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Guidance for the Application of The American Society of Addiction Medicine, 3rd Edition, 2013 Withdrawal Management (WM) in the Pennsylvania Substance Use Disorder Treatment System for Adults

Pennsylvania Department of Drug and Alcohol Programs

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Background

The Department of Drug and Alcohol Programs (DDAP) created Guidance for the Application of The American Society of Addiction Medicine, 3rd Edition, 2013 Withdrawal Management (WM) in the Pennsylvania Substance Use Disorder Treatment System for Adults to assist substance use disorder (SUD) treatment providers across the Commonwealth in understanding how the various levels of ASAM Criteria, 3rd Edition, 2013 WM can be offered across a continuum of care. This continuum includes DDAP licensed SUD providers, licensed SUD providers in partnership with independently licensed medical professionals, and non-SUD licensed acute care general medical or psychiatric settings.

It is important to emphasize the concept of continuum of care in WM. ASAM Criteria, 3rd Edition, 2013 clarifies that the process of WM is not solely focusing on the physiological symptoms of withdrawal. Rather, WM is a critical time for assisting individuals in disrupting the ongoing cycle of substance use and related conditions and behaviors. For many, this is their first exposure to formal substance use disorder treatment and recovery and as ASAM Criteria, 3rd Edition, 2013 states, "the onset of a physical withdrawal syndrome, uncomfortable and potentially dangerous, arguably provides an unparalleled opportunity to engage a patient in what will hopefully be sustained recovery. Because current WM protocols can relieve withdrawal symptoms so quickly and effectively, counseling and therapy focused on initiation or resumption of recovery can be instituted at the same time as WM, rather than being delayed" (p.128).

The term "detoxification" or "detox" is a term common to the SUD treatment field. It is also a term that is used in the Pennsylvania regulations and in the former editions of ASAM Criteria. In the 3rd edition of ASAM Criteria, the term "detoxification" was replaced with the term "WM." ASAM Criteria, 3rd Edition, 2013 defines WM as, "Services required for Dimension 1, Acute Intoxication and/or Withdrawal Potential. The liver detoxifies but clinicians manage withdrawal. If the person is intoxicated and not yet in withdrawal, Dimension 1 services needed would be intoxication management" (p.432).

The five levels of WM in the ASAM Criteria, 3rd Edition, are as follows:

Level 1-WM Ambulatory WM without Extended On-Site Monitoring
Level 2-WM Ambulatory WM with Extended On-Site Monitoring
Level 3.2-WM Clinically Managed Residential WM
Level 3.7-WM Medically Monitored Inpatient WM
Level 4-WM Medically Managed Intensive Inpatient WM

Throughout the WM section of the ASAM Criteria, 3rd Edition, 2013 references are made to 'Withdrawal rating scale table and flow sheets" are used as needed. In Appendix A of the ASAM Criteria, 3rd Edition, 2013 (pages 393-400) various withdrawal rating scales and example flow sheets are provided, along with important guidance to consider when utilizing these instruments.

ASAM Criteria, 3rd Edition, 2013 highlights the importance of understanding the variable withdrawal risk by substance. ASAM Criteria, 3rd Edition, 2013 utilizes a risk rating system illustrated by a matrix to outline the steps for accurately assessing withdrawal risk. The primary goal of the matrix is to demonstrate the holistic, multidimensional approach, which first matches the patient's needs to specific treatment services and only then to various levels of WM care.

A step-by-step Strategy for applying the risk matrix in WM is outlined on the chart found on page 147 of the text. The process is also explained in detail on page 145.

Below is a chart providing ASAM Criteria, 3rd Edition, 2013-page references where information on variable withdrawal, the risk rating matrix and dimensional admission criteria rules specific to substance.

Substance	Variable Withdrawal Risk	Risk Rating Matrix	Dimensional Admission Criteria Rules
Alcohol	145-146	147-154	165, 171-173, 166 (examples)
Sedative/Hypnotics	154-155	155-161	165, 171-173, 167 (examples)
Opioids	161 - 162	162	165, 171-173, 168 (examples)
Tobacco	163	N/A	165, 171-173, 170 (examples)
Marijuana	163	N/A	165, 171-173
Stimulant (and Dissociative Anesthetics	163	N/A	169 (examples)
All substances	N/A	N/A	170 (examples)
More than one substance used at the same time	164	N/A	N/A

Risk Levels	
0	No or stable problem
1	Minimal risk
2	Moderate Risk
3	Significant Risk
4	Severe Risk

Across all levels of WM, ASAM Criteria, 3rd Edition, 2013 emphasizes the need for services to be provided under a defined set of Physician approved policies and Physician monitored procedures or clinical protocols.

