Addiction Services

Addiction services include an array of individual-centered outpatient, intensive outpatient and residential services consistent with the individual's assessed treatment needs with a rehabilitation and recovery focus designed to promote skills for coping with and managing substance use symptoms and behaviors. Services for adolescents must be separate from adult services, be developmentally appropriate, involve the family or caregiver and coordinate with other systems (such as child welfare, juvenile justice and the schools). These services are designed to help individuals achieve changes in their substance use behaviors. Services should address major lifestyle, attitudinal and behavioral problems that have the potential to be barriers to the goals of treatment.

Outpatient services may be indicated as an initial modality of service for an individual whose severity of illness warrants this level of treatment or when an individual's progress warrants a less intensive modality of service than they are currently receiving. Intensive outpatient treatment is provided any time during the day or week and provides essential skill restoration and counseling services for individuals needing more intensive treatment. Outpatient, intensive outpatient and residential services are delivered on an individual or group basis in a wide variety of settings, including treatment in residential settings of 16 beds or less, designed to help individuals achieve changes in their substance use behaviors.

The goals of substance use disorders prevention and treatment services for adolescents and adults are to acquire a responsive system of service delivery designed to respond to the needs of individuals by utilizing evidence-based models of care and provide the full continuum of care to meet the treatment needs of individuals within the community. The expected outcomes of receiving treatment are to return people to productive levels of functioning within their family, workplace, and community. The provision for prevention and treatment services are based on the belief that treatment is:

- Effective;
- Prevention works; and
- People can and do recover from substance use disorders.

The most effective service delivery system is both member and family-centered, outcome driven and cost effective, allowing individuals and communities to utilize their strengths and resources to effectively respond to substance use disorders. Treatment enables people to counteract the

powerful disruptive effects of substance use on the brain, their behavior and to regain control of their life.

Recovery outcomes of substance use disorders include but are not limited to the following:

- Long-term abstinence;
- Improved quality of life;
- Improved family relationships;
- Decreased criminal justice involvement;
- Improved physical health and wellness;
- Increase or sustained employment/education; and
- Stability in housing.

The following American Society of Addiction Medicine (ASAM) levels are covered services by the Louisiana Medicaid Program. The service definition, program requirements, and provider requirements for each level will be detailed throughout the manual chapter.

ASAM Levels Covered

- Level 1: Outpatient
- Level 2.1: Intensive outpatient treatment
- Level 2-WM: Ambulatory withdrawal management with extended on-site monitoring
- Level 3.1: Clinically managed low-intensity residential treatment-adolescent
- Level 3.1: Clinically managed low-intensity residential treatment-adults

- Level 3.2-WM: Clinically managed residential social withdrawal management – adolescent
- Level 3.-2WM: Clinically managed residential social withdrawal management – adults
- Level 3.3: Clinically managed population specific high intensity residential treatment-adult
- Level 3.5: Clinically managed high intensity residential treatment - adolescent
- Level 3.5: Clinically managed high intensity residential treatment- adult
- Level 3.7: Medically monitored intensive inpatient treatment-adult (residential setting)
- Level 3.7: Medically monitored intensive inpatient treatment – adolescent (PRTF) (See PRTF Section for definition, qualifications, and requirements)
- Level 3.7-WM: Medically monitored inpatient withdrawal management-adult (residential setting)
- Level 4-WM: Medically managed intensive inpatient withdrawal management (hospital) - (See the sections of this manual chapter on inpatient and outpatient hospitals for definition, qualifications, and requirements)

Provider Qualifications

Agency

To provide ASAM level addiction services, agencies must meet the following requirements:

- Licensed by the Louisiana Department of Health (LDH) per R.S. 40:2151 et seq;
- Arrange for and maintain documentation that all persons, prior to employment, pass criminal background checks through the Louisiana Department of Public Safety (DPS), State Police. If the results of any criminal background check reveal that the potential employee (or contractor) was convicted of any offenses against a

child/youth or an elderly or disabled person, the provider must not hire and/or must terminate the employment (or contract) of such individual. The provider must not hire an individual with a record as a sex offender nor permit these individuals to work for the provider as a subcontractor. Criminal background checks must be performed as required by R.S. 40:1203 et seq., and in accordance with R.S. 15:587 et seq. Criminal background checks performed over 30 days prior to date of employment will not be accepted as meeting this requirement;

- Arrange for and maintain documentation that all persons, prior to employment, are free from Tuberculosis (TB) in a communicable state via skin testing (or chest exam if recommended by physician) to reduce the risk of such infections in recipients and staff. Results from testing performed over 30 days prior to date of employment will not be accepted as meeting this requirement;

- Establish and maintain written policies and procedures inclusive of drug testing staff to ensure an alcohol and drug-free workplace and a workforce free of substance use. (See Appendix D);

- Maintain documentation that all direct care staff, who are required to complete First Aid, cardiopulmonary resuscitation (CPR) and seizure assessment training, complete American Heart Association (AHA) recognized training within 90 days of hire, which must be renewed within a time period recommended by the AHA. (See Appendix D); and

- Maintain documentation of verification of staff meeting educational and professional requirements, licensure (where applicable), as well as completion of required trainings for all staff.

The provider is prohibited from knowingly employing or contracting with, or retaining the employment of or contract with, a member of the direct care staff who has had a finding placed on the Louisiana Nurse Aide Registry or the Louisiana Direct Service Worker Registry. Prior to hiring the unlicensed direct care staff member, and once employed, at least every six months thereafter or more often, the provider must review the Louisiana Nurse Aide Registry and the Louisiana Direct Service Worker Registry to ensure that each unlicensed direct care staff member does not have a negative finding on either registry.

Staff

To provide addiction services, staff must meet the following requirements:

- Licensed and unlicensed professional staff must be at least 18 years of age, with a high school diploma or equivalent according to their areas of competence as determined by degree, required levels of experience as defined by State law and regulations and departmentally approved guidelines and certifications. Staff can include credentialed peer support specialists as defined by LDH who meet all other qualifications; and

- Be at least three years older than any client served under 18 years of age. Licensed individual practitioners with no documentation of having provided addiction services prior to December 1, 2015, are required to demonstrate competency via the Alcohol and Drug Counselor (ADC) exam, the Advanced Alcohol and Drug Counselor (AADC) exam, or the Examination for Master Addictions Counselor (EMAC). Any licensed individual practitioner, who has documentation of providing addiction services prior to December 1, 2015, and within their scope of practice is exempt from (ADC, AADC, EMAC) testing requirements. Organizational agencies are required to obtain verification of competency (passing of accepted examinations) or exemption (prior work history/resume, employer letter). Licensed providers practicing independently must submit verification of competency or an exemption request (based on verified required work history) to the Coordinated System of Care (CSoC) contractor and/or managed care organizations (MCOs) with whom they credential and contract.

Unlicensed professionals (UPs) of addiction services must be registered with the Addictive Disorders Regulatory Authority (ADRA) and demonstrate competency as defined by LDH, RS 37:3386 et seq., and regulations. Unlicensed addiction providers must meet at least one of the following qualifications:

- Be a master's-prepared behavioral health professional that has not obtained full licensure privileges and is participating in ongoing professional supervision. When working in addiction treatment settings, the master's-prepared UP must be supervised by a licensed mental health professional (LMHP), who meets the requirements of this Section;

- Be a registered addiction counselor;
- Be a certified addiction counselor; or
- Be a counselor-in-training (CIT) that is registered with ADRA and is currently participating in a supervisory relationship with an ADRA-registered certified clinical supervisor.

State regulations require supervision of unlicensed professionals by a qualified professional supervisor (QPS). A QPS includes the following professionals, who are currently registered with their respective Louisiana board:

- Licensed psychologist;
- Licensed clinical social worker (LCSW);
- Licensed professional counselor (LPC);
- Licensed addiction counselor;
- Licensed physician; or
- Advanced practice registered nurse.

A master's prepared individual who is registered with the appropriate State Board and under the supervision of a licensed psychologist, LPC, or LCSW may obtain QPS credentials. The QPS may provide clinical/administrative oversight and supervision of staff.

The provider is prohibited from knowingly employing or contracting with, or retaining the employment of or contract with, a member of the direct care staff who has an alcohol or drug offense, unless the employee or contractor has completed his/her court-ordered sentence, including community service, probation and/or parole and been sober per personal attestation for at least the last two years.

Allowed Provider Types and Specialties

Outpatient Services

- PT 68 Substance Use and Alcohol Use Center PS 70 Clinic / Group
- PT 74 Mental Health Clinic PS 70 Clinic / Group
- PT AJ Licensed Addiction Counselor (LAC) PS 8E

Residential Services

- PT AZ Substance Use Residential Treatment Facility PS 8U Substance Use or Addiction

Eligibility Criteria

The medical necessity for these addiction services must be determined by and recommended by an LMHP or physician and under the direction of a licensed practitioner, to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level.

Adolescents are defined as children and youth, 0-21 years of age. Services may be provided up to the time the individual turns 21 years of age. An adult is defined as anyone 21 years of age and over.

Allowed Mode(s) of Delivery

- Individual;
- Group, as noted;
- On-site; and
- Off-site.

Additional Service Criteria

A unit of service is defined according to the Health Care Financing Industry common procedure coding system (HCPCS) approved code set, unless otherwise specified. One session is equal to one visit.

These rehabilitation services are provided as part of a comprehensive specialized psychiatric program available to all Medicaid-eligible individuals with significant functional impairments resulting from an identified addiction diagnosis. Services are subject to prior approval, must be medically necessary and must be recommended by an LMHP or physician who is acting within the scope of his/her professional licensed and applicable State law to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level according to an individualized treatment plan.

