

## HOSPITAL-BASED ALCOHOLISM AND DRUG TREATMENT UNITS

It is the hospital's responsibility to provide Molina with the specific information necessary for the case review nurse/LMHP to determine that the patient meets admission criteria as specified on this form. Include the following from the medical record: 1) ED record (if any), 2) admit note, 3) physician's orders, and 4) applicable progress notes.

|                       |                |
|-----------------------|----------------|
| <b>NAME:</b>          | <b>CASE #:</b> |
| <b>MEDICAID ID #:</b> |                |
| <b>ICD CODE #:</b>    |                |
|                       |                |

**ADMISSION CRITERIA REQUIREMENTS:** From the Severity of Illness, the patient must meet criteria 1 **AND** criteria 2 (by meeting indicator A, B, **OR** C), **AND** all Intensity of Service criteria.

### SEVERITY OF ILLNESS CRITERIA

(Must meet 1 **AND** one or more indicators from 2)

- 1.** Admit only patients assessed as meeting the criteria for substance use disorder and principle diagnosis of substance abuse as defined by the current revision of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* or "Mental Disorders" in the current revision of *International Classification of Diseases*.

**Specifics:** \_\_\_\_\_

#### AND

- 2.** Certify that the patient meets the specifications in one of the dimensions of A, B, **or** C as listed below.
- A.** Acute alcohol and/or other drug intoxication and/or potential withdrawal (**one** of the following)
    - 1)** Patient assessed as being at risk for severe withdrawal syndrome as evidenced by
      - a)** CIWA-A (Clinical Institute Withdrawal Assessment-Alcohol) score (or other comparable standardized scoring system) great than or equal to 20
      - b)** Blood alcohol greater than 0.1 gm% with withdrawal symptoms present, or blood alcohol greater than 0.3 gm%
      - c)** Pulse greater than 110 or blood pressure higher than 160/100 and CIWA-A or comparable score greater than 10
      - d)** History of seizures, hallucinations, myoclonic contractions, or delirium tremens when withdrawing from similar amounts of alcohol
      - e)** Seizure, delirium tremens, hallucinations, myoclonic contractions, or hyperpyrexia
      - f)** Daily ingestion of sedative hypnotics for over six months plus daily alcohol use, or regular use of another mind-altering drug known to have its own withdrawal syndrome, and the patient has an accompanying chronic mental/physical disorder
      - g)** Daily ingestion of sedative hypnotics above the recommended therapeutic dosage level for at least four weeks and the patient has an accompanying chronic mental/physical disorder
      - h)** Antagonist medication used in the withdrawal (e.g., pharmacological induction of opiate withdrawal and subsequent management)
      - i)** Recent (within 24 hours) head trauma or loss of consciousness with resultant need to observe intoxicated patient closely
      - j)** History of opioid use exhibiting grade two or above opioid withdrawal (e.g., muscle twitching, myalgia, arthralgia, anorexia, nausea, vomiting, diarrhea, extremes of vital signs, dehydration, or "curled up position") requiring acute nursing care for management
      - k)** Drug overdose compromising mental status, cardiac functioning, or other vital signs
      - l)** History of daily opioid use for at least two weeks prior to admission and past attempts to stop at similar doses have resulted in one or more of the following signs and symptoms of withdrawal: muscle twitching, myalgia, arthralgia, abdominal pain, rapid breathing, fever, anorexia, nausea, vomiting, diarrhea
    - 2)** There is a strong likelihood patient will not complete detoxification or enter into continuing addiction treatment as evidenced by
      - a)** Past history of detoxification at a less intense level of care without completion of detoxification or entry into a continuing addictions treatment program
      - b)** Current use of medications or presence of medical conditions known to interfere with ability to complete detoxification (MAO inhibitors in association with alprazolam)

- 3) This is the only available level of care that can provide the needed medical support and comfort for the patient as evidenced by
  - a) Detoxification regimen or patient's response to the regimen requires monitoring at least every two hours (e.g., clonidine detoxification with opiates or high dose benzodiazepine withdrawal)
  - b) Detoxification required while pregnant

Specifics: \_\_\_\_\_

**OR**

- B. Biomedical conditions and complications due to a primary diagnosis of a substance use disorder (**one** of the following)
  - 1) Biomedical complications of addiction requiring medical management and skilled nursing care
  - 2) Concurrent biomedical illness or pregnancy needing stabilization and daily medical management with daily primary nursing interventions
  - 3) Presence of biomedical problems requiring inpatient diagnosis and treatment such as
    - a) Liver disease or problems with impending hepatic decompensation
    - b) Acute pancreatitis requiring parenteral treatment
    - c) Active gastrointestinal bleeding
    - d) Cardiovascular disorders requiring monitoring
    - e) Multiple current medical problems
  - 4) Recurrent or multiple seizures
  - 5) Disulfiram-alcohol reaction
  - 6) Life-threatening symptomatology related to excessive use of alcohol or other drugs (stupor, convulsions, etc.)
  - 7) Chemical use gravely complicating or exacerbating previously diagnosed medical conditions
  - 8) Changes in medical status such as a severe worsening of a medical condition making abstinence imperative, or significant improvement in a previously unstable medical condition allowing the patient to respond to chemical dependency treatment
  - 9) The patient demonstrates other biomedical problems requiring 24-hour observation and evaluation