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ASAM Criteria, 3rd Edition, 2013 WM Crosswalk with PA's System of Care

WM Level of Care*	Can WM be provided by a DDAP Licensed Facility?	Can WM be provided through a Physician affiliated with a DDAP Licensed Facility?	Can WM be provided in a medical setting without a SUD license?
1-WM OUD (Pages 132-134)	Yes. Facility doing WM by providing FDA approved medications for OUD must be licensed by DDAP to deliver outpatient services. Additionally, facility must be approved by SAMHSA as an OTP if Methadone and/or Buprenorphine from the facility stock is being utilized.	Yes. Can be provided by a practitioner under his/her medical license. Additionally, a DATA 2000** waivered physician may prescribe buprenorphine as part of WM. The service is provided through an affiliation agreement (such as a Qualified Service Organization Agreement or QSOA or a Business Agreement or BA) and not as a part of the licensed services of the facility.	Yes. Can be provided by a practitioner under his/her medical licenses. Additionally, a DATA 2000** waivered physician or advanced practice provider (APP)* may prescribe buprenorphine as part of WM. * In PA, APPs practice under the supervision of an MD/DO, but that MD/DO does not need to be x-waivered if the APP is. In other words, this is not limited to physicians.
1-WM Other substances (Pages 132-134)	Yes. WM can be provided by a practitioner under his/her medical license from the facility as an ambulatory service of the facility by any DDAP licensed provider, most commonly an outpatient licensed provider.	Yes. WM can be provided by a practitioner under his/her medical license from the medical facility. The service is provided through an affiliation agreement (such as a QSOA or BA) with the licensed SUD provider and not as a part of the licensed services of the SUD provider.	Yes. Can be provided by a practitioner under his/her medical licenses.
2-WM OUD (Pages 134-136)	Yes. Facility doing WM by providing FDA approved medications for OUD must be licensed by DDAP to deliver outpatient services. Additionally, facility must be approved by SAMHSA as an OTP if Methadone and/or Buprenorphine from the facility stock is being utilized.	Yes. Can be provided by a practitioner under his/her medical license. Additionally, a DATA 2000 waivered**physician may prescribe buprenorphine as part of WM. The service is provided through an affiliation agreement (such as a QSOA or BA) and not as a part of the licensed services of the facility.	Yes. Day hospital service. Can be provided by a practitioner under his/her medical licenses. Additionally, a DATA 2000** waivered physician may prescribe buprenorphine as part of WM.

2-WM Other substances (Pages 134-136)	Yes. WM can be provided by a practitioner under his/her medical license from the facility as an ambulatory service of the facility by any DDAP licensed provider, most commonly a nonresidential provider (OP/IOP, and/or PHP).	Yes. WM can be provided by a practitioner under his/her medical license from the medical facility. The service is provided through an affiliation agreement (such as a QSOA or BA) with the licensed SUD provider and not as a part of the licensed services of the SUD provider.	Yes. Day hospital service. Examples include: a general health care or mental health care facility. (p.134). Can be provided by a practitioner under his/her medical licenses.
3.2 WM - OUD (Pages 137-138)	Yes. Licensed inpatient nonhospital residential setting with appropriate agreements for medical staffing.	Yes. Physician must have an affiliation agreement (such as a QSOA) with a licensed inpatient nonhospital residential program.	No.
3.2 WM-Other substances (Pages 137-138)	Yes. Licensed inpatient nonhospital residential setting with appropriate agreements for medical staffing.	Yes. Physician must have an affiliation agreement (such as a QSOA) with a licensed inpatient nonhospital residential program.	No.
3.7 WM – OUD (Pages 139-141)	Yes. Facilities licensed as inpatient nonhospital detoxification.	No. This is a facility-based service.	Yes. WM can be provided in an acute care general or psychiatric hospital. A DATA 2000** waivered physician may prescribe buprenorphine as part of WM.
3.7 WM-Other substances (Pages 139-141)	Yes. Facilities licensed as inpatient nonhospital detoxification.	No. This is a facility-based service.	Yes. WM can be provided in an acute care general or psychiatric hospital.