The activities included in the service must be intended to achieve identified treatment plan goals or objectives. The treatment plan should be developed in a person-centered manner, with the active participation of the individual, family and providers and be based on the individual's condition and the standards of practice for the provision of rehabilitative services. The treatment plan should identify the medical or remedial services intended to reduce the identified condition, as well as the anticipated outcomes of the individual. The treatment plan must specify the frequency, amount and duration of services. The treatment plan must be signed by the LMHP or physician responsible for developing the plan. The plan will specify a timeline for re-evaluation of the plan that is, at least, an annual redetermination. The re-evaluation should involve the individual, family and providers and include a re-evaluation of plan to determine whether services have contributed to meeting the stated goals. A new treatment plan should be developed if there is no measureable reduction of disability or restoration of functional level. The new plan should identify different rehabilitation strategy with revised goals and services. If the services are being provided to a youth enrolled in a wrap-around agency (WAA), the substance use provider must either be on the Child Family Team (CFT) or will work closely with the CFT. Substance use service provision will be part of the youth's plan of care (POC) developed by the team.

Providers must maintain medical records that include a copy of the treatment plan, the name of the individual, dates of services provided, nature, content, and units of rehabilitation services provided and progress made toward functional improvement and goals in the treatment plan.

Services provided to children and youth must include communication and coordination with the family and/or legal guardian. Coordination with other child-serving systems should occur, as

needed, to achieve the treatment goals. All coordination must be documented in the youth's medical record. Components that are not provided to, or directed exclusively toward the treatment of, the Medicaid-eligible individual are not eligible for Medicaid reimbursement.

Services provided at a work site must not be job tasks-oriented and must be directly related to treatment of an individual's substance use needs. Any services or components of services, the basic nature of which are to supplant housekeeping, homemaking or basic services for the convenience of a person receiving covered services (including housekeeping, shopping, child-care and laundry services) are not covered.

All substance use treatment services received by adolescents should emphasize the family component within adolescent substance use programs and include family involvement, parent education and family therapy.

These ASAM level services cannot be provided in an institute of mental disease (IMD).

Room and board is excluded from any rates provided in a residential setting.

ASAM levels of care require prior approval and reviews on an ongoing basis, as determined necessary by LDH to document compliance with the national standards.

Staffing for the facility must be consistent with State licensure regulations on a full-time employee (FTE) basis.

Adolescent facilities with greater than 16 beds must be a psychiatric residential treatment facility (PRTF) providing an inpatient level of care. Only facilities providing ASAM Level 3.7 will be permitted to become PRTFs.

For adults, independent lab work is not part of the capitated rate. However, routine drug screens that are part of residential, outpatient and inpatient services are covered under the rate paid to the provider.

Alcohol and Drug Assessment and Referral Programs

Alcohol and drug assessment and referral programs provide ongoing assessment and referral services for individuals presenting a current or past use pattern of alcohol or other drug use. The assessment is designed to gather and analyze information regarding a member's current substance use behavior and social, medical and treatment history. The purpose of the assessment

is to provide sufficient information for problem identification and, if appropriate, substance use-related treatment or referral. A licensed provider must develop, implement and comply with policies and procedures that establish processes for referrals for a member. A licensed provider may conduct an initial screen of an individual's presenting substance use problem before conducting an assessment of the individual. A licensed provider must comply with licensing standards in regard to assessment practices. Once an individual receives an assessment, a staff member must provide the individual with a recommendation for further assessment or treatment and an explanation of that recommendation.

ASAM Level 1 Outpatient Treatment

Outpatient level 1 services are professionally directed assessment, diagnosis, treatment, and recovery services provided in an organized non-residential treatment setting. Outpatient services are organized activities which may be delivered in any appropriate community setting that meets State licensure.

These services include, but are not limited to, individual, group, family counseling and psycho-education on recovery and wellness. These programs offer comprehensive, coordinated and defined services that may vary in level of intensity but are fewer than nine contact hours or less per week.

Admission Guidelines (ASAM Level 1)

Outpatient level 1 services are available to recipients who meet the following criteria. The recipient exhibits:

- **Acute intoxication and/or withdrawal potential** – No signs or symptoms of withdrawal, or individual's withdrawal can be safely managed in an outpatient setting;

- **Biomedical conditions and complications** – None, or sufficiently stable to permit participation in outpatient treatment;

- **Emotional, behavioral or cognitive conditions and complications** – None or minimal. If present, symptoms are mild, stable and do not interfere with the patient's ability to participate in treatment;

- **Readiness to change** – Member should be open to recovery but require monitoring and motivating strategies to engage in treatment and to progress through the stages of change but not be in need of a structured milieu program;

- **Relapse, continued use or continued problem potential** – Member is able to achieve abstinence and related recovery goals, with support and scheduled therapeutic contact to assist with issues that include, but not limited to, ambivalence about preoccupation of alcohol use or other drug use, cravings, peer pressure and lifestyle and attitude changes; and

- **Recovery environment** – Environment is sufficiently supportive that outpatient treatment is feasible, or the individual does not have an adequate, primary or social support system but has demonstrated motivation and willingness to obtain such a support system.

Additional Admission Guidelines (ASAM Level 1)

Additional admission guidelines for level 1 outpatient treatment services are:

- Initial point of entry/reentry - Activities related to assessment, evaluation, diagnosis and assignment of level of care are provided, including transfer between facilities and/or treatment levels, relapse assessment and assignment to level of care;
- Early intervention for those who have been identified as individuals suffering from addictive disorders and referred for education, activities or support services designed to prevent progression of disease;

- Continuing care for those who require a step-down, following a more intensive level of care and require minimal support to avoid relapse; and/or

- Any combination of the above.

Screening, Assessment and Treatment Plan Review (ASAM Level 1)

A comprehensive bio-psychosocial assessment must be completed within 72 hours of admission which substantiates appropriate patient placement. The assessment must be reviewed and signed by a qualified professional.

An individualized, interdisciplinary treatment plan, which includes problem formulation and articulation of short-term, measurable treatment goals and activities designed to achieve those goals should be developed in collaboration with the member. The treatment plan is then reviewed/updated in collaboration with the member, as needed, as required by that level of care, but at a minimum of every 90 days. Discharge/transfer planning must begin at admission and referral arrangements are made, as needed.

Provider Qualifications (ASAM Level 1)

Agency

In addition to the qualifications noted for addiction service providers, the following qualifications are required for providers of ASAM Level 1 outpatient services:

- Licensed by LDH per R.S. 40:2151 et seq. A facility license is not required for individual or group practice of licensed counselors/therapists providing the above services under the auspices of their individual license(s);

- Services must be provided under the supervision of a LMHP or physician who is acting within the scope of his/her professional license and applicable state law (See Appendices B and D for more information on LMHPs). The term supervision refers to clinical support, guidance and consultation afforded to unlicensed staff, and should not be confused with clinical supervision of bachelor's or master's level individuals or provisionally licensed individuals pursuing licensure. Such individuals must comply with current, applicable scope of practice and supervisory requirements identified by their respective licensing boards;

- Arrange for and maintain documentation that all persons, prior to employment, pass criminal background checks through the DPS, State Police. If the results of any criminal background check reveal that the potential employee (or contractor) was convicted of any offenses against a child/youth or an elderly or disabled person, the provider must not hire and/or must terminate the employment (or contract) of such individual. The provider must not hire an individual with a record as a sex offender nor permit these individuals to work for the provider as a subcontractor. Criminal background checks must be performed as required by R.S. 40:1203 et seq., and in accordance with R.S. 15:587 et seq. Criminal

background checks performed over 30 days prior to date of employment will not be accepted as meeting this requirement;

- Arrange for and maintain documentation that all persons, prior to employment, are free from TB in a communicable state via skin testing (or chest exam if recommended by physician) to reduce the risk of such infections in recipients and staff. Results from testing performed over 30 days prior to date of employment will not be accepted as meeting this requirement;

- Maintain documentation that all direct care staff, who are required to complete First Aid, CPR and seizure assessment training, complete AHA recognized training within 90 days of hire, which must be renewed within a time period recommended by the AHA. (See Appendices A and D);

- Maintain documentation of verification of staff meeting educational and professional requirements, licensure (where applicable), as well as completion of required trainings for all staff; and

- Ensure and maintain documentation that all unlicensed persons employed by the organization complete training in a recognized crisis intervention (CI) curriculum prior to handling or managing crisis calls, which must be updated annually.

Staff

In addition to the qualifications noted for staff who provide addiction services, for staff who provide services in an ASAM level 1 outpatient setting must:

- Pass criminal background check through the Louisiana DPS, State Police prior to employment;

- Pass a motor vehicle screen (if duties may involve driving or transporting recipients);

- Pass a TB test prior to employment;

- Pass drug screening tests as required by agency's policies and procedures;

- Complete AHA recognized First Aid, CPR and seizure assessment training. Psychiatrists, advanced practical registered nurses (APRNs)/clinical nurse specialists (CNSs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training. (See Appendix D); and

- Non-licensed direct care staff are required to complete a basic clinical competency training program approved by the Office of Behavioral Health (OBH) prior to providing the service. (See Appendix D)

Staffing Requirements (ASAM Level 1)

The provider must ensure that:

- There are physician services available as needed for the management of psychiatric and medical needs of the members;

- Physician services may be provided directly by the behavioral health services (BHS) provider or may be provided or arranged via written contract, agreement, policy, or other document. The BHS provider must maintain documentation of such arrangement;

- There is a clinical supervisor available on-site for supervision as needed, and available on call at all times;

- There is at least one LMHP or UP on-site when clinical services are being provided;

- Each LMHP or UP caseload does not exceed a ratio of 1:50 active members; and

- There are nursing services available as needed to meet the nursing needs of the members.

Additional Staffing and Service Components (ASAM Level 1)

Nursing services may be provided directly by the provider or may be provided or arranged via written contract, agreement, policy, or other document. The provider must maintain documentation of such arrangement.

A qualified professional must be available (defined as on-site or available by phone) at all times for CI and on-site when clinical services are being provided.

Outreach worker/peer mentor is strongly recommended.

Caseload size is based on needs of the active individuals to ensure effective, individualized treatment and rehabilitation.

Counseling groups should not exceed 12 individuals. Educational group size is not restricted.

ASAM Level 2.1 Intensive Outpatient Treatment

Intensive outpatient treatment is professionally directed assessment, diagnosis, treatment, and recovery services provided in an organized non-residential treatment setting. Intensive outpatient services are organized activities which may be delivered in any appropriate community setting that meets State licensure.

