

Ambulatory, Substance Use Disorders, Methadone Maintenance

It is recognized that life threatening intoxication/poisoning (i.e. endangering vital functions - central nervous system, cardiac, respiratory) may need acute medical attention, but that attention is generally not considered detoxification. In such cases, general medical/surgical criteria are applied instead of these criteria for detoxification.

Criteria for Admission

The specified requirements for severity of need and intensity and quality of service must be met to satisfy the criteria for admission.

I. Admission - Severity of Need

Criteria A, B and C must be met to satisfy the criteria for severity of need.

- A. The patient has a recent history and pattern of continuous use of opioid substances that have withdrawal syndromes and require medically supervised outpatient treatment to prevent complications. Withdrawal symptoms are such that they do not require 24-hour access to physician and/or nurse monitoring.
- B. Presence of mild to moderate withdrawal symptoms may be safely managed outside a residential or inpatient setting as evidenced by:
 - 1) an absence of a withdrawal history of delirium tremens, seizures, medical complications, or other life-threatening reactions to long-term substance use, *and*
 - 2) an absence of complicating psychiatric or medical illness that would require 24-hour inpatient or residential treatment, *and*
 - 3) a COWS score in the mild to moderate range or the equivalent on a standardized scale for assessment of withdrawal symptoms, *and*
 - 4) family and/or social support is available to assist the patient during maintenance or detoxification, *and*
 - 5) a history of at least 2 prior failed opioid detoxification experiences (where there is a return to further opioid dependence) either of institutional or personal attempts.
- C. The patient has expressed a desire to enter or continue substance use treatment or self-help recovery.

II. Admission - Intensity and Quality of Service

Criteria A, B, C, D, and E must be met to satisfy the criteria for intensity and quality of service.

- A. The evaluation and assignment of the diagnosis must take place in a face-to-face evaluation of the patient performed and documented by an attending physician.
- B. Methadone must be dispensed by a clinic or facility licensed to do so.
- C. This care must provide an individual plan of active medical treatment. Adequate arrangements should be made for treatment of withdrawal symptoms during the times when the treating physician is not available.
- D. Documentation of blood and/or urine drug screen is ordered upon commencement of treatment.
- E. Treatment includes an individualized treatment plan based on an evaluation of both mental health and substance abuse conditions and includes aftercare needs, including encouragement of member to participate in substance use disorder counseling and/or appropriate support resources, such as 12-step type formats and cognitive based formats.
- F. Treatment interventions are guided by quantitative measures of withdrawal such as COWS.
- G. If methadone dosages are greater than 100mg per day, an EKG should be obtained.

Criteria for Continued Stay

III. Continued Stay

Criteria A, B, C, D and E must be met to satisfy the criteria for continued stay.

- A. Admission criteria continue to be met.
- B. The patient's condition does not require a higher level of care.
- C. Documentation of signs, symptoms and improvement in steadfast opioid sobriety and abstinence with the ongoing assessment and treatment plan addressing, re-evaluating, and modified as medically appropriate to ensure continued sober success.
- D. Patient is adhering to treatment recommendations, or non-adherence is addressed with the patient and barriers are identified, interventions are modified, and/or treatment plan is revised as appropriate. Use of random blood and/or urine drug screen is a component of

monitoring for adherence to treatment recommendations. Caution is taken if treatment includes use of antipsychotics or sedatives.

- E. A discharge plan is formulated that is directly linked to the behaviors and/or symptoms that resulted in treatment. The discharge plan receives regular review and revision that includes ongoing plans for timely access to treatment resources that will meet the patient's post-maintenance needs. This plan includes attempts to link to outpatient primary care and ongoing behavioral health counseling (addressing appropriate mental health and substance disorder needs) after obtaining patient consent). D2, D5