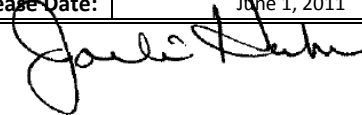


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INSTRUCTIONS AND PROTOCOLS FOR THE IMPLEMENTATION OF DETOXIFICATION SERVICES FOR INDIVIDUALS AND FAMILIES WITH SUBSTANCE USE DISORDERS

This document establishes technical and service requirements that must be incorporated into the design and delivery of all detoxification services funded through Riverhaven Coordinating Agency. Detoxification service providers are required to adopt these protocol guidelines in their entirety.

INTRODUCTION:

Effective detoxification includes not only the medical stabilization of the patient and the safe and humane withdrawal from substances of abuse, but also entry into the treatment system where a variety of additional services are available to the individual.

It is the intention of Riverhaven Coordinating Agency (RCA) that residential sub-acute detoxification services or outpatient medically supervised withdrawal treatment be available to all persons once clinical eligibility has been determined via appropriate screening and assessment of the individual for clinical appropriateness for detoxification services.

The following are the procedure codes, code definitions, rates of reimbursement and other elements of the service in the Riverhaven Coordinating Agency region.

SPECIAL NOTE:

Residential sub-acute detoxification services and outpatient medically supervised withdrawal treatment, by design, are intended to stabilize an individual and foster readiness to make continued treatment decisions. An individual currently abusing substances and seeking these services may not be initially capable of making decisions regarding their continuing treatment needs. Not all individuals are appropriate for residential sub-acute detoxification services or outpatient medically supervised withdrawal treatment, although they may meet clinical criteria. Riverhaven expects providers to assess and stage every client to determine their readiness for change as a means of ensuring that the provision of sub-acute detoxification services will best meet the needs of the client.

The use of auricular acupuncture for acute drug withdrawal offers a low-cost way to enhance outcomes and lower the total cost of substance use disorder treatment. It has been shown to be effective in relieving the symptoms of withdrawal from substances. It has been used successfully as an adjunct therapy modality in treatment. It is best used in comprehensive programs that include counseling, supportive services, 12-step programs, relapse prevention, and life skills components. It must be performed by a registered acupuncturist. (Treatment Policy #02, May 1, 1994).

It is expected that MAPS will be run on all clients by the provider prior to admitting them into Medically Supervised Withdrawal Treatment to ensure that they are not currently obtaining other

prescriptions that would interfere with their success in treatment. MAPS may be run regularly to continue to monitor prescriptions obtained by clients.

SERVICE DEFINITION:

Detoxification can take place in both residential and outpatient settings, and at various levels of intensity within these settings. Client placement to setting and to level of intensity must be based on ASAM Patient Placement Criteria and individualized determination of client need.

The following combinations of residential sub-acute detoxification and outpatient medically supervised withdrawal treatment correspond to the Level of Care determination based on the ASAM Patient Placement Criteria and are funded by Riverhaven:

- 1. Outpatient Setting (Medically Supervised Withdrawal Treatment):**
 - a. Medically supervised withdrawal treatment services including individual therapy, group therapy, case management services, or recovery support services must be provided under the supervision of a Certified Addictions Counselor.
 - b. Medically supervised withdrawal treatment services must have arrangements for access to licensed medical personnel as needed.
 - c. This service is available only to those persons who are opiate dependent.

- 2. Residential Setting (Sub-Acute Detoxification):**
 - a. Clinically Managed Residential Detoxification (Non-Medical or Social Detoxification Setting): Emphasizes peer and social support for persons who warrant 24-hour support (ASAM Level III.2-D). These services must be provided under the supervision of a certified addictions counselor. Services must have arrangements for access to licensed medical personnel as needed.
 - b. Medically Managed Residential Detoxification - Freestanding Detoxification Center: These services must be staffed 24-hours-per-day, seven-days-per-week by a licensed physician or by the designated representative of a licensed physician (ASAM Level III.7-D).