4 -WM OUD (Pages 141-143)	Yes. Facilities licensed as hospital-based and hospital-affiliated detoxification.	No. This is a facility-based service.	Yes. WM can be provided in an acute care general or psychiatric hospital. Any provider with or without a DATA 2000** waiver can order/administer opioids to "maintain or detoxify" a patient who is hospitalized under certain conditions. Additional information can be found by reviewing 21 CFR 1306.07 (link to law in resources section of this document). See **Appendix A** for more information. * In PA, APPs practice under the supervision of an MD/DO, but that MD/DO does not need to be x-waivered if the APP is. In other words, this is not limited to physicians. DDAP recommends that programs thoroughly consider which option is best since being dependent on a DATA 2000** physician could leave programs without appropriate staff to prescribe other client medication. In other words, the MOUD is tied to the physician rather than the facility.
4-WM – Other substances (Pages 141-143)	Yes. Facilities licensed as hospital-based detoxification.	No. This is a facility-based service.	Yes. WM can be provided in an acute care general or psychiatric hospital.
*All providers and programs identifying themselves as providing ASAM Criteria, 3rd Edition, 2013 WM services must meet specifications outlined in the ASAM Criteria, 3rd Edition, 2013 WM level of specific sections. **DATA 2000 Physicians are responsible for notifying the Department of Health and Human Services' SAMHSA and DEA of a change in his/her primary practice address. More information can be found here. https://www.deadiversion.usdoj.gov/pubs/docs/index.html			

WM by Levels of Care

Level 1-WM: Ambulatory WM Without Extended On-Site Monitoring

Level 1-WM is an organized outpatient service designed for individuals with mild withdrawal symptoms. Services are provided in regularly scheduled sessions and should be delivered under a defined set of policies and procedures or medical protocols.

Setting (p. 132)

a. Office setting.
b. Healthcare or addiction treatment facility.
c. In a patient's home by trained clinicians who provide medically supervised evaluation, WM, and referral services according to a predetermined schedule.

Support Systems (p.132)

a. Availability of specialized psychological and psychiatric consultation and supervision for biomedical, emotional, behavioral, and cognitive problems.
b. Ability to obtain a comprehensive medical history and physical examination of the patient at admission.
c. Affiliation with other levels of care, including other levels of specialty addiction treatment, for additional problems identified in a comprehensive biopsychosocial assessment.
d. Ability to conduct or arrange for appropriate laboratory and toxicology testing, which can be point of care testing.
e. 24-hour access to emergency medical consultation services should such services become indicated.
f. Ability to provide or assist in accessing transportation services for patients who lack safe transportation.

Staffing (pgs. 133 & 134)

Physician or Physician Extenders	• Do not need to be certified as addiction specialist but must be trained in assessing and managing intoxication and withdrawal states. • Staffed by program, but does not need to be present in the treatment setting at all times. • Must be readily available to evaluate and confirm that WM in the less supervised setting is relatively safe.
Registered Nurse or other licensed and credentialed nurse	• Do not need to be certified as an addictions nurse, but must be trained in assessing and managing intoxication and withdrawal states. • Staffed by program but does not need to be present in the treatment setting at all times. • Must be readily available to evaluate and confirm that WM in the less supervised setting is relatively safe.
Interdisciplinary team of appropriately trained clinicians (counselors, social workers, and psychologists)	• May be available through the WM service or may be accessed through affiliation with other entities providing Level 1 services.
All clinicians assessing and treating patients	• Able to obtain and interpret information regarding the needs of individuals in Level 1 WM and are knowledgeable about the biopsychosocial dimensions of alcohol, tobacco, and other SUD. Such knowledge includes the signs and symptoms of alcohol and other drug intoxication and withdrawal, as well as appropriate treatment and monitoring of those conditions and how to facilitate the individual's entry into ongoing care.

Therapies (p. 133)

a. Individual assessment.
b. Medication and non-medication methods of WM.
c. Patient education.
d. Nonpharmacological clinical support.
e. Involvement of family members or significant others in the WM process.
f. Discharge and transfer planning, including referral for counseling and involvement in community recovery support groups.
g. Physician and/or nurse monitoring, assessment, and management of signs and symptoms of intoxication and withdrawal.

Assessment and Treatment Plan Review (p.133 & p.134)

a. Addiction focused history obtained as part of the initial assessment and reviewed by the physician or physician extender during the admission process.
b. Physical examination by a physician or physician extender performed within a reasonable time frame as part of the initial assessment.
c. Sufficient biopsychosocial screening assessments to determine the level of care in which the patient should be placed and for the individualized care plan to address treatment priorities identified in Dimensions 2 through 6.
d. Individualized treatment plan, including problem identification in Dimensions 2 through 6 and development pf treatment goals and measurable treatment objectives and activities designed to meet those objectives as they apply to management of the withdrawal syndrome.
e. Daily assessment of patient progress through WM and any treatment changes (or less frequent if the severity of the withdrawal is sufficiently mild or stable).
f. Discharge/transfer planning, beginning at admission beginning at the point of admission to Level 1-WM services.
g. Referral and linking arrangements for counseling, medical, psychiatric, and continuing care.

