

ASAM Technical Assistance Series

Comparing Level 3 Residential Services and Recovery House Information

Reminders

- Questions should be submitted 7 days in advance of the call to RA-DAASAM@pa.gov. Please feel free to submit questions in the chat.
- This call is being recorded. Please exit now if you do not want to be recorded. You will be able to review the video in its entirety on the DDAP webpage following this event.
- Suggestions for future call topics should be submitted to RA-DAASAM@pa.gov.

Disclaimers

Alignment with The ASAM Criteria is required of drug and alcohol treatment providers that receive funding for providing treatment services under agreements with Single County Authorities and/or Managed Care Organizations.

DDAP stresses the importance of reviewing the ASAM Criteria text in its entirety, attending the ASAM two-day training, and reviewing the resources available through DDAP including trainings and documents.

Learning Objectives

Understand the different levels of residential services for Adults

Distinguish the Dimensional Drivers for Level 3 Services

Differentiate between Recovery House and Halfway House in Pennsylvania

Differentiate between 3.7 and 3.7WM Services

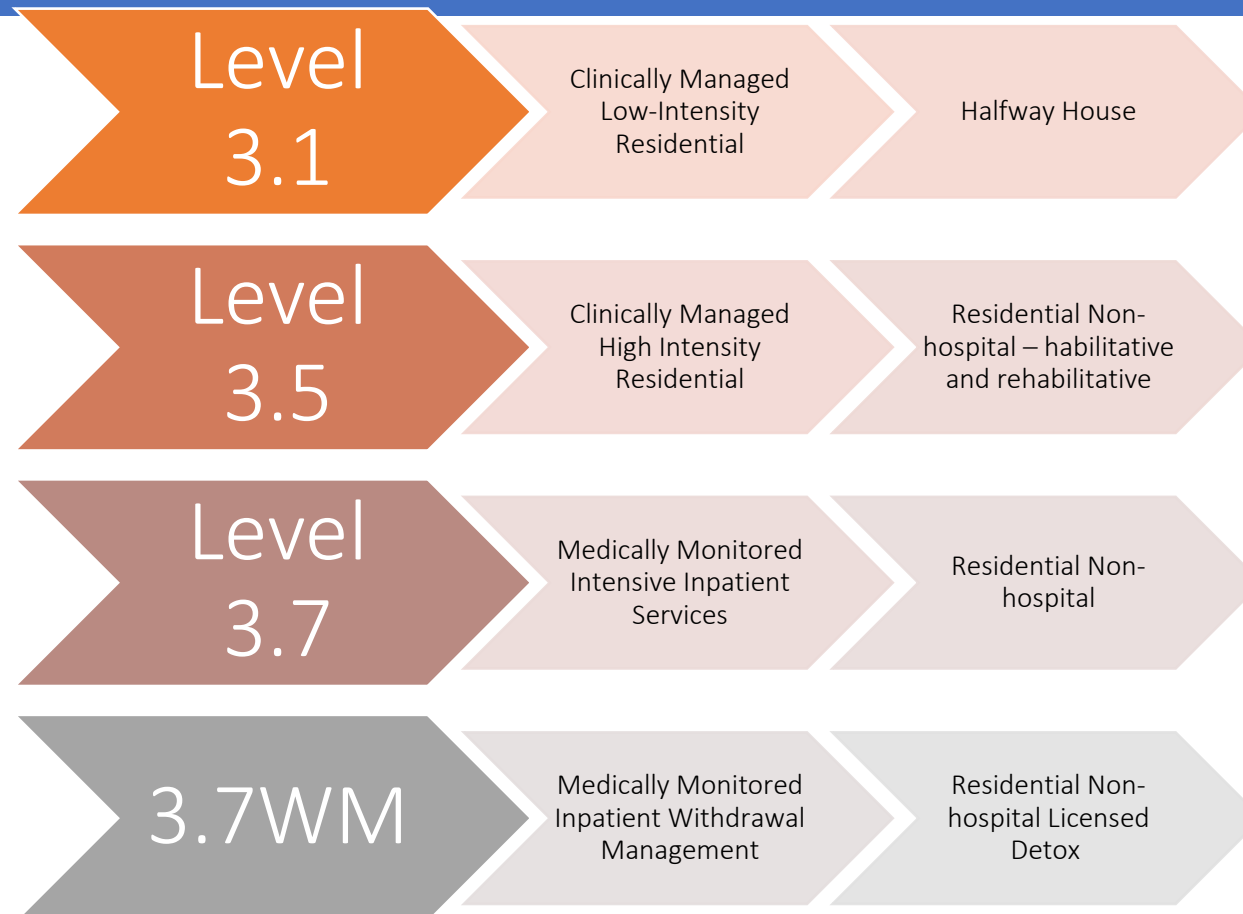
Today's Presenters

Gloria Gallagher, D&A Program Representative Supervisor at DDAP

Amanda Madison, D&A Program Representative at DDAP

Fred Burke, Licensing Specialist Supervisor at DDAP

Level 3 Residential/Inpatient Services



Level 3 Residential/Inpatient Services

Staffed 24-hours

Range of Intensity

Levels Overlap

Duration depends
on Individual
Progress and
Outcome

Individualized

3.1: Clinically Managed Low-Intensity Residential

- Licensed as Non-Hospital Residential Facility
- Section 4.01 in the CMCS Manual “Halfway House Services”
- At least 5 hours per week of low-intensity treatment
- Services promote personal responsibility and reintegration
- Clinical Services Component + Recovery Residence Component
- Important focus of treatment: engagement and attracting individuals into continuing treatment

3.1: Clinically Managed Low-Intensity Residential

- Dimensional Drivers: 4, 5, 6
- Dimension 4: Readiness to Change
- Dimension 5: Relapse, Continued Use, or Continued Problem Potential
- Dimension 6: Recovery Environment

Recovery Houses

What is a Recovery House?

- The Substance Abuse and Mental Health Services Administration (SAMHSA) defines recovery houses as “safe, healthy, family-like substance-free living environments that support individuals in recovery from addiction.”
- No delivery of treatment; strictly to reside.
- Facility Locator: <https://sais.health.pa.gov/commonpoc/Content/PublicWeb/DAFind.aspx>

- **Recovery House vs. Halfway House**