These services are limited to stabilization of the medical effects of withdrawal, with subsequent referral to necessary ongoing treatment and/or support services. Symptom alleviation is not sufficient justification for admission. Justification for admission must include documentation that provides evidence that the admission is likely to directly assist the beneficiary in the adoption and pursuit of a plan for further appropriate treatment and recovery.

Residential sub-acute detoxification and outpatient medically supervised withdrawal treatment are intended to increase the patient's readiness for and commitment to substance abuse treatment, and foster a solid therapeutic alliance between patient and provider. Both services constitute a detoxification of substances from the body, however, the outpatient service is specifically targeted for those persons with an opiate addiction. Outpatient medically supervised withdrawal treatment is typically done over several months as opposed to residential sub-acute detoxification which typically lasts 3-5 days.

OUTPATIENT MEDICALLY SUPERVISED WITHDRAWAL TREATMENT:

According to the Treatment Improvement Protocol #40, as published by the U.S. Department of Health and Human Services (US HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT):

"The literature suggests that the use of buprenorphine for gradual detoxification over long periods is probably more effective than its use for rapid detoxification over

short or moderate periods. Patients who are unwilling or unable to engage actively in rehabilitation services without agonist support may not be appropriate candidates for short-term detoxification, however such patients may benefit from long-term detoxification (or even more so, from maintenance treatment)."

Outpatient medically supervised withdrawal treatment is an organized outpatient service, often delivered in an office setting or in a health-care or addiction treatment facility, by trained clinicians. In an outpatient setting, clinicians provide medically supervised evaluation, detoxification, and referral services according to a predetermined schedule. The particular option being discussed in this protocol features services delivered under a defined set of policies and procedures or medical protocols and is considered appropriate when a client presents with a diagnosis of opioid/opiate dependence.

It is of the utmost importance that clients entering this level of care be evaluated by the most experienced and competent addiction professionals in order to make the best determination of the appropriateness of this level of care for any particular client seeking detoxification services. Those clients with "opiate only" diagnoses are typically not indicated for admission to residential sub-acute detoxification. Clients presenting with opioid/opiate dependence have shown a lack of success in recovery in residential sub-acute detoxification services. As such, clients entering outpatient medically supervised withdrawal treatment typically enter directly into these services without the need for a prior stay in residential sub-acute detoxification services.

A large majority of clients with an addiction to opiates will experience their best success in treatment in outpatient medically supervised withdrawal treatment, with a tapering of the medication buprenorphine/naloxone over several months. During this period of medically supervised withdrawal, the client will continue to receive outpatient treatment services such as; individual therapy, group therapy, case management services, and recovery support services.

Staffing required for medically supervised withdrawal treatment :

- Physicians and nurses are essential to outpatient medically supervised withdrawal treatment.
- It is important for medical and nursing personnel to be available to evaluate and confirm that detoxification in the less supervised setting is safe.
- Clinicians should understand how to interpret the signs and symptoms of alcohol and other drug intoxication and withdrawal.
- Clinicians should be able to facilitate the client's entry into treatment.
- It is essential that medical consultation is available in emergencies.

Due to the need to keep costs at a minimum, outpatient medically supervised withdrawal treatment is becoming the standard for treatment symptoms of withdrawal from opiate addiction. Most opioid/opiate treatment programs have found that more than 90 percent of patients with withdrawal symptoms can be treated in an outpatient setting. However, patients who could have complicated withdrawals may require inpatient (hospitalization) acute detoxification.

There is a limited percentage of clients diagnosed with opioid dependence that may, in fact, benefit from sub-acute detoxification services as described below. According to SAMHSA's TIP 40:

"Studies of other withdrawal modalities have shown that such brief withdrawal periods as experienced through residential sub-acute detoxification are 1) unlikely to result in long-term abstinence, and 2) produce minimal, if any, long-term benefits in the treatment of patients dependent on Opioids".