Documentation (p.134)

a. Progress notes reflect implementation of the treatment plan.
b. Progress notes indicate client's response to treatment and interventions.
c. Changes to the treatment plan should be documented in the progress notes and within the treatment plan.
d. Withdrawal Scales (examples can be found in ASAM CRITERIA, 3RD EDITION, 2013 CRITERIA, 3RD EDITION, 2013Criteria, 2013 ed. pgs. 395-340)

Length of Service/Continued Service/Discharge Criteria (pg. 134)

a. Discharges: Signs and symptoms of withdrawal are sufficiently resolved that he or she can participate in self-directed recovery or ongoing treatment without the need for either medical or nursing WM monitoring.
b. Referral to a higher level of WM: Signs and symptoms of withdrawal are not responding to treatment and are intensifying.
c. Referral to a higher level of care: Unable to complete Level 1-WM despite an adequate trial. For example, the patient is experiencing intense cravings and evidences insufficient coping skills to prevent continue alcohol, tobacco, and/or other drug use concurrent with the WM medication, indicating a need for more intensive services.

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Level 2-WM: Ambulatory WM With Extended On-Site Monitoring

Level 2-WM is an organized service providing all day support and supervision for individuals with moderate withdrawal. Services are provided in regularly scheduled sessions and under a defined set of physician-approved policies and physician monitored procedures or clinical protocols.

Setting (p. 134)

a. Office setting.
b. General healthcare or mental healthcare facility.
c. Addiction treatment facility.

Support Systems (p. 134 & 135)

a. Availability of specialized clinical consultation and supervision for biomedical, emotional, behavioral, and cognitive problems.
b. Ability to obtain a comprehensive medical history and physical examination of the patient at admission.
c. Access to psychological and psychiatric consultation.
d. Affiliation with other levels of care, including other levels of specialty addiction treatment, for additional problems identified in a comprehensive biopsychosocial assessment.
e. Ability to conduct or arrange for appropriate laboratory and toxicology testing, which can be point of care testing.
f. 24-hour access to emergency medical consultation services should such services become indicated.
g. Ability to provide or assist in accessing transportation services for patients who lack safe transportation.

Staffing (p. 135 & 136)

Physician or Physician Extenders	• Do not need to be certified as addiction specialist but must be trained in assessing and managing intoxication and withdrawal states. • Staffed by program, but do not need to be present in the treatment setting at all times • Must be readily available to evaluate and confirm that WM in the less supervised setting is relatively safe.
Registered Nurse or other licensed and credentialed nurse	• Do not need to be certified as an addictions nurse, but must be trained in assessing and managing intoxication and withdrawal states. • Staffed by program, but do not need to be present in the treatment setting at all times • Must be readily available to evaluate and confirm that WM in the less supervised setting is relatively safe.
Interdisciplinary team of appropriately trained clinicians (counselors, social workers, and psychologists)	• May be available through the WM service or may be accessed through affiliation with other entities providing Level 2 services.
All clinicians assessing and treating patients	• Able to obtain and interpret information regarding the needs of individuals of individuals in Level 1 WM and are knowledgeable about the biopsychosocial dimensions of alcohol, tobacco and other SUD. Such knowledge includes the signs and symptoms of alcohol and other drug intoxication and withdrawal, as well as appropriate treatment and monitoring of those conditions and how to facilitate the individual's entry into ongoing care.

Therapies (p. 133)

a. Individual assessment.
b. Medication and non-medication methods of WM.
c. Patient education.
d. Nonpharmacological clinical support.
e. Involvement of family members or significant others in the WM process.
f. Discharge and transfer planning, including referral for counseling and involvement in community recovery support groups.
g. Physician and nurse monitoring, assessment and management of signs and symptoms of intoxication and withdrawal.

Assessment and Treatment Plan Review (p.133 & p.134)

a. Addiction focused history obtained as part of the initial assessment and reviewed by the physician or physician extender during the admission process.
b. Physical examination by a physician or physician extender performed within a reasonable time frame as part of the initial assessment.
c. Sufficient biopsychosocial screening assessments to determine the level of care in which the patient should be placed and for the individualized care plan to address treatment priorities identified in Dimensions 2 through 6.
d. Individualized treatment plan, including problem identification in Dimensions 2 through 6 and development pf treatment goals and measurable treatment objectives and activities designed to meet those objectives as they apply to management of the withdrawal syndrome.
e. Daily assessment of patient progress through WM and any treatment changes (or less frequent, if the severity of the withdrawal is sufficiently mild or stable).
f. Discharge/transfer planning, beginning at admission beginning at the point of admission.
g. Referral and linking arrangements as needed.
h. Serial medical assessment, using appropriate measures of withdrawal.