These services include, but are not limited to, individual, group, family counseling and psycho-education on recovery, as well as monitoring of drug use, medication management, medical and psychiatric examinations, crisis intervention coverage and orientation to community-based support groups. Intensive outpatient program services should include evidence-informed practices, such as cognitive behavioral therapy (CBT), motivational interviewing and multidimensional family therapy. These programs offer comprehensive, coordinated and defined services that may vary in level of intensity but must be a minimum of nine contact hours per week for adults, 18 years of age and older, (six hours per week for adolescents, 0-17 years of age) at a minimum of three days per week. This level consists of a scheduled series of face-to-face sessions appropriate to the individual's POC.

Admission guidelines (ASAM Level 2.1)

ASAM level 2.1 services are available to recipients who meet the following criteria. The recipient exhibits:

- **Acute intoxication and/or withdrawal potential** – No signs or symptoms of withdrawal, or individual's withdrawal can be safely managed in an intensive outpatient setting;

- **Biomedical conditions and complications** – None, or sufficiently stable to permit participation in outpatient treatment;

- **Emotional, behavioral or cognitive conditions and complications** – None to moderate. If present, member must be admitted to either a co-occurring disorder capable or co-occurring disorder enhanced program, depending on the member's level of function, stability and degree of impairment;

- **Readiness to change** – Member requires structured therapy and a programmatic milieu to promote treatment progress and recovery. The member's perspective inhibits their ability to make behavioral changes without repeated, structured and clinically directed motivational interventions;

- **Relapse, continued use or continued problem potential** – Member is experiencing an intensification of symptoms related to substance use, and their level of functioning is deteriorating despite modification of the treatment plan; and

- **Recovery environment** – Insufficiently supportive environment and member lacks the resources or skills necessary to maintain an adequate level of functioning without services in intensive outpatient treatment.

Additional Admission Guidelines (ASAM Level 2)

Additional admission guidelines for level 2.1 intensive outpatient treatment services are:

- Initial point of entry/re-entry – Activities related to assessment, evaluation, diagnosis and assignment of level of care are provided, including transfer between facilities and/or treatment modalities, relapse assessment and assignment to level of care;

- Services may be provided for persons at risk of being admitted to more intensive levels of care, such as residential, inpatient or withdrawal management;

- Continuing care for those who require a step-down following a more intensive level of care and require support to avoid relapse; and/or

- Any combination of the above.

Screening, Assessment and Treatment Plan Review (ASAM Level 2.1)

A comprehensive bio-psychosocial assessment must be completed within 72 hours of admission which substantiates appropriate patient placement. The assessment must be reviewed and signed by a qualified professional.

An individualized, interdisciplinary treatment plan, which includes problem formulation and articulation of short-term, measurable treatment goals and activities designed to achieve those goals should be developed in collaboration with the member. The treatment plan is reviewed/updated in collaboration with the member, as needed, or at minimum of every 30 days. Discharge/transfer planning must begin at admission and referral arrangements, made as needed.

Provider Qualifications (ASAM Level 2.1)

In addition to the qualifications noted for addiction service providers and ASAM Level 1, the following qualifications are required for ASAM Level 2.1.

Staffing Requirements (ASAM Level 2.1)

The provider must ensure that:

- A physician is on-site as needed for the management of psychiatric and medical needs and on call 24 hours per day, seven days per week;
- There is a clinical supervisor on-site 10 hours a week and on call 24 hours per day, seven days per week;
- There is at least one LMHP or UP on-site when clinical services are being provided;
- Each LMHP/UP caseload does not exceed a ratio of 1:25 active members;
- There are nursing services available as needed to meet the nursing needs of the members; and
- Nursing services may be provided directly by the BHS provider or may be provided or arranged via written contract, agreement, policy, or other document. The BHS provider must maintain documentation of such arrangement.

Additional Staffing and Service Components (ASAM Level 2.1)

A QPS must be available 10 hours weekly on-site during hours of operation and on call 24 hours per day, 7 days a week.

A qualified professional must be available (defined as on-site or available by phone) at all times for CI and on-site when clinical services are being provided.

Caseload size is based on needs of the active individuals to ensure effective, individualized treatment and rehabilitation. For this standard, active is defined as being treated at least every 90 days.

Counseling groups should not exceed 12 individuals. Educational group size is not restricted.

ASAM Level 2-WM Ambulatory Withdrawal Management with Extended On-Site Monitoring

This level of care is an organized outpatient service, which may be delivered in an office setting, health care or addiction treatment facility by trained clinicians, who provide medically supervised evaluation, withdrawal management and referral services. The care is delivered in an office/health care setting or BH treatment facility.

Appointments for services are regularly scheduled. These services are designed to treat the individual's level of clinical severity to achieve safe and comfortable withdrawal from mood-altering chemicals and to effectively facilitate the individual's entry into ongoing treatment and recovery. Withdrawal management is conducted on an outpatient basis. It is important for medical and nursing personnel to be readily available to evaluate and confirm that withdrawal management in the less supervised setting is relatively safe. Counseling services may be available through the withdrawal management program or may be accessed through affiliation with entities providing outpatient services. Ambulatory withdrawal management is provided in conjunction with ASAM level 2.1 intensive outpatient treatment services.

Admission guidelines (ASAM Level 2-WM)

Facilities that provide ASAM level 2.1-WM ambulatory withdrawal management services with extended on-site monitoring provides care to patients whose withdrawal signs and symptoms are of moderate intensity but are sufficiently stable enough physically and mentally to permit

participation in outpatient treatment. Medical and nursing services must be available on-site during hours of clinic operations and on-call after hours. The focus is on medical stabilization and preparation for transfer to a less intensive level of care.

Screening, Assessment, and Treatment Plan Review (ASAM Level 2-WM)

A comprehensive bio-psychosocial assessment must be completed within 72 hours of admission which substantiates appropriate patient placement. The assessment must be reviewed and signed by a qualified professional.

An individualized, interdisciplinary treatment plan which includes problem formulation and articulation of short-term, measurable treatment goals and activities designed to achieve those goals should be developed in collaboration with the member. The treatment plan is reviewed/updated in collaboration with the member, as needed, or at minimum of every 30 days. Discharge/transfer planning must begin at admission and referral arrangements made as needed.

Provider Qualifications (ASAM Level 2-WM)

In addition to the qualifications noted for addiction service providers and ASAM Level 2.1, the following qualifications are required for ASAM Level 2-WM.

Staffing Requirements (ASAM Level 2-WM)

The facility must have qualified professional medical, nursing counseling and other support staff necessary to provide services appropriate to the bio-psychosocial needs of individuals being admitted to the program.

The provider must ensure that:

- A physician is on-site at least 10 hours per week during operational hours and on-call 24 hours per day, seven days per week;
- There is an LMHP or UP on-site 40 hours per week;
- Each LMHP/UP caseload does not exceed a ratio of 1:25 active members;
- There is a licensed nurse on call 24 hours per day, seven days per week and on-site no less than 40 hours a week; and

- There is a RN on-site as needed to perform nursing assessments.

Additional Staffing and Service Components (ASAM Level 2-WM)

A physician must be 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 nurse must be responsible for overseeing the monitoring of the individual's progress and medication. Appropriately licensed and credentialed staff is available to administer medications in accordance with physician orders.

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 patient's needs. The number and disciplines of team members are appropriate to the range and severity of the individual's problems.

An LMHP or UP must be available on-site 40 hours per week to provide direct member care, utilizing the 12 core functions of substance use counseling and/or specific functions related to professional license. Caseloads must not exceed 25 members.

A QPS is available for clinical supervision and by telephone for consultation. The term supervision refers to clinical support, guidance and consultation afforded to unlicensed staff, and should not be confused with clinical supervision of bachelor's or master's level individuals or provisionally licensed individuals pursuing licensure. Such individuals must comply with current, applicable scope of practice and supervisory requirements identified by their respective licensing boards.

Minimum Standards of Practice (ASAM Level 2-WM)

- **Toxicology and drug screening** - Urine drug screens are required upon admission and as directed by the treatment plan and are considered covered under the rate paid to the provider.

- **Stabilization plan** - A qualified professional must identify the individual's short-term needs, based on the withdrawal management history, the medical history and the physical examination and prepare a plan of action.

- **Withdrawal management and treatment plan** - The withdrawal management/treatment plan must be reviewed and signed by the physician and the individual and must be filed in the individual's record within 24 hours of admission with updates, as needed.

- **Withdrawal management progress notes** - The program must implement the withdrawal management/treatment plan and document the individual's response to and/or participation in scheduled activities. Notes must include:
  - The individual's physical condition, including vital signs;
  - The individual's mood and behavior;
  - Statements about the individual's condition and needs;
  - Information about the individual's progress or lack of progress in relation to withdrawal management/treatment goals; and
  - Additional notes must be documented, as needed.

- **Physicians' orders** - Physicians' orders are required for medical and psychiatric management.

The clinician will bill the appropriate Current Procedural Terminology (CPT) codes in conjunction with intensive outpatient program (IOP) codes (e.g., billing a minimum of nine hours of IOP).

Level 3.1 Clinically Managed Low Intensity Residential Treatment – Adolescent

Residential programs offer at least five hours per week of a combination of low-intensity clinical and recovery-focused services. All facilities are licensed by LDH and must be accredited prior to enrollment by an LDH approved national accrediting body: Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation (COA) or The Joint Commission (TJC). Denial, loss of, or any negative change in accreditation status must be reported to their contracted MCOs in writing immediately upon notification by the accreditation body.

Low-intensity residential treatment services for adolescents are directed toward applying recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility and reintegrating the individual into the worlds of work, education and family life. Services provided may include individual, group and family therapy, medication management and medication education. Mutual/self-help meetings usually are available on-site. This level of

services does not include sober houses, boarding houses or group homes where treatment services are not provided.