RESIDENTIAL SUB-ACUTE DETOXIFICATION SERVICES:

The definition of residential sub-acute detoxification in the Michigan Administrative Rules (§325.14101(g)) is:

Detoxification treatment means a medically acute or sub-acute systematic reduction of the amount of a drug in the body, or the elimination of a drug from the body concomitant with supportive treatment services. Inpatient programs provide acute detoxification services typically lasting 3-5 days in hospital beds licensed by the Michigan Department of Community Health. Residential-Approved Service programs and others provide sub-acute detoxification services typically lasting 3-5 days.

Residential detoxification programs provide 24 hour supervision, observation, and support for patients who are intoxicated or experiencing withdrawal; they are characterized by an emphasis on peer and social support.

Staffing required for Residential sub-acute detoxification:

- These programs are staffed by appropriately credentialed personnel who are trained and competent to implement physician-approved protocols for patient observation and supervision.
- Medical evaluation and consultation should be available 24 hours a day, in accordance with treatment/transfer practice guidelines.
- All clinicians who assess and treat patients should be able to obtain and interpret information regarding the needs of these persons, and should be knowledgeable about the biomedical and psychosocial dimensions of alcohol and other drug dependence.

Clients that are to be potentially placed in a residential sub-acute detoxification level of care must be evaluated by the most experienced and competent addiction professionals to determine appropriateness. It is possible for a client to benefit from this level of care, however, this must not be a "cut and dried" decision. Most clients with an opiate dependence do not respond well at this level of treatment. Typically, residential sub-acute detoxification services are not to be used to begin outpatient medically supervised withdrawal treatment, as this may be appropriately and efficiently done entirely in an outpatient setting.

Traditionally, residential sub-acute detoxification services have been the only detoxification services available to clients and therefore, clients with an opiate dependence have been placed in this level of care. Very little success in recovery has been shown for those clients entering this level of care with an opiate dependence.

Special Note:

Residential sub-acute detoxification services are part of a broader continuum of care for substance use disorders and do not constitute the end goal in the treatment process. The residential sub-acute detoxification process consists of three essential components: evaluation, stabilization, and fostering client readiness for, and entry into, treatment. A residential sub-acute detoxification process that does not incorporate all three components is considered incomplete and inadequate.

Riverhaven Coordinating Agency will fund residential sub-acute detoxification services for persons diagnosed with benzodiazepine dependence, in circumstances where an emergency room physician has determined that the health and safety of the individual will be harmed if an admission to sub-acute detoxification is not authorized. Such orders must be in writing.

Currently buprenorphine/naloxone is funded for clients receiving Medicaid (and other private insurances). Riverhaven is not able to fund the medication buprenorphine/naloxone out of Block Grant funding at this time, however, Riverhaven does fund the services that accompany quality treatment with buprenorphine/naloxone (outpatient counseling, case management, recovery support, medication reviews, toxicology screenings).

PROVIDER REQUIREMENTS:

Providers must have an appropriate license issued by the State of Michigan and a contract with Riverhaven Coordinating Agency in order to be reimbursed for residential sub-acute detoxification services.

The Michigan Department of Community Health, Bureau of Substance Abuse and Addiction Services (MDCH/BSAAS) requires that:

- 1) The program must be identifiable and distinct with the agency's service configuration; and
- 2) The agency must offer or purport to offer the residential sub-acute detoxification services as a separate and distinct program among any other program services that may be offered.

Providers must base their program of services on the principles detailed in Treatment Improvement Protocol (TIP) 45, "Detoxification and Substance Abuse Treatment".

Providers utilizing a buprenorphine/naloxone protocol as part of a medically supervised withdrawal must base their program of services on the principles detailed in the Treatment Improvement Protocol (TIP) 40, "Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction".

