LEVEL III.3 SA: INTERMEDIATE RESIDENTIAL TREATMENT-Adult (DUAL DIAGNOSIS CAPABLE)

Definition

The following is based on the Adult Criteria of the Patient Placement Criteria for the Treatment of Substance-Related Disorders of the American Society of Addiction Medicine, Second Edition Revised (ASAM PPC-2R). Providers are responsible to refer to the ASAM PPC-2R ADULT PLACEMENT MANUAL Pages 71-126 for the complete criteria.

Intermediate Residential Treatment is intended for adults with a primary Axis I diagnosis of substance dependence for whom shorter term treatment is inappropriate, either because of the pervasiveness of the impact of dependence on the individual's life or because of a history of repeated short-term or less restrictive treatment failures. Typically this service is more supportive than therapeutic communities and relies less on peer dynamics in its treatment approach. Individuals are housed in, or affiliated with, permanent facilities where they can reside safely. Level III.3 programs provide structured recovery environment of no more than 16 beds in combination with medium intensity clinical services to support recovery from substance-related disorders. These programs are frequently referred to as extended or long-term care. For the typical resident in a Level III.3 program, the effects of the substance-related disorder on the individual's life are so significant, and the resulting level of impairment so great, that outpatient motivational and/ or relapse prevention strategies are not feasible or effective. The functional deficits seen in individuals who are appropriately placed at Level III.3 are primarily cognitive and can be either temporary or permanent. They may result in problems in interpersonal relationships or emotional coping skills. Some individuals have such severe deficits in interpersonal and coping skills that the treatment process is one of "habilitation" rather than "rehabilitation". Treatment of such individuals is directed toward overcoming their lack of awareness of the effects of substance-related problems on their lives, as well as enhancing their readiness to change. Treatment also is focused on preventing relapse, continued problems and/or continued use, and promoting the eventual reintegration of the individual into the community. In every case, the individual should be involved in planning continuing care to support recovery and improve his or her functioning.

Policy

Level III.3 Intermediate Residential Treatment services are available to Medicaid Managed Care eligible adult members, age 21 and over.

Program Requirements

Medicaid providers of substance abuse treatment services will adhere to all criteria outlined in the American Society of Addiction Medicine, Second Edition Revised (ASAM PPC-2R).
Refer to the program standards common to all levels of care/programs for general requirements.

Licensing/Accreditation

Level III.3 is an organized service provided under a Nebraska Substance Abuse Treatment Center license.

The agency must have written policies and procedures related to:

Refer to the "Standards Common to all Levels of Care" for a potential list of policies generally related to the provision of mental health and substance abuse treatment. Agencies must develop policies to guide the provision of any service in which they engage clients, and to guide their overall administrative function.

Features/Hours

Hours of operation are 24 hours per day, 7 days per week.

- **Biomedical Enhanced Services**

Biomedical Enhanced services are delivered by appropriately credentialed medical staff, who are available to assess and treat co-occurring biomedical disorders and to monitor the resident's administration of medications in accordance with a physician's prescription. The intensity of nursing care and observation is sufficient to meet the patient's needs.

- **Dual Diagnosis Capable Programs**
  The therapies described above encompass Level III.3 dual diagnosis capable program services for residents who are able to tolerate and benefit from a planned program of therapies.

- **Dual Diagnosis Enhanced Programs**
  In addition to the above support systems, Level III.3 Dual Diagnosis Enhanced programs offer psychiatric services, medication evaluation and laboratory services. Such services are available by telephone within 8 hours and on-site or closely coordinated off-site within 24 hours, as appropriate to the severity and urgency of the resident's mental condition.

  Dual Diagnosis Enhanced programs are staffed by appropriately credentialed mental health professionals who are able to assess and treat co-occurring mental disorders and who have specialized training in behavior management techniques. Some (if not all) of the addiction treatment professionals have had sufficient cross-training to understand the signs and symptoms of mental disorders and to understand and explain to the resident the purposes of psychotropic medications and their interactions with substance use. The intensity of nursing care and observation is sufficient to meet the resident's needs.