Documentation (p.136)

a. Progress notes reflect implementation of the treatment plan.
b. Progress notes indicate client's response to treatment and interventions.
c. Changes to the treatment plan should be documented in the progress notes and within the treatment plan.
d. Withdrawal Scales (examples can be found in ASAM CRITERIA, 3RD EDITION, 2013 CRITERIA, 3RD EDITION, 2013Criteria, 2013 ed. pgs. 395-340) and flow sheets are used as needed.

Length of Service/Continued Service/Discharge Criteria (p. 136)

a. Discharges: Signs and symptoms of withdrawal are sufficiently resolved that he or she can be sufficiently managed at a less intensive level of care.
b. Referral to a higher level of WM: Signs and symptoms of withdrawal have failed to respond to treatment and have intensified as evidenced by higher scores on the CIWA-Ar or other comparable standardized scoring system) such that transfer to a more intensive level of WM service is indicated.

c. Referral to a higher level of care: Unable to complete Level 2-WM despite an adequate trial. For example, the patient is experiencing intense cravings and there is evidence of insufficient coping skills to prevent continue alcohol, tobacco, and/or other drug use concurrent with the WM medication, indicating a need for more intensive services.

Level 3.2-WM: Clinically Managed Residential WM

Level 3.2-WM is often referred to as "social detoxification" or "social detox." It is most appropriate for individuals with moderate withdrawal symptoms who need 24-hour support and observation to complete WM and increase likelihood of continuing treatment and recovery. This level of care is characterized by its emphasis on peer and social support rather than medical and nursing care. all programs at this level rely on established clinical protocols to identify patients who are in need of medical services beyond the capacity of the facility and to transfer such patients to more appropriate levels of care some programs at this level are staffed to supervise self-administered medications for the management of withdrawal.

Setting (p. 137)

a. Social setting WM program.

Support Systems (p. 137)

a. Availability of specialized clinical consultation and supervision for biomedical, emotional, behavioral, and cognitive problems.
b. Since level 3.2-WM is managed by clinicians, not medical or nursing staff, protocols are in place should a patient's condition deteriorate and appear to need medical or nursing interventions. These protocols are used to determine the nature of the medical or nursing interventions that may be required. Protocols include under what conditions nursing and physician care is warranted and/ or when transferred to a medically monitored facility or an acute care hospital is necessary. The protocols are developed and supported by a physician knowledgeable in addiction medicine.
c. Affiliation with other levels of care.
d. Ability to conduct or arrange for appropriate laboratory and toxicology testing.

1. Staffing (p.137 & p.138)

Physician or Physician Extenders	• Level 2-WM social WM is a clinically managed WM service designed explicitly to safely assist patients through withdrawal **without the need for ready on-site access to medical and nursing personnel.** • Medical evaluation and consultation is available 24 hours a day in accordance with treatment/transfer practice protocols and guidelines.
Registered Nurse or other licensed and credentialed nurse	• Level 2-WM social WM is a clinically managed WM service designed explicitly to safely assist patients through withdrawal **without the need for ready on-site access to medical and nursing personnel.** • Medical evaluation and consultation is available 24 hours a day in accordance with treatment/transfer practice protocols and guidelines.
Interdisciplinary team of appropriately trained clinicians (counselors, social workers, and psychologists)	• Level 3.2 WM social WM 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 patients transition to continuing care. • All clinicians who assess and treat patients are able to obtain and interpret information regarding the needs of these patients. Such knowledge includes the signs and symptoms of alcohol and other drug intoxication and withdrawal, as well as the appropriate treatment and monitoring of those conditions and 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 assures that patients are taking medications according to the physician prescription and legal requirements.

2. Therapies (p. 138)
    a. Daily clinical services to assess and address the needs of the patient.
    b. 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 understanding of addiction, the completion of the WM process, and referral to an appropriate level of care for continuing treatment.
    c. Interdisciplinary individualized assessment and treatment.
    d. Health education services.
    e. Services to families and significant others.

3. Assessment and Treatment Plan Review (p.138)
    a. Addiction focused history obtained as part of the initial assessment and reviewed by the physician or physician extender during the admission process.
    b. Physical examination by a physician or physician extender as part of the initial assessment if self-administered WM medications are to be used.
    c. Sufficient biopsychosocial screening assessments to determine the level of care in which the patient should be placed and for the individualized care plan to address treatment priorities identified in Dimensions 2 through 6.
    d. Individualized treatment plan, including problem identification in Dimensions 2 through 6 and development pf treatment goals and measurable treatment objectives and activities designed to meet those objectives.
    e. Daily assessment of patient progress through WM and any treatment changes.
    f. Discharge/transfer planning, beginning at admission beginning at admission.
    g. Referral arrangements made as needed.