Individuals employed by provider organizations must be appropriately credentialed to provide the services described in this document (see "Staff Credential Requirements" below).

STAFF CREDENTIALS AND PROGRAM SUPERVISION REQUIREMENTS:

Residential sub-acute detoxification services and outpatient medically supervised withdrawal treatment services must be delivered by individuals in provider organizations who have been credentialed as a Certified Addictions Counselor or Certified Advanced Addictions Counselor, or an individual who has a registered Development Plan with the Michigan Certification Board for Addiction Professionals.

Supervision of clinical staff of an identifiable residential sub-acute detoxification program or outpatient medically supervised withdrawal treatment program within a licensed provider organization must be by an individual credentialed as a Certified Clinical Supervisor, or an individual who has a registered Development Plan with the Michigan Certification Board for Addiction Professionals.

Physicians who are prescribing buprenorphine (buprenorphine/naloxone) must undergo special training and have an addendum to their narcotics license in order to prescribe this medication. Physicians are initially allowed to prescribe buprenorphine (buprenorphine/naloxone) to 30 patients in the first year. After one year, the physician may apply for the privilege of prescribing buprenorphine (buprenorphine/naloxone) to a maximum of 100 patients. If buprenorphine (buprenorphine/naloxone) is being prescribed in a federally licensed methadone program, there is no limit on the number of patients to whom an appropriately licensed physician may prescribe buprenorphine (buprenorphine/naloxone).

SERVICE CODES AND CODE DEFINITIONS:

Effective July 1, 2010 Riverhaven Coordinating Agency is authorizing the following:

H0010 – “Alcohol and/or drug services; sub-acute detoxification; medically monitored residential detoxification (ASAM Level III.7-D).”

It is expected that the majority of clients admitted to medically monitored residential detoxification services will continue in treatment with the goal of being entirely free of illicit and/or non-prescribed substances that have the potential for abuse.

Medically monitored detoxification must be staffed twenty-four (24) hours per day, seven (7) days per week, by a licensed physician or by the designated representative of a licensed physician. The services must have arrangements for access to medical personnel as needed and be consistent with MDCH Substance Abuse Licensing Rules.

H0012– Alcohol and/or drug services; sub-acute detoxification; clinically managed residential detoxification; non-medical or social detoxification setting (ASAM Level III.2-D).

Clinically managed detoxification can be facilitated in a non-medical setting but must be provided under the supervision of a certified addictions counselor.

H0033 – "buprenorphine/naloxone Administration Fee".

H0003 -- "Drug Screen"

90862 -- "Medication Review"

H0004 -- "Individual Outpatient Therapy"

H0005 -- "Group Outpatient Therapy"

Outpatient medically supervised withdrawal treatment is defined as “the dispensing of drugs in decreasing doses to a client in order to alleviate adverse physiological or psychological effects related to withdrawal from the continuous or sustained use of a narcotic drug.” It is used as a method of bringing the client to a narcotic-free state within a specified period. Medically supervised withdrawal treatment for opioid dependence involves the use of buprenorphine(buprenorphine/naloxone) and is administered in an outpatient setting, rather than in the traditional residential setting.

Service providers are required to document all services on the appropriate clinical form (i.e., Assessments on Assessment Forms, Individualized Treatment Plans on an appropriate form, contacts on progress note forms, etc.). All documents will be made a part of the permanent clinical record.

RATES OF REIMBURSEMENT AND INCLUDED SERVICES

H0010	Daily Per Diem Rate
H0012	Daily Per Diem Rate
H0003	Unit Rate
H0033	Daily Unit Rate
H0004	Unit Rate
H0005	Unit Rate
90862	Unit Rate

Sub-acute detoxification services in a residential setting are intended for the purpose of managing the effects of withdrawal from alcohol and/or Opioids and typically lasts three to five days. Ancillary services such as Recovery Supports and Case Management may be available during a client's stay.

