessment of the patient. Structured psychosocial services selected by master's level clinical staff should be available at least five (5)

days per week. Services should be excused based on acute withdrawal or biomedical, psychiatric or cognitive conditions which prevent effective participation. Services should be provided through affiliated providers and programs with regular check-ins of patients occurring throughout.

Medical directors should be an addiction specialist physician or physician with at least five (5) years' documented experience. Physicians and advanced practice providers should have controlled substance prescribing authority and be available on-site or via telemedicine as active members of the care team. Medical staff should be on call 24 hours a day to address urgent issues and to lead treatment planning. Addiction specialist physicians may serve as the medical director and when not on-site staff policies and procedures should be in place defining when and how to consult with or refer to addiction specialist physicians as needed. Nursing and medical support staff should be available during hours of operation of the program. Clinical staff should be available on-site or via telemedicine during hours of operation. Program directors should have at a minimum a master's degree in a field related to clinical behavioral health and at least five (5) years of document experience in addiction treatment.

Support Systems

Level 2.7 support systems include the availability of specialized clinical consultation and supervision for biomedical, emotional, behavioral and cognitive problems during business hours as well as after hours with telephonic access. Programs must either provide or have the ability to obtain a comprehensive medical history 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 LOC includes the ability to provide or assist in accessing transportation services for individuals who lack safe transportation.

Staff Requirements

This LOC should be staffed by physicians and nurses, although they need not be present at all times. Since this LOC 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. Level 2.7 are staffed by an interdisciplinary team which includes: a medical director; physicians

and advanced practice providers with controlled substance prescribing authority; nurses with the necessary scope of practices; a program director; and clinical staff (psychologists, clinical social workers, SUD and mental health counselors and others trained to assess and treat SUD and co-occurring mental health conditions). Peer support specialists, health educators and counselor aides can be included in the team as support staff.

Counselors, psychologists and social workers may be available through the withdrawal management service or may be accessed through affiliation with organizations providing other Level 2.7 services. All clinicians that assess and treat individuals must have knowledge regarding the needs of their clients and knowledge about the biopsychosocial dimensions of AOD addiction. Such knowledge includes signs and symptoms of AOD 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 LOC 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 are available 24 hours a day, in accordance with treatment/transfer practice protocols and guidelines. All clinicians who assess and treat individuals can obtain and interpret information regarding the needs of these individuals. This knowledge includes the signs and symptoms of AOD 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 LOC should ensure that individuals take medication according to prescription and legal requirements.

ASAM Level 3.7 – Medically Monitored Inpatient Withdrawal Management

This LOC 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 LOC 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 are 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 LOC. Services are delivered under a defined set of physician-approved policies and physician-managed procedures and protocols.

This LOC also provides care for 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 LOC feature the availability of specialized medical consultation, full medical acute care services and intensive care as needed.

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Staff requirements

This LOC 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 LOC 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 SUD, 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	Level 3.7	Level 2.7	Level 1.7
Dimension 1	<p>3.7: Patient is experiencing moderately severe to severe signs or symptoms of intoxication <i>and</i> patient requires IV medication.</p> <p>3.7 BIO: Patient is experiencing imminently experience moderately severe to severe signs or symptoms of intoxication that otherwise meet 2.7 <i>and</i> requires after-hours medical management or nursing care.</p>	<p>Patient is experiencing moderately severe to severe signs or symptoms of intoxication that are explainable based on history and require medial management or nursing care expected to be controllable and does not pose an immediate or imminent risk to self or others.</p>	<p>Patient is experiencing mild to moderate signs or symptoms of withdrawal that interfere with daily functioning or treatment and recovery efforts; and has minimal risk of severe withdrawal; and requires frequent (more than weekly) check-ins during acute withdrawal phase but does not require extended nursing care.</p>

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Dimensional Interactions	Level 3.7	Level 2.7	Level 1.7
Dimension 2	Please see the dimensional requirements for outpatient and residential to evaluate the appropriate LOC needs.	Please see the dimensional requirements for outpatient and residential to evaluate the appropriate LOC needs.	Please see the dimensional requirements for outpatient and residential to evaluate the appropriate LOC needs.
Dimension 3	Please see the dimensional requirements for outpatient and residential to evaluate the appropriate LOC needs.	Please see the dimensional requirements for outpatient and residential to evaluate the appropriate LOC needs.	Please see the dimensional requirements for outpatient and residential to evaluate the appropriate LOC needs.
Dimension 4	Please see the dimensional requirements for outpatient and residential to evaluate the appropriate LOC needs.	Please see the dimensional requirements for outpatient and residential to evaluate the appropriate LOC needs.	Please see the dimensional requirements for outpatient and residential to evaluate the appropriate LOC needs.
Dimension 5	Please see the dimensional requirements for outpatient and residential to evaluate the appropriate LOC needs.	Please see the dimensional requirements for outpatient and residential to evaluate the appropriate LOC needs.	Please see the dimensional requirements for outpatient and residential to evaluate the appropriate LOC needs.

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PROCEDURE:

Admission Criteria

Admission to residential treatment 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 SUD (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 SUD 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. Intoxication, withdrawal and addiction medications.
 2. Biomedical conditions.
 3. Psychiatric and cognitive conditions.
 4. Substance use-related risks.
 5. Recovery environment interactions.
 6. Person-centered considerations.

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 an individual's needs change, the frequency and/or duration of services may be increased or decreased as medically necessary. Individual participation 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.

Type	Withdrawal Management Services Description
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 SUD.
Life Skills/Self-Care (building recovery capital) <u>Core Service</u>	Social activities that promote healthy community integration/ reintegration, development of community supports, parenting, employment, job readiness, how to use public transportation, hygiene, nutrition, laundry, self-care, education, working to the betterment of the program (i.e., tending to a garden), peer support, recreation/exercise, leisure activities, family visits, treatment coordination, support groups, drug/alcohol free campus, spirituality, function pro-socially within a well-functioning community, ask for and accept help, create a daily structure that is supportive of recovery and build a positive social support network.
Medical Services <u>Core Service</u>	Physician monitoring, nursing care and observation available. Medical specialty consultation, psychological, laboratory and toxicology services available. Psychiatric services available on-site.

Treatment/Recovery Planning

Clients entering any level of withdrawal management services will have recovery and functional needs that will continue to require intervention once withdrawal management services are no longer appropriate. Therefore, withdrawal management services should be viewed as a part of an episode of care within a continuum of services that will contribute toward recovery for the client. Withdrawal management services should not be presented to clients 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

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transition to the next LOC, as appropriate and make sure that the client is aware that services will continue once the residential stay is over.

To make the transition to the next LOC, the withdrawal management services provider may assist the client in choosing an appropriate service based on needs and location scheduling 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 services 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.

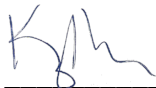
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