  The therapies in the Level III.3 Dual Diagnosis Enhanced programs offer planned clinical activities designed to stabilize the resident's mental health problem and psychiatric symptoms and to maintain such stabilization. The goals of therapy apply to both the substance e dependence disorder and any co-occurring mental disorder. Specific attention is given to medication education and management and to motivational and engagement strategies which are use in preference to confrontational approaches. Residents who are diagnosed as severely and persistently mentally ill may not be able to benefit from the therapies described under the Level III.3 program. However, once stabilized, such residents will require planning for and integration into intensive case management, medication management and/or psychotherapy. In addition to the documentation requirements of Level III.3, Dual Diagnosis Enhanced Programs document the resident's mental health problems, the relationship between the mental and substance dependence disorders, and the resident's current level of mental functioning.

Service Expectations

- A strengths based, substance abuse assessment and mental health screening conducted prior to admission by licensed professionals, with ongoing assessment as needed
- Individualized treatment/recovery plan, including discharge and relapse prevention, developed under clinical supervision with the individual (consider community, family and other supports) within 7 days of admission
- Review and update of the treatment/recovery plan under clinical supervision with the individual and other approved family/supports every 30 days or more often as medically indicated
- Therapies/interventions should include individual, family, and group substance abuse counseling, educational groups, motivational enhancement and engagement strategies provided a minimum of 30 hours per week
- Program is characterized by slower paced interventions; purposefully repetitive to meet special individual treatment needs

- Monitoring to promote successful reintegration into regular, productive daily activity such as work, school or family living
- Other services could include 24 hours crisis management, family education, self-help group and support group orientation
- Monitoring stabilized co-occurring mental health problems
- Consultation and/or referral for general medical, psychiatric, and psychopharmacology needs

Staffing

- Clinical Director (APRN, RN, LMHP, LIMHP, LADC, or licensed, psychologist to provide clinical supervision, consultation and support to all program staff and the clients they serve. This individual will also continually incorporate new clinical information and best practices into the program to assure program effectiveness and viability, and assure quality organization and management of clinical records, and other program documentation.
- Appropriately licensed and credentialed professionals working within their scope of practice to provide substance abuse treatment and are knowledgeable about the biological and psychosocial dimensions of abuse/dependence. LADC's and PLADC's are included and Behavioral Health Services funded programs must have a minimum of 50% licensed alcohol and drug counselors
- Direct care employees holding a BS degree or higher in psychology, sociology, or a related human service field are preferred, but two years of course work in a human services field, and two years experience/training or two years lived recovery experience with demonstrated skills and competencies in the provision off substance abuse services and demonstrated skill and competency in working with chronic substance dependence is acceptable.

Staffing Ratio

- Clinical Director to direct care staff ratio as needed to meet all responsibilities
- 1:10 Direct Care staff to individual served during awake hours
- 1 awake staff for each 10 individuals during client sleep hours (overnight) with on-call availability for emergencies, 2 awake staff overnight for 11 or more individuals served
- On-call availability of medical and direct care staff and licensed clinicians to meet the needs of individuals served 24/7

Training

Refer to "Standards Common to all Treatment Services" for a list of potential training topics related to the provision of mental health and substance abuse treatment. Agencies should provide adequate pre-service and ongoing training to enhance the capability of all staff to treat the individuals they serve and provide the maximum levels of safety for themselves and others. All staff must be educated/trained in rehabilitation and recovery principles.

Documentation

Individualized progress notes in the patient's record clearly reflect implementation of the treatment plan and the patient's response to therapeutic interventions for all disorders treated. Documentation reflects ASAM Adult Patient Placement Criteria.

The clinical record will contain assessments, assessment updates, the master treatment/recovery and discharge plan and treatment/recovery and discharge plan updates, therapy progress notes, a complete record of supervisory contacts, narratives of others case management functions, and other information as appropriate.