4. Documentation (p.138)
    a. Progress notes reflect implementation of the treatment plan.
    b. Progress notes indicate client's response to treatment and interventions.
    c. Changes to the treatment plan should be documented in the progress notes and within the treatment plan.
    d. Withdrawal Scales (examples can be found in ASAM CRITERIA, 3RD EDITION, 2013 CRITERIA, 3RD EDITION, 2013Criteria, 2013 ed. pgs. 395-340) and flow sheets are used as needed.

5. Length of Service/Continued Service/Discharge Criteria (p. 139)
    a. Discharges: Signs and symptoms of withdrawal are sufficiently resolved that he or she can be sufficiently managed at a less intensive level of care.
    b. Referral to a higher level of WM: Signs and symptoms of withdrawal have failed to respond to treatment and have intensified as evidenced by higher scores on the CIWA-Ar or other comparable standardized scoring system) such that transfer to a more intensive level of WM service is indicated.
    c. Referral to a higher level of care: Unable to complete Level 3.2-WM despite an adequate trial. For example, he or she is experiencing increasing depression and suicidal impulses complicating cocaine withdrawal and indicating the need for transfer to a more intensive level of care or the addition of other clinical services (such as intensive counseling).

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Level 3.7-WM: Medically Monitored Inpatient WM

Level 3.7-WM programs provide 24-hour observation, monitoring, treatment, and WM for individuals whose withdrawal signs and symptoms are severe enough to warrant round the clock inpatient care. Services are delivered under a defined set of physician approved policies and physician monitored procedures or clinical protocols.

1. Setting (p.139)
    a. Freestanding WM center.
    b. Specialty unit of an acute care general or psychiatric hospital in (a step down from 4-WM).
    c. Does not require the full resources of an acute care general hospital or medical managed intensive inpatient treatment program.

2. Support Systems (p.139)
    a. Availability of specialized clinical consultation and supervision for biomedical, emotional, behavioral, and cognitive problems.
    b. Availability of medical nursing care and observation as warranted, based on clinical judgement.
    c. Direct affiliation with other levels of care.
    d. Ability to conduct or arrange for appropriate laboratory and toxicology tests.

3. Staffing (p.139-140)

Physician or Physician Extenders	• Available 24 hours a day by telephone • Available to assess the patient within 24 hours of admission or earlier • Available to provide on-site monitoring of care and further evaluation daily. • In states where physicians assistants or nurse practitioners are licensed as physician extenders, they may perform the duties designated for a physician under collaborative agreements or other requirements of the medical practice act in the given jurisdiction.
Registered Nurse or other licensed and credentialed nurse	• Available to conduct a nursing assessment upon admission • Oversees the monitoring of patient's progress and medication administration on an hourly basis, if needed. • Level of nursing care is appropriate to the severity of individual patient needs. • Available to administer medications in accordance with physician orders.
Licensed, certified, or registered clinicians	• Provide planned regimen of 24 hour professionally directed evaluation, care and treatment services for patients and their families.
Interdisciplinary team of appropriately trained clinicians (physicians, physician extenders, nurses, counselors, social workers, and psychologists)	• Available to assess and treat the patient and to obtain and interpret information regarding patient needs. • The number and disciplines of team members are appropriate to the range and severity of the individual patient's problems.

4. Therapies (p.140)
    a. Daily clinical services to assess and address the needs of each patient. Such clinical services may include appropriate medical services, individual and group therapies, and withdrawal support.
    b. Range of cognitive, behavioral, medical, mental health and other therapies are administered to the patient on a group and individual basis. These are designed to enhance the patient's understanding of addiction, the completion of WM process, and referral to an appropriate level of care for continuing treatment.
    c. Multidisciplinary individualized assessment and treatment.
    d. Health education services (including but not limited to education about addiction and the withdrawal process).
    e. Services to families and significant others.

5. Assessment and Treatment Plan Review (p.140)
    a. Addiction focused history obtained as part of the initial assessment and reviewed by the physician or physician extender during the admission process.
    b. Physical examination by a physician or physician extender within 24 hours of admission and appropriate laboratory and toxicology tests. If level 3.7-WM services are a stepdown from 4-WM, records of the physical exam from the preceding 7 days are evaluated by a physician within 24 hours of admission.
    c. Sufficient biopsychosocial screening assessments to determine the level of care in which the patient should be placed and for the individualized care plan to address treatment priorities identified in Dimensions 2 through 6.
    d. Individualized treatment plan, including problem identification in Dimensions 2 through 6 and development pf treatment goals and measurable treatment objectives and activities designed to meet those objectives.
    e. Daily assessment of patient progress through WM and any treatment changes.
    f. Discharge/transfer planning, beginning at admission.
    g. Referral arrangements made as needed.