Admission Guidelines (ASAM Level 3.1 Adolescent)

ASAM level 3.1 services for adolescents are available to recipients who meet the following criteria. The recipient exhibits:

- **Acute intoxication and/or withdrawal potential** – None or minimal/stable withdrawal risk;
- **Biomedical conditions and complications** – None or stable. If present, the member must be receiving medical monitoring;
- **Emotional, behavioral or cognitive conditions and complications** – None or minimal. If present, conditions must be stable and not too distracting to the member's recovery;
- **Readiness to change** – Member should be open to recovery, but in need of a structured, therapeutic environment;
- **Relapse, continued use or continued problem potential** – Member understands the risk of relapse, but lacks relapse prevention skills or requires a structured environment; and
- **Recovery environment** – Environment is dangerous, but recovery is achievable within a 24-hour structure.

Screening, Assessment, and Treatment Plan Review (ASAM Level 3.1 Adolescent)

A triage screening is conducted to determine eligibility and appropriateness (proper patient placement) for admission and referral. (The MCO ensures that pre-certification requirements are met.)

A comprehensive bio-psychosocial assessment must be completed within seven days, which substantiates appropriate patient placement. The assessment must be reviewed and signed by a qualified professional. The following sections must be completed prior to seven days of admission:

- Medical;
- Psychological;
- Alcohol; and
- Drug.

A physical examination performed within a reasonable time, as determined by the member's medical condition.

An individualized, interdisciplinary treatment plan, which includes problem formulation and articulation of short-term, measurable treatment goals and activities designed to achieve those goals should be developed in collaboration with the member. The treatment plan is reviewed in collaboration with the member every 90 days and documented accordingly. Discharge/transfer planning must begin at admission and referral arrangements made prior to discharge.

Provider Qualifications (ASAM Level 3.1 Adolescent)

In addition to the qualifications noted for addiction service providers and ASAM Level 1 providers, the following is required for ASAM Level 3.1.

Staffing Requirements (ASAM Level 3.1 Adolescent)

Facilities that provide ASAM level 3.1 services must have both qualified professional and support staff necessary to provide services appropriate to the bio-psychosocial needs of individuals being admitted to the program.

In addition to the staffing required by therapeutic group homes (TGH), Adolescent TGH ASAM 3.1 must have at least the following staffing:

- Physician (MD) (medical director);
- LMHP or UP under supervision of a QPS (one FTE per eight members);
- Direct care aide (Two FTE PAs on all shifts; ratio cannot exceed 1:8. A ratio must be of 1:5 on therapy outings);
- Clerical support staff (one FTE recommended);

- Care coordinator (one FTE per 50 members, and/or duties may be assumed by clinical staff);
- Outreach worker/peer mentor (strongly recommended); and
- At least one LMHP or UP is on duty at least 40 hours a week.

Additional Staffing and Service Components (ASAM Level 3.1 Adolescent)

A qualified professional supervisor must be available for clinical supervision and by telephone for consultation. The term supervision refers to clinical support, guidance and consultation afforded to unlicensed staff, and should not be confused with clinical supervision of bachelor's or master's level individuals or provisionally licensed individuals pursuing licensure. Such individuals must comply with current, applicable scope of practice and supervisory requirements identified by their respective licensing boards.

A qualified professional counselor must be on duty when majority of individuals are awake and on-site. Caseload must not exceed a rate of one QPS per eight individuals.

A house manager is required to supervise activities of the facility when the professional staff is on call, but not on duty. This person is required to have adequate orientation and skills to assess situations related to relapse and to provide access to appropriate medical care when needed.

Both clerical and support staff are recommended.

Level 3.1 Clinically Managed Low-Intensity Residential Treatment – Adult

Level 3.1 residential programs offer at least five hours per week of a combination of low-intensity clinical and recovery-focused services. All facilities are licensed by LDH and must be accredited prior to enrollment by an LDH approved national accrediting body: CARF, COA or TJC. Denial, loss of, or any negative change in accreditation status must be reported to their contracted MCOs in writing immediately upon notification by the accreditation body.

Low-intensity residential treatment services for adults are directed toward applying recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility and reintegrating the individual into the worlds of work, education and family life. Services provided may include individual, group and family therapy, medication management and medication education. Mutual/self-help meetings usually are available on-site. Facilities that

provide low-intensity, clinical, and recovery-focused services do not include sober houses, boarding houses or group homes where treatment services are not provided. (Example: halfway house).

Admission Guidelines (ASAM Level 3.1 Adult))

Level 3.1 residential services for adults are available to recipients who meet the following criteria. The recipient exhibits:

- **Acute intoxication and/or withdrawal potential** – None, or minimal/stable withdrawal risk;
- **Biomedical conditions and complications** – None or stable. If present, the member must be receiving medical monitoring;
- **Emotional, behavioral or cognitive conditions and complications** – None or minimal. If present, conditions must be stable and not too distracting to the member's recovery;
- **Readiness to change** – Member should be open to recovery but in need of a structured, therapeutic environment;
- **Relapse, continued use or continued problem potential** – Member understands the risk of relapse but lacks relapse prevention skills or requires a structured environment; and
- **Recovery environment** – Environment is dangerous, but recovery is achievable within a 24-hour structure.

Screening, Assessment, and Treatment Plan Review (ASAM Level 3.1 Adult)

A triage screening is conducted to determine eligibility and appropriateness (proper patient placement) for admission and referral. (The MCO ensures that pre-certification requirements are met.)

A comprehensive bio-psychosocial assessment completed within seven days which substantiate appropriate patient placement. The assessment must be reviewed and signed by a qualified professional. The following sections must be completed prior to seven days of admission:

- Medical;
- Psychological;
- Alcohol; and
- Drug.

A physical examination must be performed within a reasonable time, as determined by the member's medical condition.

An individualized, interdisciplinary treatment plan, which includes problem formulation and articulation of short-term, measurable treatment goals and activities designed to achieve those goals should be developed in collaboration with the member. The treatment plan is reviewed in collaboration with the member every 90 days and documented accordingly. Discharge/transfer planning must begin at admission and referral arrangements made prior to discharge.

Provider Qualifications (ASAM Level 3.1 Adult)

In addition to the qualifications noted for addiction service providers and ASAM Level 1 providers, the following is required for ASAM Level 3.1.

Staffing Requirements (ASAM Level 3.1 Adult)

The facility must have qualified professional staff and support staff necessary to provide services appropriate to the bio-psychosocial needs of individuals being admitted to the program.

The provider must ensure the following staffing:

- Physician (MD) (medical director);
- LMHP or UP under supervision of a QPS (one FTE per 25 members);
- Direct care aide (one FTE on all shifts. Additional staff as needed);
- Clerical support staff (one FTE recommended);
- Activity/occupational therapist (not applicable);

- Care coordinator (one FTE per 50 members, and/or duties may be assumed by clinical staff);
- Outreach worker/peer mentor (strongly recommended);
- A QPS must be available for clinical supervision and by telephone for consultation. The term supervision refers to clinical support, guidance and consultation afforded to unlicensed staff, and should not be confused with clinical supervision of bachelor's or master's level individuals or provisionally licensed;
- At least one LMHP or UP on duty at least 40 hours a week;
- Qualified LMHP must be on duty when majority of individuals are awake and on-site. Caseload must not exceed a ratio of 1:25; and
- A house manager to supervise activities of the facility when the professional staff is on call but not on duty. This person is required to have adequate orientation and skills to assess situations related to relapse and to provide access to appropriate medical care when needed.

Level 3.2-WM Clinically Managed Residential Social Withdrawal Management – Adolescent

Residential programs provided in an organized, residential, non-medical setting delivered by an appropriately trained staff that provides safe, 24-hour medication monitoring, observation and support in a supervised environment for a person served, to achieve initial recovery from the effects of alcohol and/or other drugs. All facilities are licensed by LDH and must be accredited prior to enrollment by an LDH approved national accrediting body: CARF, COA or TJC. Denial, loss of, or any negative change in accreditation status must be reported to their contracted MCOs in writing immediately upon notification by the accreditation body.

Social withdrawal management is appropriate for individuals who are able to participate in the daily residential activities and is often used as a less restrictive, non-medical alternative to inpatient withdrawal management.

Admission Guidelines (ASAM Level 3.2-WM – Adolescent)

Facilities that provide ASAM level 3.2-WM services to adolescents provide care to patients whose withdrawal signs and symptoms are non-severe but require 24-hour inpatient care to address biomedical and recovery environment conditions/complications. Twenty-four-hour observation, monitoring and treatment are available. However, the full resources of an acute care general hospital or a medically supported program are not necessary.

Screening, Assessment and Treatment Plan Review (ASAM Level 3.2-WM Adolescent)

A triage screening is conducted to determine eligibility and appropriateness (proper patient placement) for admission and referral. (The MCO ensures that pre-certification requirements are met.)

A comprehensive bio-psychosocial assessment must be completed within seven days of admission, which substantiates appropriate patient placement. The assessment must be reviewed and signed by a qualified professional (exclusions: withdrawal management programs are not required to complete a psychosocial assessment but must screen for proper patient placement and referral).

An individualized stabilization/treatment plan should be developed in collaboration with the member. Discharge/transfer planning must begin at admission and referral arrangements should be made, as needed.

Daily assessment of progress through withdrawal management, documented in a manner consistent from individual to individual.

Provider Qualifications - (ASAM Level 3.2-WM Adolescent)

In addition to the qualifications noted for addiction service providers and ASAM Level 1 providers, the following is required for ASAM Level 3.2-WM.

Staffing Requirements (ASAM Level 3.2-WM Adolescent)

Facility must have qualified professional and other support staff necessary to provide services appropriate to the needs of individuals being admitted to the program.