Length of Service

Length of service is individualized and based on clinical criteria for admission and continuing stay, but individuals typically require this service for up to one year for maximum effectiveness

Special Procedures
None Allowed

Clinical Guidelines: Level III.3 SA: Intermediate Residential Treatment - Adult (Dual Diagnosis Capable)

Admission Guidelines:
1. The individual meets the diagnostic criteria for a Substance Dependence Disorder, as defined in the most recent DSM, as well as the dimensional criteria for admission.
2. Individuals in Level III.3 Dual Diagnosis Capable programs may have co-occurring mental disorders that meet the stability criteria for placement in a Dual Diagnosis Capable program: or difficulties with mood, behavioral or cognitive symptoms that
are troublesome but do not meet the current DSM criteria for a mental disorder.
3. The individual who is appropriately admitted to a Level III.3 Dual Diagnosis Enhanced program meets the diagnostic criteria for a Mental Disorder as well as a Substance Dependence Disorder, as defined in the current DSM, as well as the
dimensional criteria for admission.
4. The individual meets specifications in each of the six dimensions.
5. The individual has a substance dependence diagnosis with functional impairments in each of the following areas: activities of daily living, employment/educational, and social which are the direct result of the diagnosis
6. The individual is expected to benefit from this level of treatment.

• The following six dimensions and criteria are abbreviated. **Providers are responsible to refer to the ASAM PPC-2R ADULT PLACEMENT MANUAL Pages 71-126 for the complete criteria**.
Dimension 1: Acute Intoxication &/or Withdrawal Potential: Not at risk of severe withdrawal, or moderate withdrawal is manageable at Level III.2-D.
Dimension 2: Biomedical Conditions & Complications: None or stable, or receiving concurrent medical monitoring.
Dimension 3: Emotional, Behavioral or Cognitive Conditions & Complications: Mild to moderate severity; needs structure to focus on recovery. If stable, a Dual Diagnosis Capable program is appropriate. If not, a Dual Diagnosis Enhanced program is
required. Treatment should be designed to respond to the client's cognitive deficits.
Dimension 4: Readiness to Change: Has little awareness and needs interventions available only at Level III.3 to engage and stay in tx; or there is high severity in this dimension but not in others. The client, therefore, needs a Level I motivational
enhancement program.
Dimension 5: Relapse, Cont. Use or Cont. Problem Potential: Has little awareness and needs intervention available only at Level III.3 to prevent continued use, with imminent dangerous consequences, because of cognitive deficits or comparable dysfunction.
Dimension 6: Recovery Environment: Environment is dangerous and client needs 24-hour structure to learn to cope.

Exclusionary Guidelines:
N/A in ASAM. Please refer to admission and continued stay criteria as noted.

Continued Stay Guidelines:
It is appropriate to retain the individual at the present level of care if:
1. The individual is making progress but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals.

OR

2. The individual is not yet making progress, but has the capacity to resolve his or her problems. The individual is actively working toward the goals in the individualized treatment plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals.

AND/OR

3. New problems have been identified that are appropriately treated at this level of care. This level of care is the least intensive level of care at which the individual's new problems can be addressed effectively.

To document and communicate the individual's readiness for discharge or need for transfer to another level of care, each of the six dimensions of the ASAM criteria should be reviewed. If the criteria apply to the individual's existing or new problem (s), he or she should continue in treatment at the present level of care. If not, refer to the Discharge/Transfer Criteria.

Discharge Guidelines:

It is appropriate to transfer or discharge an individual from the present level of care if he or she meets the following criteria:

1. The individual has achieved the goals articulated in his or her individualized treatment plan thus resolving the problem(s) that justified admission to the present level of care.

OR

2. The individual has been unable to resolve the problem(s) that justified admission to the present level of care, despite amendments to the treatment plan. Treatment at another level of care or type of service is therefore indicated.

OR

3. The individual has demonstrated a lack of capacity to resolve his or her problem(s). Treatment at another level of care or type of service is therefore indicated.

OR

4. The individual has experienced an intensification of his or her problem(s), or has developed a new problem(s), and can be treated effectively only at a more intensive level of care.

To document and communicate the individual's readiness for discharge or need for transfer to another level of care, each of the six dimensions of the ASAM criteria should be reviewed. If the criteria apply to the existing or new problem(s), the individual should be discharged or transferred, as appropriate. If not, refer to the Continued Service criteria.