6. Documentation (p.140)
    a. Progress notes reflect implementation of the treatment plan.
    b. Progress notes indicate client's response to treatment and interventions.
    c. Changes to the treatment plan should be documented in the progress notes and within the treatment plan.
    d. Withdrawal Scales (examples can be found in ASAM CRITERIA, 3RD EDITION, 2013 CRITERIA, 3RD EDITION, 2013Criteria, 2013 ed. pgs. 395-340)
    e. Flow sheets (vital signs, etc.)

7. Length of Service/Continued Service/Discharge Criteria (p.142)
    a. Discharges: Signs and symptoms of withdrawal are sufficiently resolved that he or she can be safely managed at a less intensive level of care.
    b. Referral to a higher level of care: Signs and symptoms of withdrawal are not responding to treatment and are intensifying.

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Level 4-WM: Medically Monitored Inpatient WM

Level 4-WM programs provide 24-hour medical directed evaluation and WM in an acute inpatient setting. 24-hour nursing care and daily physician visits ensure observation, monitoring and treatment to individuals with severe, unstable withdrawal symptoms. Services are delivered under a defined set of physician approved policies and physician manage procedures or medical protocols.

1. Setting (p.141)
    a. Acute care or psychiatric hospital inpatient unit.
    b. Support Systems (p.141)
    e. Availability of specialized medical consultation.
    f. Full medical acute care services.
    g. Intensive care, as needed.

2. Staffing (p.141-142)

Physician or Physician Extenders	• Available 24 hours a day to medically manage care of patient. • Available to assess the patient within 12 hours of admission. • In states where physician assistants or nurse practitioners are licensed as physician extenders, they may perform the duties designated for a physician under collaborative agreements or other requirements of the medical practice act in the given jurisdiction.
Registered Nurse or other licensed and credentialed nurse	• Available to conduct a nursing assessment upon admission • Available for primary nursing care and observation 24 hours a day.
Licensed, certified, or registered clinicians	• Available 8 hours per day to administer planned interventions according to the assessed needs of the patient.
Interdisciplinary team of appropriately trained clinicians (physicians, physician extenders, nurses, counselors, social workers, and psychologists)	• Available to assess and treat the patient with a SUD, or an addicted patient with a concomitant* acute biomedical, emotional, or behavioral disorder. **The extent to which concomitant conditions can be treated depends on the capabilities of the particular level 4-WM setting (p.142).*

3. Therapies (p.142)
    a. A range of cognitive, behavioral, medical, mental health and other therapies. These are designed to enhance the patient understanding of addiction, the completion of the WM process and referral to an appropriate level of care for continuing treatment. For the patient with a severe comorbid psychiatric disorder, psychiatric interventions can complement addiction treatment. For the patient with a so severe comorbid bio medical disorder, biomedical interventions compliment addiction treatment.
    b. Health education services.
    c. Services to families and significant others.

4. Assessment and Treatment Plan Review (p.142)
    a. A comprehensive nursing assessment, performed at admission.
    b. Approval of the admission by a physician.
    c. A comprehensive history and physical examination by a physician or physician extender within 12 hours of admission, accompanied by appropriate laboratory and toxicology tests.
    d. Sufficient biopsychosocial screening assessments to determine the level of care in which the patient should be placed and for the individualized care plan to address treatment priorities identified in Dimensions 2 through 6.
    e. Discharge/transfer planning, beginning at admission.
    f. Referral arrangements, as needed.
    g. Individualized treatment plan, including problem identification in Dimensions 2 through 6 and development pf treatment goals and measurable treatment objectives and activities designed to meet those objectives.
    h. Daily assessment of patient progress through WM and any treatment changes.

5. Documentation (p.140)
    a. Progress notes reflect implementation of the treatment plan.
    b. Progress notes indicate client's response to treatment and interventions.
    c. Changes to the treatment plan should be documented in the progress notes and within the treatment plan.
    d. Withdrawal Scales (examples can be found on p. 395-340)
    e. Flow sheets as needed (vital signs, etc)

6. Length of Service/Continued Service/Discharge Criteria (p.143)

a. Discharges: Signs and symptoms of withdrawal are sufficiently resolved that he or she can be safely managed at a less intensive level of care.
b. Referral to a higher level of care: N/A

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Appendix A – Additional Resources

Legislation

- Act 70: https://www.legis.state.pa.us/cfdocs/billInfo/billInfo.cfm?sYear=2021&sInd=0&body=H&type=B&bn=0336
- eCFR :: 21 CFR 1306.07 -- Administering or dispensing of narcotic drugs.