Medically supervised withdrawal treatment in an Outpatient Setting consists of gradual detoxification over longer periods of time and are intended for the purpose of managing the effects of withdrawal from Opioids and typically include individual and/or group therapy sessions. Ancillary services such as Recovery Supports and Case Management may be available during a client's course of treatment.

All services provided must be documented clearly in the record of the person served.

Note: In the majority of cases, a client will not require admittance into sub-acute detoxification in a residential setting prior to admission into an outpatient medically supervised withdrawal treatment program.

ELIGIBILITY CRITERIA:

To be eligible for residential sub-acute detoxification services or outpatient medically supervised withdrawal treatment funded through Riverhaven Coordinating Agency, the intended recipient must meet clinical criteria as set forth in the American Society of Addiction Medicine Patient Placement Criteria (ASAM PPC-2R). Further, the intended recipient should be assessed for ability to benefit from either residential sub-acute detoxification services or outpatient medically supervised withdrawal treatment, including the stage of change in which the client presents.

General eligibility guidelines to consider when authorizing treatment for Residential Sub-Acute Detoxification

- Meets ASAM eligibility criteria for sub-acute detoxification level of care.
- May be experiencing seizures during withdrawal.
- May have had a history of life threatening issues during withdrawal.
- Alcohol dependence or Opioid Dependence may be the primary diagnosis.
- Another drug may be primary with Alcohol Dependence or Opioid Dependence as the possible secondary diagnosis.
- Client is unable to complete detoxification on their own.
- History of uncontrolled use with few, if any, periods of sustained abstinence.
- Client exhibits moderate to severe withdrawal or potential moderate to severe withdrawal.
- Client has no acute, serious, untreated medical or psychological issues that might jeopardize the success of sub-acute detoxification services.

General eligibility guidelines to consider when authorizing treatment for Outpatient Medically Supervised Withdrawal Treatment

- Meets ASAM eligibility criteria for sub-acute detoxification level of care.
- Opioid Dependence is the primary diagnosis.
- Client is unable to complete detoxification on their own.
- History of uncontrolled use with few, if any, periods of sustained abstinence.
- Client exhibits moderate to severe withdrawal or potential moderate to severe withdrawal.
- Client has no acute, serious, untreated medical or psychological issues that might jeopardize the success of sub-acute detoxification services.

As each client is unique and presents with individual concerns, the Coordinating Agency encourages contact with us and/or the Access Center to discuss exceptions on a case-by-case basis.

AUTHORIZATION PARAMETERS

For residential sub-acute detoxification, a maximum of three (3) days of H0010 or H0012 activity may be requested in an initial authorization in the CareNet system pending approval by either Riverhaven Coordinating Agency or the Access Center. Providers may request additional days at the rate of one additional day per reauthorization request provided appropriate and clear justification exists. In these cases, the Access Center will review any service requests beyond the three initially requested days.

Riverhaven Coordinating Agency will authorize a maximum of three (3) admissions to residential sub-acute detoxification treatment services in a 12 month period for clients funded through Block Grant.

Compelling clinical evidence of medical necessity must be communicated to the Coordinating Agency in order for a client funded through Medicaid to be considered for approval for any additional admission into residential sub-acute detoxification treatment services beyond the third admission within a 12 month period.

In such an instance, the Coordinating Agency will review the request and make a final decision regarding allowing a client funded through Medicaid to receive beyond three (3) sub-acute detoxification stays in a one-year period.