- A halfway house provides a home-like atmosphere within the local community, is accessible to public transportation, and provides opportunities for independent growth and responsible community living.
- Facility Locator: <https://www.ddap.pa.gov/Get%20Help%20Now/Pages/Find-a-Halfway-House.aspx>

Recovery House Regulations

- **Act 59 of 2017:** directed the Department to promulgate final-omitted regulations for the licensure or certification of recovery houses that receive public funds or referrals.

- **Policy/Procedure Requirements:**

- Ensure residents are informed of house rules
- Funds management
- Criminal background checks
- Safety and protection of residents
- Resident participation in treatment/recovery supports
- Resident abstinence from alcohol/drugs
- Medication use and security
- Maintenance of house and fire equipment
- Prohibition on requiring residents to relinquish public assistance benefits
- Complaint management
- Emergency contact notification

Recovery House Regulations

Timeline:

- DDAP's recovery house licensing program began Dec. 11, 2021.
- DDAP begin enforcing the recovery house licensing requirement on June 9, 2022.

Recovery houses must obtain a license from DDAP if they are receiving:

1. Federal or state funding,
2. Referrals from publicly-funded facilities, and/or
3. Referrals for individuals whose SUD treatment is funded with federal or state funding.

3.5 Clinically Managed High-Intensity Residential

- Functional Limitations
- Safe, stable, and supportive living environment
- Severity of multidimensional needs
- Treatment community as a therapeutic agent
- Goals of treatment: effect change in lifestyles, attitudes, and values
- Effective treatment approaches: habilitative vs. rehabilitative
- Patient stabilization

3.5 Clinically Managed High-Intensity Residential

- Ability to apply and demonstrate coping and recovery skills
- Integrated into a flexible continuum of services
- Dimensions 4, 5, and 6 warrant 24-hour milieu
- Program tailored to a patient's level of readiness to change

3.7 Medically Monitored Intensive Inpatient

- Licensed as Inpatient Non-Hospital
- 24-hour professionally directed evaluation, observation, medical monitoring and treatment
- Dimensional Drivers: 1, 2, and/or 3
- Greater severity of complications require more intensive services

3.7 Medically Monitored Intensive Inpatient

- Examples of service delivery: Treatment center within an acute care hospital or psychiatric unit, or a separate, more intensive unit of a freestanding Level 3.5 residential facility.
- Setting: Community setting or within a specialty unit in general or psychiatric hospital
- Support Systems: Physician assessment and monitoring, nursing care and observation, medical specialty consult, psychiatric, psychological, and laboratory services; coordination of services