In addition to the staffing required by TGH, Adolescent TGH ASAM 3.2-WM must have at least the following staffing:

- Physician (MD) (medical director) - MD(s) on-site as needed for management of psychiatric/ medical needs. 24 hours on-call availability. In the absence of a MD, a NP/APRN/PA within the scope of their practice and designated by the physician is acceptable. Their duties would include:
  - Review and approve on medical treatment and
  - Triage medical needs at admission and through course of stay for all members;

- Nursing (Optional);

- Direct care aide (Two FTE per shift, not to exceed a ratio of 1:10);

- Clerical support staff (One to two FTE per day shift);

- Care coordinator (One FTE per day shift, and/or duties may be assumed by clinical staff);

- Outreach worker/peer mentor (Optional);

- Clinical supervisor is available for clinical supervision when needed and by telephone for consultation;

- A minimum of one LMHP or UP under supervision of a QPS available on-site at least 40 hours per week (may be combination of two or more professional disciplines);

- Each LMHP/UP's caseload must not exceed a ratio of 1:16;

- At least two direct care aides per shift with additional as needed; and

- The ratio of aides to members must not exceed a ratio of 1:10.

Additional Staffing and Service Components (ASAM Level 3.2-WM Adolescent)

Licensed, certified or registered clinicians provide a planned regimen of 24-hour, professionally directed evaluation, care and treatment services for individuals.

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 patient's needs. The number and disciplines of team members are appropriate to the range and severity of the individual's problems.

Withdrawal management personnel must consist of professional and other support staff that are adequate to meet the needs of the individuals admitted to the facility.

Emergency Admissions (ASAM Level 3.2-WM Adolescent)

The admission process may be delayed only until the individual can be interviewed, but no longer than 24 hours, unless seen by a physician. Facilities are required to orient direct care employees to monitor, observe and recognize early symptoms of serious illness and to access emergency services promptly.

Minimum Standards of Practice (ASAM Level 3.2-WM Adolescent)

- **History** - The program must obtain enough medical and psychosocial information about the individual to provide a clear understanding of the individual's present status. Exceptions must be documented in individual's treatment record.

- **Medical clearance and screening** - Medical screening is performed upon arrival, by staff with current CPR and first aid training, with telephone access to RN or MD for instructions for the care of the individual. Individuals who require medication management must be transferred to medically monitored or medical withdrawal management program until stabilized.

- **Toxicology and drug screening** - Toxicology and drug screening are not required in this level of care.

- **Stabilization and treatment plan** - The stabilization/treatment plan must be reviewed and signed by the qualified professional and the individual and must be

filed in the individual's record within 24 hours of admission with updates, as needed.

- **Withdrawal management/progress notes**. The program must implement the stabilization/treatment plan and document the individual's response to and/or participation in scheduled activities. Notes must include:
  - The individual's physical condition, including vital signs;
  - The individual's mood and behavior;
  - Individual statements about the individual's condition and needs;
  - Information about the individual's progress or lack of progress in relation to stabilization goals; and
  - Additional notes must be documented, as needed.

- **Physicians' orders** – Physicians' orders are required for medical and psychiatric management

Level 3.2-WM Clinically Managed Residential Social Withdrawal Management – Adult

Residential programs provided in an organized, residential, non-medical setting delivered by an appropriately trained staff that provides safe, 24-hour medication monitoring observation and support in a supervised environment for a person served to achieve initial recovery from the effects of alcohol and/or other drugs. All facilities are licensed by LDH and must be accredited prior to enrollment by an LDH approved national accrediting body: CARF, COA or TJC. Denial, loss of, or any negative change in accreditation status must be reported to their contracted MCOs in writing immediately upon notification by the accreditation body.

Social withdrawal management is appropriate for individuals who are able to participate in the daily residential activities and is often used as a less restrictive, non-medical alternative to inpatient withdrawal management.

Admission Guidelines (ASAM Level 3.2-WM Adult)

Facilities that provide ASAM level 3.2 services to adults provide care to patients whose withdrawal signs and symptoms are non-severe but require 24-hour inpatient care to address biomedical and recovery environment conditions/complications. Twenty-four-hour observation, monitoring and treatment are available. However, the full resources of an acute care general hospital or a medically supported program are not necessary.

Screening, Assessment and Treatment Plan Review (ASAM Level 3.2-WM Adult)

A triage screening is conducted to determine eligibility and appropriateness (proper patient placement) for admission and referral. (The MCO ensures that pre-certification requirements are met.)

A comprehensive bio-psychosocial assessment must be completed within seven days of admission which substantiates appropriate patient placement.
The assessment must be reviewed and signed by a qualified professional (exclusions: withdrawal management programs are not required to complete a psychosocial assessment but must screen for proper patient placement and referral).

An individualized stabilization/treatment plan should be developed in collaboration with the member. Discharge/transfer planning must begin at admission and referral arrangements should be made, as needed.

Daily assessment of progress, through withdrawal management, documented in a manner consistent from individual to individual.

Provider Qualifications (ASAM Level 3.2-WM Adult)

In addition to the qualifications noted for addiction service providers and ASAM Level 1 providers, the following is required for ASAM Level 3.2-WM.

Staffing Requirements (ASAM Level 3.2-WM Adult)

Facility must have qualified professional and other support staff necessary to provide services appropriate to the needs of individuals being admitted to the program.

The provider must ensure that:

- Physician (MD), medical director – MD(s) on-site as needed for management of psychiatric/ medical needs. 24 hour on-call availability. In the absence of a MD, a NP/APRN/PA within the scope of their practice and designated by the physician is acceptable.

- Nursing (Optional);

- Direct care aide (one FTE per shift);
- Clerical support staff (one to two FTE per day shift);
- Care coordinator (one FTE per day shift, and/or duties may be assumed by clinical staff);
- Outreach worker/peer mentor (strongly recommended);
- Clinical supervisor is available for clinical supervision when needed and by telephone for consultation. The term supervision refers to clinical support, guidance and consultation afforded to unlicensed staff, and should not be confused with clinical supervision of bachelor's or master's level individuals or provisionally licensed individuals pursuing licensure. Such individuals must comply with current, applicable scope of practice and supervisory requirements identified by their respective licensing boards;
- At a minimum of one LMHP or UP under supervision of a QPS is available on-site at least 40 hours per week (may be combination of two or more professional disciplines);
- Each LMHP/UP's caseload must not exceed a ratio of 1:25;
- There is at least one direct care aide per shift with additional staff as needed;
- Licensed, certified or registered clinicians provide a planned regimen of 24-hour, professionally directed evaluation, care and treatment services for individuals; and
- 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 patient's needs. The number and disciplines of team members are appropriate to the range and severity of the individual's problems.

Emergency Admissions (ASAM Level 3.2-WM Adult)

The admission process may be delayed only until the individual can be interviewed but no longer than 24 hours, unless seen by a physician. Facilities are required to orient direct care employees

to monitor, observe and recognize early symptoms of serious illness and to access emergency services promptly.

Minimum Standards of Practice (ASAM Level 3.2-WM Adult)

- **History** - The program must obtain enough medical and psychosocial information about the individual to provide a clear understanding of the individual's present status. Exceptions must be documented in the individual's record.

- **Medical clearance and screening** - Medical screening is performed upon arrival by staff with current CPR and first aid training, with telephone access to RN or MD for instructions for the care of the individual. Individuals who require medication management must be transferred to medically monitored or medical withdrawal management program until stabilized.

- **Toxicology and drug screening** (Not required in this level of care).

- **Stabilization/treatment plan -** The stabilization/treatment plan must be reviewed and signed by the qualified professional and the individual and must be filed in the individual's record within 24 hours of admission with updates, as needed.

- **Withdrawal management/progress notes** - The program must implement the stabilization/treatment plan and document the individual's response to and/or participation in scheduled activities. Notes must include:
  - The individual's physical condition, including vital signs;
  - The individual's mood and behavior;
  - Individual statements about the individual's condition and needs;
  - Information about the individual's progress or lack of progress in relation to stabilization goals; and
  - Additional notes must be documented, as needed.

- **Physicians' orders** – Physicians' orders are required for medical and psychiatric management.

Level 3.3 Clinically Managed Medium Intensity Residential Treatment - Adult

Residential programs offer at least 20 hours per week of a combination of medium-intensity clinical and recovery-focused services. All facilities are licensed by LDH and must be accredited prior to enrollment by an LDH approved national accrediting body: CARF, COA or TJC. Denial, loss of, or any negative change in accreditation status must be reported to their contracted MCOs in writing immediately upon notification by the accreditation body.

Frequently referred to as extended or long-term care, Level 3.3 programs provide a structured recovery environment in combination with medium-intensity clinical services to support recovery from substance-related disorders.

Admission Guidelines (ASAM Level 3.3 Adult)

ASAM level 3.3 adult services are available to recipients who meet the following criteria. The recipient exhibits:

- **Acute intoxication and/or withdrawal potential** – None, or minimal risk of withdrawal.
- **Biomedical conditions and complications** – None or stable. If present, the member must be receiving medical monitoring.
- **Emotional, behavioral or cognitive conditions and complications** – Mild to moderate severity; need structure to focus on recovery; if stable, a co-occurring disorder capable program is appropriate. If not, a co-occurring disorder enhanced program is required. Treatment should be designed to respond to the member's cognitive deficits.
- **Readiness to change** – Has little awareness and needs intervention to engage and stay in treatment, or there is high severity in this dimension.
- **Relapse, continued use or continued problem potential** – Has little awareness and needs intervention available to prevent continued use, with imminent dangerous consequences because of cognitive deficits.

- **Recovery environment** – Environment is dangerous, but recovery is achievable within a 24-hour structure.

Screening, Assessment and Treatment Plan Review (ASAM Level 3.3 Adult)

A triage screening is conducted to determine eligibility and appropriateness (proper patient placement) for admission and referral. (The MCO ensures that pre-certification requirements are met.)

A comprehensive bio-psychosocial assessment must be completed within seven days, which substantiates appropriate patient placement.

The assessment must be reviewed and signed by a qualified professional. The following sections must be completed prior to seven days of admission:

- Medical;
- Psychological;
- Alcohol; and
- Drug.

A physical examination performed within a reasonable time, as determined by the member's medical condition.

An individualized, interdisciplinary treatment plan, which includes problem formulation and articulation of short-term, measurable treatment goals and activities designed to achieve those goals should be developed in collaboration with the member. The treatment plan is reviewed in collaboration with the member, as needed, or at a minimum of every 90 days and documented accordingly. Discharge and transfer planning should begin at admission and referral arrangements made prior to discharge.