Licensing Alerts

- Alert 2021-01.pdf (pa.gov)

Trainings

- UPMC Toxicology Telehealth Bridge Clinic for Substance Use Disorder Care
  https://www.youtube.com/watch?v=uKYW_6GAi0A
- The ASAM Alcohol Withdrawal Management Guideline Webinar Series
  ASAM eLearning: The ASAM Alcohol Withdrawal Management Guideline Webinar Series
- The ASAM Alcohol Withdrawal Management Webinar Series – Fundamentals
  ASAM eLearning: The ASAM Alcohol Withdrawal Management Webinar Series - Fundamentals
- The ASAM Alcohol Withdrawal Management Webinar Series – Identification, Diagnosis, and Initial Assessment
  ASAM eLearning: The ASAM Alcohol Withdrawal Management Webinar Series - Identification, Diagnosis, and Initial Assessment
- The ASAM Alcohol Withdrawal Management Webinar Series – Monitoring, Levels of Care, & Inpatient/Ambulatory Treatment
  ASAM eLearning: The ASAM Alcohol Withdrawal Management Webinar Series – Monitoring, Levels of Care, & Inpatient/Ambulatory Treatment
- The ASAM Alcohol Withdrawal Management Webinar Series – Pharmacotherapy
  ASAM eLearning: The ASAM Alcohol Withdrawal Management Webinar Series - Pharmacotherapy
- The ASAM Alcohol Withdrawal Management Webinar Series – Complicated Withdrawal and Special Populations
  ASAM eLearning: The ASAM Alcohol Withdrawal Management Webinar Series – Complicated Withdrawal & Special Populations
- An Update on the ASAM Guidance on Alcohol Withdrawal Management
  ASAM eLearning: An Update on the ASAM Guideline on Alcohol Withdrawal Management
- The World of Weird Withdrawal
  ASAM eLearning: The World of Weird Withdrawal (1.5 CME)

Guides/Informational Documents

- The ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use
  opioid-addiction-asam-use-of-medications-in-treatment.pdf (samhsa.gov)
- TIP 45: Detoxification and Substance Abuse Treatment
  TIP 45 Detoxification and Substance Abuse Treatment (samhsa.gov)
- Drug Enforcement Administration Informational Documents
  Informational Documents (usdoj.gov)

References

Mee-Lee D, Shulman GD, Fishman MJ, Gastfriend DR, Miller MM, eds. *The ASAM Criteria: Treatment Criteria for Addictive, Substance -Related, and Co-Occurring Conditions*. 3rd ed. Carson City, NV: The Change Companies©; 2013.

Appendix B - Administering and Ordering Methadone and Buprenorphine in a Hospital Setting

According to 21 CFR 1306.07, when someone is hospitalized, ordering/administering buprenorphine (or methadone for that matter) is not considered "prescribing". Code of Federal Regulations permit any provider with or without an x-waiver to order/administer opioids to "maintain or detoxify" a patient. However, this treatment needs to be incidental to treating a co-occurring physical health condition. In other words, a patient cannot be admitted to a general medical hospital primarily for "detox" and treated with opioid agonist therapy beyond 3 days while arranging for ongoing care. If a patient is admitted for a primary medical condition, e.g. abscess, intractable vomiting, dehydration, appendicitis, etc., then there is no restriction and time limit to that opioid agonist treatment that is incidental to the primary reason for which the patient was admitted.

From eCFR :: 21 CFR 1306.07 -- Administering or dispensing of narcotic drugs:

"(b) Nothing in this section shall prohibit a physician who is not specifically registered to conduct a narcotic treatment program from administering (but not prescribing) narcotic drugs to a person for the purpose of relieving acute withdrawal symptoms when necessary while arrangements are being made for referral for treatment. Not more than one day's medication may be administered to the person or for the person's use at one time. Such emergency treatment may be carried out for not more than three days and may not be renewed or extended.

(c) This section is not intended to impose any limitations on a physician or authorized hospital staff to administer or dispense narcotic drugs in a hospital to maintain or detoxify a person as an incidental adjunct to medical or surgical treatment of conditions other than addiction, or to administer or dispense narcotic drugs to persons with intractable pain in which no relief or cure is possible or none has been found after reasonable efforts."