Specifics: \_\_\_\_\_

**OR**

- C. Emotional/behavioral conditions and complications due to a primary diagnosis of a substance use disorder (**one** of the following)
  - 1) Emotional/behavioral complications of addiction requiring medical management and skilled nursing care
  - 2) Concurrent emotional/behavioral illness needing stabilization and daily medical management and primary nursing interventions
  - 3) Uncontrolled behavior endangering self or others
  - 4) Co-existing serious emotional/behavioral disorder which complicates the treatment of chemical dependency and requires differential diagnosis and treatment
  - 5) Extreme depression presenting in patient resulting in the patient being a danger to self or others
  - 6) Thought process impairment, impairment in abstract thinking, limitation in ability to conceptualize to the degree that major life areas are severely impaired
  - 7) Alcohol and other drug use gravely complicates or exacerbates previously diagnosed psychiatric or emotional/behavioral condition
  - 8) Altered mental status with or without delirium as manifested by
    - a) Disorientation to self
    - b) Alcoholic hallucinations
    - c) Toxic psychosis

Specifics: \_\_\_\_\_

**INTENSITY OF SERVICE**

(One or more must be met)

- 1. Intensive treatment with medications for delirium tremens
- 2. IV medications or total parenteral nutrition (T.P.N.)
- 3. Documented detoxification regime of decreasing drug dosage
- 4. Neurological checks and vital signs every two hours and "visual checks" every 15 minutes
- 5. Environmental control such that the patient is prevented from harming self or others

Specifics: \_\_\_\_\_

DATE ADMISSION CERTIFIED: \_\_\_\_\_ LOS ASSIGNED: \_\_\_\_\_

**EXTENSION CRITERIA – SEVERITY OF ILLNESS**

Length of stay will vary with the severity of the illness and the response to treatment (**criteria 1 and 2 must be met**)

- 1. Patient continues to meet the diagnostic criteria required for admission
- 2. To comply with criteria 2, **one** of the following must be met
  - A. Acute alcohol and/or drug intoxication and/or potential withdrawal, persistence of acute withdrawal symptomatology or detoxification protocol requires continued medical and/or nursing management on a 24-hour basis
  - B. Biomedical conditions and complications
    - 1) Continued biomedical problem or intervening medical event which was serious enough to interrupt treatment, but the patient is again progressing in treatment
    - 2) Biomedical condition initially interfering with treatment is improving, yet the 24-hour continued medical management for this condition along with the treatment for the addiction is required
  - C. Emotional/behavioral conditions and complications
    - 1) Noted progress toward resolution of a concomitant emotional/behavioral problem, but continued medically managed and nursing interventions are needed before transfer to a less intensive level of care
    - 2) Assessed as having an Axis I psychiatric condition or disorder according to the current revision of the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders*, or its equivalent, which in combination with alcohol and/or other drug use, continues to present a major health risk and is actively being treated (e.g., medication stabilization)

Specifics: \_\_\_\_\_

**INTENSITY OF SERVICE**

(One or more must be met)

- 1. Intensive treatment with medications for delirium tremens
- 2. IV medications or total parenteral nutrition (T.P.N.)
- 3. Documented detoxification regime of decreasing drug dosage
- 4. Neurological checks and vital signs every two hours and “visual checks” every 15 minutes
- 5. Environmental control such that the patient is prevented from harming self or others

Specifics: \_\_\_\_\_

**DISCHARGE CRITERIA**

(Must meet criteria 1 or 2)

- 1. The patient is assessed post-admission as not having met the diagnostic criteria for psychoactive substance use disorder as defined by the current revision of American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* or the current revision of the *International Classification of Diseases*.

**OR**

- 2. Must meet one of the following:
  - A. Acute alcohol and/or drug intoxication and/or potential withdrawal. Assessed as not being intoxicated or in alcohol or other drug withdrawal or the symptoms have diminished sufficiently to be managed in a less intensive level of care, and does not meet any extension criteria that indicate the need for further treatment
  - B. Biomedical conditions or complications
    - 1) Biomedical problems, if any, have diminished or stabilized to the extent that daily medical and nursing management for the condition is no longer necessary, and the patient does not meet any of the extension criteria that indicate the need for further treatment
    - 2) Biomedical condition has arisen or an identified biomedical problem which is being addressed is not responding to treatment and needs treatment in another setting
  - C. Emotional/behavior conditions and complications
    - 1) Emotional/behavioral problems have diminished in acuity and no longer necessitate daily medical and nursing management, and do not meet any of the extension criteria that indicate the need for further treatment
    - 2) An emotional/behavioral condition has arisen or an identified emotional/behavioral problem which is being addressed is not responding to treatment and needs treatment in another setting
  - D. Treatment resistance
    - 1) Consistently refuses continued treatment despite motivating interventions, and does not meet any of the extension criteria that indicate the need for further treatment

DATE EXTENSION APPROVED: \_\_\_\_\_ LOS EXTENSION: \_\_\_\_\_