Provider Qualifications (ASAM Level 3.3 Adult)

In addition to the qualifications noted for addiction service providers and ASAM Level 1 providers, the following is required for ASAM Level 3.3.

Staffing Requirements (ASAM Level 3.3 Adult)

Facility must have qualified professional medical, nursing and other support staff necessary to provide services appropriate to the bio-psychosocial needs of individuals being admitted to the program.

The provider must ensure that:

- Physician (MD), medical director – MD(s) on-site as needed for management of psychiatric/medical needs with 24 hours on-call availability;
- Nursing – one FTE (APRN/NP/RN), 24-hour on-call availability. Nursing availability on-site whenever needed to meet professional nursing requirements;
- Direct Care aide (One FTE on first, second and third shifts, additional as needed);
- Clerical support staff (one FTE recommended);
- Care coordinator (one FTE per 50 members, and/or duties may be assumed by clinical staff);
- Outreach worker/peer mentor (strongly recommended);
- Clinical supervisor is available for clinical supervision when needed and by telephone for consultation. The term supervision refers to clinical support, guidance and consultation afforded to unlicensed staff, and should not be confused with clinical supervision of bachelor's or master's level individuals or provisionally licensed individuals pursuing licensure. Such individuals must comply with current, applicable scope of practice and supervisory requirements identified by their respective licensing boards;
- LMHP or UP under supervision of a QPS is on-site 40 hours a week to provide direct member care; and
- Each LMHP/UP caseload must not exceed a ratio of 1:12.

Additional Provider Requirements for ASAM Level 3.3 - Women with Dependent Children Program

In addition to the requirement for ASAM Level 3.3 facilities, Mothers with Dependent Children Programs must follow additional guidelines and meet specific requirements (Reference: LAC 48:I Ch. 57, §5705C). Providers must:

- Offer parenting classes in which attendance is required;
- Offer education, counseling and rehabilitation services for its parent members that further address:
  - Effects of chemical dependency on a women's health and pregnancy;
  - Parenting skills; and
  - Health and nutrition;
- Regularly assess parent-child interactions and address any identified needs in treatment;
- Offer to family planning services;
- Be responsible for ensuring that it provides children supervision appropriate to the age of each child, when the mother is not available to supervise her child. Supervision must be provided either by the provider on-site program or a licensed daycare provider pursuant to a written agreement with the provider. Provider's on-site program must ensure the following requirements are met:
  - Staff members are at least 18 years of age;
  - Staff members have infant CPR certification;
  - Staff members have at least eight hours of training in the following areas prior to supervising children:
    - Chemical dependency and its impact on the family;
    - Child development and age-appropriate activities;
    - Child health and safety;
    - Universal precautions;
    - Appropriate child supervision techniques; and
    - Signs of child abuse;

- Employ a Child Specialist, who is available to provide staff training, evaluate effectiveness of direct care staff, and plan activities for at least one hour per week per child;

- Maintain a personnel file of the Child Specialist has documentation verifying the required minimum of 90 clock hours of education and training in child development and/or early childhood education; and

- Maintain verification that the Child Specialist has a minimum of one year documented experience providing services to children.

Level 3.5 Clinically Managed High Intensity Residential Treatment – Adolescent

Designed to treat persons who have significant social and psychological problems. All facilities are licensed by LDH and must be accredited prior to enrollment by an LDH approved national accrediting body: CARF, COA or TJC. Denial, loss of, or any negative change in accreditation status must be reported to their contracted MCOs in writing immediately upon notification by the accreditation body.

Programs are characterized by their reliance on the treatment community as a therapeutic agent. Treatment goals are to promote abstinence from substance use and antisocial behavior and to effect a global change in members' lifestyles, attitudes and values. Individuals typically have multiple deficits, which may include substance-related disorders, criminal activity, psychological problems, impaired functioning and disaffiliation from mainstream values. The program must include an in-house education/vocational component if serving adolescents (Example: therapeutic community or residential treatment center).

Admission Guidelines (ASAM Level 3.5 Adolescent)

ASAM level 3.5 adolescent services are available to recipients who meet the following criteria. The recipient exhibits:

- **Acute intoxication and/or withdrawal potential**: None or minimal risk of withdrawal.

- **Biomedical conditions and complications**: None or stable or receiving concurrent medical monitoring.

- **Emotional, behavioral or cognitive conditions and complications**: Demonstrates repeated inability to control impulses or a personality disorder requires structure to shape behavior. Other functional deficits require a 24-hour setting to teach coping skills. A co-occurring disorder-enhanced setting is required for severely and persistently mentally ill (SPMI) patients.

- **Readiness to change**: Has marked difficulty with or opposition to treatment, with dangerous consequences, or there is high severity in this dimension but not in others. The member, therefore, needs ASAM Level 1 placement with inclusion of Motivational Enhancement Therapy (MET). MET is a therapeutic intervention and a component part of the program.

- **Relapse, continued use or continued problem potential:** Has no recognition of the skills needed to prevent continued use, with imminently dangerous consequences.

- **Recovery environment**: Environment is dangerous, and member lacks skills to cope outside of a highly structured 24-hour setting.

Screening, Assessment and Treatment Plan Review (ASAM Level 3.5 Adolescent)

A triage screening is conducted to determine eligibility and appropriateness (proper patient placement) for admission and referral. (The MCO ensures that pre-certification requirements are met.)

A comprehensive bio-psychosocial assessment must be completed within seven days, which substantiate appropriate patient placement. The assessment must be reviewed and signed by a qualified professional. The following sections must be completed prior to seven days of admission:

- Medical;
- Psychological;
- Alcohol; and
- Drug.

A physical examination performed within a reasonable time, as determined by the member's medical condition.

An individualized, interdisciplinary treatment plan which includes problem formulation and articulation of short-term, measurable treatment goals and activities designed to achieve those goals should be developed in collaboration with the member. The treatment plan is reviewed in collaboration with the member, as needed, or at a minimum of every 30 days and documented accordingly. Discharge/transfer planning must begin at admission and referral arrangements made prior to discharge.

Provider Qualifications (ASAM Level 3.5 Adolescent)

In addition to the qualifications noted for addiction service providers and ASAM Level 1 providers, the following is required for ASAM Level 3.5.

Staffing Requirements (ASAM Level 3.5 Adolescent)

Facility must have qualified professional medical, nursing and other support staff necessary to provide services appropriate to the bio-psychosocial needs of individuals being admitted to the program.

The provider must ensure that:

- Physician (MD), medical director – MD(s) on-site as needed for management of psychiatric/medical needs with 24 hour on-call availability
- Psychologist (Available as needed);
- Nursing – one FTE (APRN/NP/RN) 24 hour on-call availability. Nursing availability on-site whenever needed to meet the nursing needs of the members. Nursing services may be provided directly by the BHS provider or may be provided or arranged via written contract, agreement, policy, or other document. The BHS provider must maintain documentation of such arrangement;
- LMHP or UP under supervision of a QPS (one clinician per eight members);

- Direct care aide – (Two FTE direct care aides on all shifts with additional as needed. Ratio cannot exceed a ratio of 1:8. A ratio must be 1:5 on therapy outings);
- Clerical support staff (one to two FTE per day shift);
- Activity/occupational therapist (Optional);
- Care coordinator (One FTE per day shift, and/or duties may be assumed by clinical staff);
- Outreach worker/peer mentor (Optional);
- Clinical supervisor is available for clinical supervision when needed and by telephone for consultation; and
- A minimum of one LMHP or UP is on duty at least 40 hours per week.

Note: Senior individuals may be utilized as volunteers to assist in the recovery process, provided that facility staff is on-site and immediately available, if needed.

Level 3.5 Clinically Managed High Intensity Residential Treatment – Adult

The level 3.5 adult residential treatment program is designed to treat persons who have significant social and psychological problems. All facilities are licensed by LDH and must be accredited prior to enrollment by an LDH approved national accrediting body: CARF, COA or TJC. Denial, loss of, or any negative change in accreditation status must be reported to their contracted MCOs in writing immediately upon notification by the accreditation body.

Programs are characterized by their reliance on the treatment community as a therapeutic agent. Treatment goals are to promote abstinence from substance use and antisocial behavior and to effect a global change in members' lifestyles, attitudes and values. Individuals typically have multiple deficits, which may include substance-related disorders, criminal activity, psychological problems, impaired functioning and disaffiliation from mainstream values (Example: therapeutic community or residential treatment center).

Admission Guidelines (ASAM Level 3.5 Adult)

ASAM level 3.5 adult services are available to recipients who meet the following criteria. The recipient exhibits:

- **Acute intoxication and/or withdrawal potential** - None, or minimal risk of withdrawal.

- **Biomedical conditions and complications** - None or stable or receiving concurrent medical monitoring.

- **Emotional, behavioral or cognitive conditions and complications** - Demonstrates repeated inability to control impulses, or a personality disorder requires structure to shape behavior. Other functional deficits require a 24-hour setting to teach coping skills. A Co-Occurring Disorder Enhanced setting is required for SPMI patients.

- **Readiness to change** - Has marked difficulty with or opposition to treatment, with dangerous consequences, or there is high severity in this dimension but not in others. The member, therefore, needs ASAM Level 1 placement with inclusion of Motivational Enhancement Therapy (MET). MET is a therapeutic intervention and a component part of the program.

- **Relapse, continued use or continued problem potential** - Has no recognition of the skills needed to prevent continued use, with imminently dangerous consequences.

- **Recovery environment** - Environment is dangerous, and member lacks skills to cope outside of a highly structured 24-hour setting.

Screening, Assessment and Treatment Plan Review (ASAM Level 3.5 Adult)

A triage screening is conducted to determine eligibility and appropriateness (proper patient placement) for admission and referral. (The MCO ensures that pre-certification requirements are met).

