

## Ambulatory Detoxification

Magellan Healthcare\* concurs with the American Society of Addiction Medicine Adult Detoxification description of detoxification services provided in the ambulatory setting (see ASAM Criteria, American Society of Addiction Medicine, Inc., Chevy Chase, Maryland, 2013), noting the following:

### For outpatient detoxification:

- This is an organized outpatient service, which may be delivered in an office setting, healthcare or addiction treatment facility, or in a patient's home by trained clinicians who provide medically supervised evaluation, detoxification and referral services according to a pre-determined schedule. Such services are provided in regularly scheduled sessions. These services should be delivered under a defined set of policies and procedures or medical protocols.
- Outpatient detoxification services should be designed to treat the patient's level of clinical severity to achieve safe and comfortable withdrawal from mood-altering drugs (including alcohol) and to effectively facilitate the patient's transition into ongoing treatment and recovery.
- Specialized clinical consultation and supervision for medical, emotional, behavioral and cognitive problems should be available. A comprehensive medical history and physical examination of the patient should be done at admission. Also, access to psychological and psychiatric consultation as well as direct affiliation with other levels of care, including specialty addiction treatment and general psychiatric services for additional problems identified through a comprehensive biopsychosocial assessment should be available. There should be the ability to conduct and/or arrange for appropriate laboratory and toxicology tests, and 24-hour access to emergency medical services as well as the ability to provide or assist in accessing transportation services.
- Outpatient detoxification treatment should be staffed by physicians and nurses who need not be present in the treatment setting at all times. (In states where physician assistants or nurse practitioners are licensed as physician extenders, they may perform the duties designated for a physician.) Medical and nursing personnel should be readily available to evaluate and confirm that detoxification in the less-supervised setting is safe. The services of counselors, psychologists and social workers may be available through the detoxification program or may be accessed through affiliation with other entities providing outpatient detoxification services. All clinicians who assess and treat patients are able to obtain and interpret information regarding the needs of these persons, and are knowledgeable about the biopsychosocial dimensions of alcohol and other drug dependence. Such knowledge includes the signs and symptoms of alcohol and other drug intoxication and withdrawal, as well as the appropriate treatment and monitoring of these

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## **Ambulatory Detoxification (continued)**

conditions and how to facilitate the individual's entry into ongoing care. Medical consultation is readily available in emergencies.

- Therapies include individual assessment, medication or non-medication methods of detoxification, involvement of family members or significant others in the detoxification process, and discharge or transfer planning. Therapies also may include physician and/or nurse monitoring, assessment and management of signs and symptoms of intoxication and withdrawal.
- Assessments and treatment plans include:
  - an addiction-focused history, obtained as part of the initial assessment and reviewed by a physician during the admission process;
  - a physical examination by a physician, physician assistant or nurse practitioner, performed within a reasonable timeframe as part of the initial assessment;
  - sufficient biopsychosocial screening assessments to determine the level of care in which the person should be placed and for the individualized care plan to address treatment priorities;
  - an individualized treatment plan, and development of treatment goals and measurable treatment objectives for DSM-5 Axes I - V, as well as activities designed to meet those objectives;
  - daily assessment of progress during detoxification and any treatment changes (or less frequently, if the severity of withdrawal is sufficiently mild or stable);
  - discharge/transfer planning, beginning at admission; and
  - referral arrangements made as needed.
- Documentation including progress notes in the patient record that clearly reflect implementation of the treatment plan and the patient's response to treatment, as well as subsequent amendments to the plan; and, detoxification rating scale tables and flow sheets (which may include tabulation of vital signs) are used as needed.

### **For 23-hour bed, partial hospitalization program (PHP) and intensive outpatient (IOP):**

- These are organized outpatient services that may be delivered in an office setting, healthcare or addiction treatment facility by trained clinicians who provide medically supervised evaluation, detoxification and referral services. These services are provided in regularly scheduled sessions. They are delivered under a defined set of policies and procedures or medical protocols. Outpatient services are designed to treat the patient's level of clinical severity and to achieve safe and comfortable withdrawal from mood-altering drugs (including alcohol) and to effectively facilitate the patient's entry into ongoing treatment and recovery. Essential to this level of care is the availability of appropriately credentialed and licensed nurses (such as registered nurses or licensed practical nurses) who monitor patients over a period of several hours each day of service.

## Ambulatory Detoxification (continued)

- When the focus of care initially is on evaluation to determine the need for more- or less-intensive services, these services may be provided in a 23-hour bed. More often, however, this level of detoxification is conducted in addiction specialty treatment facilities and is fully integrated with addiction services that address all DSM-5 diagnoses of the patient's condition. Thus, IOP and PHP facilities, or settings where such services are offered, are appropriate for this level of detoxification.
- Specialized clinical consultation and supervision for medical, emotional, behavioral and cognitive problems should be available. A comprehensive medical history and physical examination of the patient should be done at admission. Also, access to psychological and psychiatric consultation as well as direct affiliation with other levels of care, including specialty addiction treatment and general psychiatric services for additional problems identified through a comprehensive biopsychosocial assessment should be available. There should be the ability to conduct and/or arrange for appropriate laboratory and toxicology tests, and 24-hour access to emergency medical services, as well as the ability to provide or assist in accessing transportation services.
- These levels of detoxification treatment should be staffed by physicians and nurses who need not be present in the treatment setting at all times. (In states where physician assistants or nurse practitioners are licensed as physician extenders, they may perform the duties designated for a physician.) Medical and nursing personnel should be readily available to evaluate and confirm that detoxification in the less-supervised setting is safe. The services of counselors, psychologists and social workers may be available through the detoxification program or may be accessed through affiliation with other entities providing this level of detoxification services. All clinicians who assess and treat patients are able to obtain and interpret information regarding the needs of these persons, and are knowledgeable about the biopsychosocial dimensions of alcohol and other drug dependence. Such knowledge includes the signs and symptoms of alcohol and other drug intoxication and withdrawal, as well as the appropriate treatment and monitoring of these conditions and how to facilitate the individual's entry into ongoing care. Medical consultation is readily available in emergencies.
- Therapies include individual assessment, medication or non-medication methods of detoxification, involvement of family members or significant others in the detoxification process, and discharge or transfer planning. Therapies also may include physician and/or nurse monitoring, assessment and management of signs and symptoms of intoxication and withdrawal.
- Assessments and treatment plans include:
  - an addiction-focused history, obtained as part of the initial assessment and reviewed by a physician during the admission process;
  - a physical examination by a physician, physician assistant or nurse practitioner, performed within a reasonable timeframe as part of the initial assessment;

## **Ambulatory Detoxification (continued)**

- sufficient biopsychosocial screening assessments to determine the level of care in which the person should be placed and for the individualized care plan to address treatment priorities;
  - an individualized treatment plan, and development of treatment goals and measurable treatment objectives for DSM-5 as well as activities designed to meet those objectives;
  - daily assessment of progress during detoxification and any treatment changes;
  - discharge/transfer planning, beginning at admission;
  - referral arrangements made as needed; and
  - serial nursing assessments, using appropriate measures of withdrawal.
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- Documentation including progress notes in the patient record that clearly reflect implementation of the treatment plan and the patient's response to treatment, as well as subsequent amendments to the plan; and, detoxification rating scale tables and flow sheets (which may include tabulation of vital signs) are used as needed.