3.7 Medically Monitored Intensive Inpatient

Staffing Requirements

Interdisciplinary Treatment Team

- Physician availability within 24 hours
- Registered nurse conducts alcohol and other drug assessment at admission/licensed and credentialed nurse to monitor
- Appropriately trained and credentialed staff
- Licensed, certified or registered clinicians

Therapies

Daily Clinical Services

- Clinical services may involve medical and nursing services, individual, group, family, and activity services
- Planned clinical activities & use of Evidence based practices – including motivational interviewing
- Counseling, clinical monitoring, health education, and services for family and significant others
- Random drug screening & Monitoring of medication adherence

3.7 Medically Monitored Intensive Inpatient

Assessment/Treatment Plan Review

- Physical exam within 24 hours of admission (or record within 7 days prior to admission)
- Comprehensive nursing assessment at admission
 - Alcohol and other drug nursing assessment by registered nurse
- Biopsychosocial
- Individualized treatment plan

Documentation

- Individualized progress notes
- Treatment reviews are conducted and recorded in treatment plan
 - Updated ats often to patient's level of stability and severity of illness

3.7 Medically Monitored Intensive Inpatient

Admission Criteria:

Moderate or severe substance use disorder as defined by the DSM V or other standardized criteria;

and

- Dimensional Drivers: at least one in Dimension 1, 2, and/or 3
 - Need 2 total for admission to 3.7

Applies to All Levels

Continued Service Criteria

- Making progress and/or
- Not making progress but has capacity to resolve their problems and/or
- New Problems

Discharge/Transfer

- Goals of treatment plan are achieved, or;
- Inability to resolve problems that justified admission, or;
- Lack of capacity, or;
- Intensification of problems or development of new problems that warrant more intense services

3.7 WM Medically Monitored Intensive Inpatient Withdrawal Management

- Licensed as Inpatient Non-hospital Detoxification
- 24-Hour evaluation and withdrawal management
- Dimensional Driver: 1
- Can overlap with 4.0 WM as a step-down service
- 24-hour observation, monitoring, and treatment available
- Patient does not need full resources of acute care general hospital or medically managed intensive inpatient treatment program (Level 4.0)

3.7 WM Medically Monitored Intensive Inpatient Withdrawal Management

Goals of Withdrawal Management:

1. The withdrawal syndrome can be managed safely and comfortably and;
2. The adult patient can be engaged in continued treatment that will lead to a sustained recovery

3.7 WM Medically Monitored Intensive Inpatient Withdrawal Management

Staffing Requirements

Interdisciplinary Treatment Team

- Physician
- Registered nurse or other licensed and credentialed nurse
- Appropriately licensed and credentialed staff to administer meds
- Licensed, certified or registered clinicians
- Interdisciplinary team of clinicians

Therapies

Daily Clinical Services

- Range of therapies administered on individual and group basis
- Multidisciplinary individualized assessment and treatment
- Health education services
- Services to families and significant others

3.7 WM Medically Monitored Intensive Inpatient Withdrawal Management

Assessment/Treatment Plan Review

- Addiction focused history as part of initial assessment and reviewed by physician
- Physical exam by physician, physician assistant or nurse practitioner within 24 hours of admission
 - appropriate lab and tox tests
- Biopsychosocial screening assessments
- Treatment plan – problems in dimensions 2-6
- Daily assessment
- Begin discharge/transfer planning at admission
- Referral arrangements made, if needed

Documentation

- Progress notes
- Withdrawal rating scale tables and flow sheets

3.7 WM Medically Monitored Intensive Inpatient Withdrawal Management

Admission Criteria

- Meet diagnostic criteria for substance withdrawal syndrome in the Current DSM
- Meet Dimensional Criteria for Level 3.7 by Risk Assessment for Each Substance (beginning on page 147 of the ASAM Criteria, 2013)

Continued Service and Discharge

- Withdrawal symptoms are sufficiently resolved and can be safely managed at a less intensive level of care
- Failure to respond or intensifies

Reminder

Next TA Call = April 3, 2023

Topic = Comparing OP/IOP/PHP

RA-DAASAM@pa.gov