A comprehensive bio-psychosocial assessment must be completed within seven days, which substantiate appropriate patient placement. The assessment must be reviewed and signed by a

qualified professional. The following sections must be completed prior to seven days of admission:

- Medical;
- Psychological;
- Alcohol; and
- Drug.

A physical examination performed within a reasonable time, as determined by the member's medical condition.

An individualized, interdisciplinary treatment plan, which includes problem formulation and articulation of short-term, measurable treatment goals and activities designed to achieve those goals should be developed in collaboration with the member. The treatment plan is reviewed in collaboration with the member, as needed, or at a minimum of every 30 days and documented accordingly. Discharge/transfer planning must begin at admission and referral arrangements made prior to discharge.

Provider Qualifications (ASAM Level 3.5 Adult)

In addition to the qualifications noted for addiction service providers and ASAM Level 1 providers, the following is required for ASAM Level 3.5.

Staffing Requirements (ASAM Level 3.5 Adult)

Facility must have qualified professional medical, nursing and other support staff necessary to provide services appropriate to the bio-psychosocial needs of individuals being admitted to the program.

The provider must ensure that:

- Physician (MD), medical director – MD(s) on-site as needed for management of psychiatric/medical needs with 24 hour on-call availability. PA, NP or APRN may perform duties within the scope of their practice as designated by physician:

- Psychologist (Optional);

- Nursing – One FTE Supervisor (APRN/NP/RN) with 24 hour on-call availability. One FTE LPN on first and second shift. APRN/NP/RN on call availability during third shift;
- LMHP or UP under supervision of a QPS (One clinician per 12 members);
- Direct care aide (At least one direct care aide on duty on all shifts with additional staff as needed);
- Clerical support staff (one to two FTE per day shift);
- Activity/occupational therapist (Optional);
- Care coordinator (one FTE per day shift, and/or duties may be assumed by clinical staff);
- Outreach worker/peer mentor (Recommended);
- Clinical supervisor is available for clinical supervision when needed and by telephone for consultation;
- A minimum of one LMHP or UP is on duty at least 40 hours per week; and
- Each LMHP/UP's caseload must not exceed a ratio of 1:12.

Additional Staffing and Service Components (ASAM Level 3.5 Adult)

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 patient's needs. The number and disciplines of team members are appropriate to the range and severity of the individual's problems.

Level 3.7 Medically Monitored Intensive Residential Treatment – Adult

This co-occurring disorder (COD) residential treatment facility provides 24 hours of structured treatment activities per week including, but not limited to, psychiatric and substance use assessments, diagnosis treatment, habilitative and rehabilitation services to individuals with co-occurring psychiatric and substance disorders (ICOPSD), whose disorders are of sufficient severity to require a residential level of care. All facilities are licensed by LDH and must be accredited prior to enrollment by an LDH approved national accrediting body: CARF, COA or TJC. Denial, loss of, or any negative change in accreditation status must be reported to their contracted MCOs in writing immediately upon notification by the accreditation body.

It also provides a planned regiment of 24-hour professionally directed evaluation, observation and medical monitoring of addiction and mental health treatment in a residential setting. They feature permanent facilities, including residential beds, and function under a defined set of policies, procedures and clinical protocols. Appropriate for patients whose sub-acute biomedical and emotional, behavioral or cognitive problems are so severe that they require co-occurring capable or enhanced residential treatment, but who do not need the full resources of an acute care general hospital. In addition to meeting integrated service criteria, COD treatment providers must have experience and preferably licensure and/or certification in both addictive disorders and mental health.

Admission Guidelines for ASAM Level 3.7 – Adult

Facilities that provide ASAM level 3.7 medically monitored intensive residential treatment services provide care for individuals who may have co-occurring addiction and mental health disorders that meet the eligibility criteria for placement in a co-occurring disorder-capable program or difficulties with mood, behavior or cognition related to a substance use or mental disorder or emotional behavioral or cognitive symptoms that are troublesome, but do not meet the Diagnostic and Statistical Manual for Mental Disorders (DSM) criteria for mental disorder. ASAM level 3.7 Medically Monitored Intensive Residential Treatment – Adult services are available to recipients who meet the following criteria. The recipient exhibits:

- **Acute intoxication and/or withdrawal potential** – None or minimal/stable withdrawal risk.

- **Biomedical conditions and complications** – Moderate to severe conditions (which require 24-hour nursing and medical monitoring or active treatment but not the full resources of an acute care hospital).

- **Emotional, behavioral or cognitive conditions and complications** – Moderate to severe conditions and complications (such as diagnosable co-morbid psychiatric disorders or symptoms). These symptoms may not be severe enough to meet diagnostic criteria but interfere or distract from recovery efforts. Examples include:
  - Anxiety/hypomanic or depression;
  - Cognitive symptoms such as compulsive behaviors, suicidal or homicidal ideation with a recent history of attempts but no specific plan; and/or
  - Hallucinations and delusions (without acute risk to self or others) are interfering with abstinence, recovery and stability to such a degree that the individual needs a structured 24-hour, medically monitored (but not medically managed) environment to address recovery efforts.

- **Readiness to change** – Member is in need of intensive motivating strategies, activities and processes available only in a 24-hour structured medically monitored setting (but not medically managed).

- **Relapse, continued use or continued problem potential** – Member is experiencing an escalation of relapse behaviors and/or acute psychiatric crisis and/or re-emergence of acute symptoms and is in need of 24-hour monitoring and structured support.

- **Recovery environment** – Environment or current living arrangement is characterized by a high risk of initiation or repetition of physical, sexual or emotional abuse or substance use so endemic that the member is assessed as unable to achieve or maintain recovery at a less intensive level or care.

Screening/Assessment/Treatment Plan Review (ASAM Level 3.7 Adult)

A triage screening is conducted to determine eligibility and appropriateness (proper patient placement) for admission and referral. (The MCO ensures that pre-certification requirements are met.)

A comprehensive bio-psychosocial assessment must be completed within seven days, which substantiates appropriate patient placement. The assessment must be reviewed and signed by a qualified professional. The following sections must be completed prior to seven days of admission:

- Medical;
- Psychological;
- Alcohol; and
- Drug.

An individualized, interdisciplinary treatment plan, which includes problem formulation and articulation of short-term, measurable treatment goals and activities designed to achieve those goals should be developed in collaboration with the member. The treatment plan is reviewed/updated in collaboration with the member, as needed, or at a minimum of every 30 days.
Discharge/transfer planning must begin at admission and referral arrangements made prior to discharge.

Provider Qualifications (ASAM Level 3.7 Adult)

In addition to the qualifications noted for addiction service providers and ASAM Level 1 providers, the following is required for ASAM Level 3.7.

Staffing Requirements (ASAM Level 3.7 Adult)

Facility must have qualified professional medical, nursing and other support staff necessary to provide services appropriate to the bio-psychosocial needs of individuals being admitted to the program.

The provider must ensure that the facility has the following staffing:

- Physician medical director (MD), on-site as needed for the management of psychiatric/medical needs with 24 hour on-call availability. A PA, NP or APRN may perform duties within the scope of their practice as designated by physician;

- Psychologist (Optional);

- Nursing – One FTE Supervisor (APRN/NP/RN) with 24 hour on-call availability. One FTE RN/LPN available on-site, all shifts. There is at least one RN on call 24 hours per day, seven days per week to perform nursing duties;

- On-site nursing staff is solely responsible for the 3.7 program and does not provide services for other levels of care at the same time;

- LMHP or UP under supervisions of a QPS (One clinician per ten members);
- Direct Care aide (One direct care aide on duty on all shifts with additional as needed);
- Clerical support staff (One to two FTE per day shift);
- Activity/occupational therapist (0.5 FTE);
- Care coordinator (One FTE per day shift, and/or duties may be assumed by clinical staff);
- Outreach worker/peer mentor (Optional);
- Clinical supervisor is available for clinical supervision when needed and by telephone for consultation;
- At a minimum of one LMHP or UP is on duty at least 40 hours/week; and
- Each LMHP/UP caseload must not exceed a ratio of 1:10.

Additional Staffing and Service Components (ASAM Level 3.7 Adult)

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 patient's needs. The number and disciplines of team members are appropriate to the range and severity of the individual's problems.

Level 3.7-WM Medically Monitored Residential Withdrawal Management – Adult

Medically monitored residential withdrawal management is an organized service delivered by medical and nursing professionals, which provide for 24-hour medically supervised evaluation

under a defined set of physician-approved policies and physician-monitored procedures or clinical protocols. All facilities are licensed by LDH and must be accredited prior to enrollment by an LDH approved national accrediting body: CARF, COA or TJC. Denial, loss of, or any negative change in accreditation status must be reported to their contracted MCOs in writing immediately upon notification by the accreditation body.

Admission Guidelines (ASAM Level 3.7 WM Adult)

Facilities that provide ASAM Level 3.7-WM medically monitored residential withdrawal management services for adults provide care to patients whose withdrawal signs and symptoms are sufficiently severe to require 24-hour inpatient care. It sometimes is provided as a "step-down" service from 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.

Screening/Assessments/Treatment Plan Review (ASAM Level 3.7 WM Adult)

A triage screening is conducted to determine eligibility and appropriateness (proper patient placement) for admission and referral. (The MCO ensures that pre-certification requirements are met)

A physician must approve admission. A physical examination must be performed by a physician, PA or NP within 24 hours of admission and appropriate laboratory and toxicology tests. A physical examination conducted within 24 hours prior to admission may be used, if reviewed and approved by the admitting physician.

A comprehensive bio-psychosocial assessment must be completed within seven days of admission, which substantiates appropriate patient placement. The assessment must be reviewed and signed by a qualified professional (exclusions: withdrawal management programs are not required to complete a psychosocial assessment but must screen for proper patient placement and referral).

An individualized, interdisciplinary stabilization/treatment plan should be developed in collaboration with the member, including problem identification in ASAM Dimensions 2-6. Discharge/transfer planning must begin at admission and referral arrangements made, as needed.

Daily assessment of member's progress, which should be documented accordingly.

Provider Qualifications (ASAM Level 3.7 WM Adult)

In addition to the qualifications noted for addiction service providers and ASAM Level 1 providers, the following is required for ASAM Level 3.7-WM.