For Outpatient services, a variety of treatment services are available; not all of the below services may be necessary for every client:

- A typical request for outpatient services would include a total of 16 session in any combination of H0004 (Individual Outpatient) and H0005 (Group Outpatient) activity may be requested in an initial authorization in the CareNet system pending approval by either Riverhaven Coordinating Agency or the Access Center. Providers may request additional units per reauthorization request provided appropriate and clear justification exists. In these cases, the Access Center will review any service requests beyond the initially requested units.
- A maximum of eight (8) units, within a four month period, of H0003 (Drug Screen) activity may be requested in an initial authorization in the CareNet system pending approval by either Riverhaven Coordinating Agency or the Access Center. Providers may request additional units per reauthorization request provided appropriate and clear justification exists. In these cases, the Access Center will review any service requests beyond the eight initially requested units.
- A maximum of two (2) units, within a four month period, of 90862 (Medication Review) activity may be requested in an initial authorization in the CareNet system pending approval by either Riverhaven Coordinating Agency or the Access Center. Providers may request additional units per reauthorization request provided appropriate and clear justification exists. In these cases, the Access Center will review any service requests beyond the two initially requested units.
- A maximum of one hundred-twenty (120) units, within a four month period, of H0033 (buprenorphine/naloxone Administration Fee) activity may be requested in an initial authorization in the CareNet system pending approval by either Riverhaven Coordinating Agency or the Access Center. Providers may request additional units per reauthorization request provided appropriate and clear justification exists. In these cases, the Access Center will review any service requests beyond the one hundred-twenty initially requested units.

Case Management services (T2035) and Recovery Support services (T1012) may also be available and are encouraged to assist with the client's recovery process.

GUIDELINES FOR ADMITTING CLIENTS INTO MEDICALLY SUPERVISED WITHDRAWAL TREATMENT (BUPRENORPHINE/NALOXONE):

1. clients must be interested in and understand the risks and benefits, along with the costs associated with buprenorphine/naloxone treatment.
2. Clients must not be dependent on or abusing any other drugs besides opioids.
3. Clients should present with a shorter-term opioid dependence (approximately one year or less).
4. Clients should present with a lower degree of opiate usage (equivalent to 60 mg of methadone or less).
5. Clients should have some level of support in their lives such as: employment, support network, stable housing, and motivation to change.
6. Clients must understand up front that they will be attempting to taper off buprenorphine/naloxone within a six month period (to a drug-free state). If this does not appear possible for this client, methadone will be considered.

For additional guideline information, refer to Treatment Improvement Protocol #40 (TIP-40), “Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction”, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (pg. 41-44).

When in doubt, a client may start on methadone to determine if the client is stable enough to move to buprenorphine/naloxone. Clients who have requested to taper off of methadone may be switched to a Medically Supervised Withdrawal with buprenorphine/naloxone once their methadone dose is at a low enough level to do so, (which would be determined by the program doctor). These clients must meet the guidelines for admitting clients into Medically Supervised Withdrawal Treatment.

Once the client has entered outpatient medically supervised withdrawal treatment, the client will eventually enter a tapering schedule to work toward becoming buprenorphine/naloxone-free.

IMPLEMENTATION GUIDANCE:

The U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, has issued treatment improvement protocols (TIPs) to assist with the implementation of these services.

Treatment Improvement Protocol #45 (TIP-45), “Detoxification and Substance Abuse Treatment”, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (available from [http://download.ncadi.samhsa.gov/prevline/pdfs/DXTIP45\(3-30-06\).PDF](http://download.ncadi.samhsa.gov/prevline/pdfs/DXTIP45(3-30-06).PDF))

Treatment Improvement Protocol #40 (TIP-40), “Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction”, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (available from http://buprenorphine.samhsa.gov/Bup_Guidelines.pdf)

Additional resources used in the development of this treatment protocol include:

American Society of Addiction Medicine Patient Placement Criteria-2R (available from <http://www.asam.org/PatientPlacementCriteria.html>)

Michigan Medicaid Provider Manual (available from <http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>)

As always, Riverhaven Coordinating Agency welcomes the opportunity to take into account your experience and input, and together to expand our partnership for the benefit of individuals with substance use disorders who require our services. Should you have any comments or suggestions for improving this protocol, please contact Rebecca Emmenecker, Treatment Coordinator, at 989-497-1331.