

Clinically Managed Residential Withdrawal Management Clinical Guidelines

Overview

Clinically Managed Residential Withdrawal Management is an organized service that may be delivered by appropriately trained staff, who provide 24-hour supervision, observation, and support for individuals who are intoxicated or experiencing withdrawal. This level is characterized by daily clinical services and social support rather than medical and nursing care. This level provides care for patients whose intoxication/withdrawal signs and symptoms are sufficiently severe to require 24-hour clinical structure and support when medical treatment for detoxification is not necessary and rely on established clinical protocols to identify patients who need medical services beyond the capacity of the program and to transfer such patients to more appropriate levels of care.

Setting

Residential treatment facility.

Oversight/Licensure/Certification

Clinically managed withdrawal management must be provided by a VDH-certified substance use disorder program.

Service Description

Clinically managed withdrawal management is a bundled service that includes appropriate medical services, individual and group therapies, and withdrawal supports. Components of the bundle include:

- A range of cognitive, behavioral, medical, mental health, and other therapies are administered to the patient on an individual or group basis. These are designed to enhance the patient's understanding of addiction, the completion of the withdrawal management process, and referral to an appropriate level of care for continuing treatment.
- Interdisciplinary individualized assessment and treatment.
- Health education services.
- Services to families and significant others.

It is not required that each member receive every service component listed above.

Medically necessary services must be provided and documented in the individualized treatment plan and the services received must be documented clearly in the member's treatment file. For the provider to bill the bundled service, the member must receive daily clinical services. Clinical services must be provided by licensed or credentialed clinical staff.

Staffing

Clinically managed withdrawal management programs are staffed by appropriately credentialed personnel who are trained and competent to implement physician-approved protocols for patient observation and supervision, determination of appropriate level of care, and facilitation of the patient's transition to continuing care.

- Staff expected to safely assist patients through withdrawal without the need for on-site access to medical and nursing care.
- Medical evaluation and consultation is available 24 hours a day, in accordance with treatment/transfer practice protocols and guidelines.
- All clinicians who assess and treat patients are able to obtain and interpret information regarding the needs of these patients, including:
 - Signs and symptoms of alcohol and drug intoxication and withdrawal.
 - Appropriate treatment and monitoring of those conditions.
 - How to facilitate entry into ongoing care.
- Facilities that supervise self-administered medications have appropriately licensed or credentialed staff and policies and procedures in accordance with state and federal law.
- Staff are trained to ensure patients are taking medications according to physician prescription and legal requirements.

Hours of Operation

The facility is staffed 24/7/365.

Specifications for Appropriate Placement

The patient who is appropriately placed in a clinically managed withdrawal management program meets the diagnostic criteria for Substance-Induced Disorder of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or other standardized and widely accepted criteria, and well as the following criteria for admission:

- The patient is experiencing signs and symptoms of withdrawal, or there is evidence (based on history of substance intake, age, gender, previous withdrawal history, present symptoms, physical conditions, and/or emotional, behavioral, or cognitive condition) that withdrawal is imminent.
- The patient is assessed as not being at risk of severe withdrawal, and moderate withdrawal is safely managed at this level of service.
- The patient is assessed as not requiring medication, but requires this level of service to complete detoxification and enter into continued treatment or recovery because of inadequate home supervision or support structure, as evidenced by meeting one of the following:
 - The patient's recovery environment is not supportive of detoxification and entry into treatment, and the patient does not have sufficient coping skills to safely deal with the programs in the recovery environment; or,
 - The patient has a history of detoxification at less intensive levels of services that is marked by inability to complete detoxification or to enter into continuing addiction treatment, and the patient continues to have insufficient skills to complete detoxification; or,
 - The patient recently has demonstrated an inability to complete detoxification at a less intensive level of service, as by continued use of other-than-prescribed drugs or other mind-altering substances.

Length of Service/Continued Service and Discharge Criteria

The patient continues in the program until:

- Withdrawal signs and symptoms are sufficiently resolved, or patient can be safely managed at a less intensive level of care; or,
- The patient's signs and symptoms of withdrawal have failed to respond to treatment and have intensified (as confirmed by higher scores on the CIWA-Ar or other comparable standardized scoring system), such that transfer to a more intensive level of withdrawal management services is indicated; or,
- The patient is unable to complete withdrawal management at this level, despite an adequate trial.