Staffing Requirements (ASAM Level 3.7 WM Adult)

Facility must have qualified professional medical, nursing and other support staff necessary to provide services appropriate to the bio-psychosocial needs of individuals being admitted to the program.

The provider must ensure that the facility has the following staffing:

- Physician (MD), medical director - MD(s) on-site as needed for management of psychiatric/medical needs. 24 hour on-call availability;
- One FTE Supervisor (APRN/NP/RN) with 24 hour on-call availability. One nurse on duty during all shifts with additional as needed based upon the provider's census and the members' acuity levels;
- An RN responsible for conducting nursing assessments upon admission and delegating staffing assignments to the nursing staff based on the assessments and the acuity levels of the members;
- On-site nursing staff solely responsible for 3.7-WM program and does not provide services for other levels of care at the same time;
- Nursing staff responsible for monitoring member's progress and administering medications in accordance with physician orders;
- LMHP or UP under supervisions of a QPS (One clinician per 10 members);
- Clinical supervisor available for clinical supervision when needed and by telephone for consultation;
- Direct care aide – One direct care aide on all shifts with additional as needed based upon the provider's census and the members' acuity levels;

- Clerical support staff (One to two FTE per day shift);
- Care coordinator – one FTE per day shift, and/or duties may be assumed by clinical staff;
- Outreach worker/peer mentor (recommended).
- The provider must have at least one employee on duty certified in CPR.
- Appropriately licensed and credentialed staff available to administer medications in accordance with physician orders;.
- Licensed, certified or registered clinicians provide a planned regimen of 24-hour, professionally directed evaluation, care and treatment services for individuals and their families; and
- 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 patient's needs. The number and disciplines of team members are appropriate to the range and severity of the individual's problems.

Minimum Standards of Practice (ASAM Level 3.7 WM Adult)

- **Toxicology and drug screening** – Toxicology and drug screenings are medically monitored. A physician may waive drug screening if and when individual signs list of drugs being used and understands that his/her dishonesty could result in severe medical reactions during withdrawal management process.
- **Stabilization plan** – A qualified professional must identify the individual's short-term needs based on the withdrawal management history, the medical history and the physical examination, if available, and prepare a plan of action until individual becomes physically stable.
- **Withdrawal management/treatment plan** - The withdrawal management /treatment plan must be reviewed and signed by the physician and the individual

and must be filed in the individual's record within 24 hours of admission with updates, as needed.

- **Withdrawal management progress notes** - The program must implement the withdrawal management/treatment plan and document the individual's response to and/or participation in scheduled activities. Notes must include:
  - The individual's physical condition, including vital signs;
  - The individual's mood and behavior;
  - Statements about the individual's condition and needs;
  - Information about the individual's progress or lack of progress in relation to withdrawal management/treatment goals; and
  - Additional notes must be documented, as needed.

- **Physicians' Orders** - Physicians' orders are required for medical and psychiatric management.

Level 4-WM: Medically Managed Intensive Inpatient Withdrawal Management

This hospital level of care is appropriate for those individuals whose acute biomedical, emotional, behavioral and cognitive problems are so severe that they require primary medical and nursing care. This program encompasses a planned regimen of 24-hour medically directed evaluation and withdrawal management in an acute care inpatient setting.

Although treatment is specific to substance use problems, the skills of the interdisciplinary team and the availability of support services allow the conjoint treatment of any co-occurring biomedical conditions and mental disorders that need to be addressed. A licensed provider providing inpatient treatment must assign one qualified staff for every four members in residence. The licensed provider must maintain sufficient employees on duty 24-hours a day to meet the needs and protect the safety of members. Employees on duty must be awake on all shifts. The program must include an in-house education/vocation component, if serving adolescents. A licensed provider providing inpatient treatment must provide a licensed physician or nurse on-site or on call, and licensed medical or nursing staff to monitor and administer medications on a 24-hour per day basis.

Admission Guidelines (ASAM Level 4 WM)

Facilities that provide Level 4-WM medically managed intensive inpatient withdrawal management services provide care to patients whose withdrawal signs and symptoms are sufficiently severe enough to require primary medical and nursing services on a 24-hour basis. This program offers intensive physical health and/or psychiatric care in a hospital setting. The focus is on stabilization and preparation for transfer to a less intensive level of care.

Screening/Assessments/Treatment Plan Review (ASAM Level 4 WM)

A triage screening is conducted to determine eligibility and appropriateness (proper patient placement) for admission and referral. (The MCO ensures that pre-certification requirements are met.)

A physician must give approval for admission. A physical examination must be performed by a physician, PA or NP within 24 hours of admission and appropriate laboratory and toxicology tests. A physical examination conducted within 24 hours prior to admission may be used if reviewed and approved by the admitting physician.

Comprehensive bio-psychosocial assessments are not required for this level of care.

An individualized, interdisciplinary stabilization/treatment plan should be developed in collaboration with the member, including problem identification in ASAM Dimensions 2-6. Daily assessments of member's progress should be documented. Discharge/transfer planning must begin at admission and referral arrangements prior to discharge.

Provider Qualifications (ASAM Level 4 WM)

ASAM Level 4 and 4-WM programs are licensed by LDH as hospitals and must be accredited prior to enrollment by an LDH approved national accrediting body: CARF, COA or TJC. Denial, loss of, or any negative change in accreditation status must be reported to their contracted MCOs in writing immediately upon notification by the accreditation body.

Hospitals must comply with Emergency Preparedness regulations associated with 42 CFR §482.15 in order to participate in the Medicare or Medicaid program (Link to CMS Emergency Preparedness Regulation Guidance and Resources: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html). Regulations must be implemented by November 15, 2017. They include safeguarding human resources, maintaining

business continuity and protecting physical resources. Facilities should incorporate the four core elements of emergency preparedness into their plans and comply with all components of CMS' Rule:

- **Risk assessment and emergency planning** – Facilities are required to perform a risk assessment that uses an "all-hazards" approach prior to establishing an emergency plan.

- **Communication plan** –Facilities are required to develop and maintain an emergency preparedness communication plan that complies with both federal and state laws. Patient care must be well coordinated within the facility, across healthcare providers, and with state and local public health departments and emergency management agencies and systems to protect patient health and safety in the event of a disaster.

- **Policies and procedures** – Facilities are required by state law, and that support the successful execution of the emergency plan and risks identified during the risk assessment process.

- **Training and testing** – Facilities are required to develop and maintain an emergency preparedness training and testing program that complies with federal and state law, and that is updated at least annually.

Staffing Requirements (ASAM Level 4 WM)

Facility must have qualified professional medical, nursing and other support staff necessary to provide services appropriate to the bio-psychosocial needs of individuals being admitted to the program.

The provider must ensure:

- Physician (MD), medical director – MD(s) on-site as needed for management of psychiatric/medical needs. 24 hour on-call availability;

- Nursing – One FTE Supervisor (APRN/NP/RN), 24 hour on-call availability. At least three FTE (NP/RN/LPN) on all shifts or a ratio of 1:6;

- LMHP or UP under supervision of a QPS (One clinician per ten members; and available 40 hours per week). A counselor is available 40 hours per week;
- Direct care aide (Two DCAs on all shifts or a ratio of 1:10);
- Clerical support staff (One to two FTE per day shift);
- Activity/occupational therapist (Non-applicable);
- Care coordinator (One FTE per day shift, and/or duties may be assumed by clinical staff);
- Outreach worker/peer mentor (strongly recommended); and
- Physicians are available 24 hours a day by telephone or a PA, NP or APRN may perform duties within the scope of their practice as designated by physician.

Additional Staffing and Service Components (ASAM Level 4 WM)

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 RN or other licensed and credentialed nurse is available on call 24 hours per day and on-site no less than 40 hours per week and will conduct a nursing assessment on individuals at admission.

A nurse is responsible for overseeing the monitoring of the individual's progress and medication administration on an hourly basis, if needed.

Appropriately licensed and credentialed staff is available to administer medications in accordance with physician orders. The level of nursing care is at a ratio of one nurse per every 6 individuals.

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 patient's needs. The number and disciplines of team members are appropriate to the range and severity of the individual's problems.

A counselor is available on site 40 hours per week to provide direct member care, utilizing the 12 core functions of substance use counseling and/or specific functions related to professional license.

Caseloads are not to exceed 10 members.

A QPS is available for clinical supervision and by telephone for consultation.

Minimum Standards of Practice (ASAM Level 4 WM)

- **Toxicology and drug screening** - Urine drug screens are required upon admission and as directed by the treatment plan.

- **Stabilization plan** - A qualified professional must identify the individual's short-term needs, based on the withdrawal management history, the medical history and the physical examination and prepare a plan of action.

- **Withdrawal management and treatment plan** - The withdrawal management/treatment plan must be reviewed and signed by the physician and the individual and must be filed in the individual's record within 24 hours of admission with updates, as needed.

- **Withdrawal management progress notes** - The program must implement the withdrawal management/treatment plan and document the individual's response to and/or participation in scheduled activities. Notes must include:

    - The individual's physical condition, including vital signs;

    - The individual's mood and behavior;

    - Statements about the individual's condition and needs;

    - Information about the individual's progress or lack of progress in relation to withdrawal management/treatment goals; and

    - Additional notes must be documented, as needed.

- **Physicians' orders** - Physicians' orders are required for medical and psychiatric management.

Settings (ASAM Level 4 WM)

Level 4-WM services are provided in the below settings:

- General hospital outpatient and inpatient settings for adults and children; and
- Psychiatric hospital inpatient settings for children under age 21.

Eligibility Criteria (ASAM Level 4 WM)

- All Medicaid-eligible adults; and
- All Medicaid-eligible children.

Limitations/Exclusions and Fee Schedules (ASAM Level 4 WM)

As outlined in the Medicaid provider manuals and fee schedules, the MCO will pay the provider at the billed amount up to the fee schedule amount noted.

Allowed Mode(s) of Delivery (ASAM Level 4 WM)

- Inpatient.