

Ambulatory Detoxification

Providers contracted for this level of care or service are expected to comply with all requirements of these service-specific performance specifications. These performance specifications govern the detoxification period; aftercare services are subject to the Outpatient Services performance specifications.

Ambulatory Detoxification is provided in an outpatient clinical setting, under the direction of a physician, and is designed to stabilize the medical condition of an individual experiencing a serious episode of excessive substance use or withdrawal complications. Ambulatory detoxification is indicated when the individual experiences physiological dysfunction during withdrawal, but neither life nor significant bodily functions are threatened. The individual may or may not require medication, and 24-hour nursing is not required. The severity of the individual's symptoms determines the setting, as well as the amount of nursing and physician supervision necessary, during the course of treatment. Ambulatory detoxification services can be provided in an intensive outpatient program.

Components of Service

1. The provider is licensed by the Department of Public Health (DPH) as an Ambulatory Detoxification program and complies with 105 CMR 164.000.
2. The scope of required service components provided in this level of care includes, but is not limited to, the following:
 - a. Bio-psychosocial evaluation
 - b. Initial substance use disorder assessment and treatment services
 - c. Medical history and physical examination
 - d. Psycho-education, including substance use disorder, relapse prevention, and communicable diseases
 - e. Development of a treatment/recovery plan
 - f. Case consultation
 - g. Development and/or updating of crisis prevention plans, and/or safety plans, and/or relapse prevention plans, as applicable
 - h. Discharge planning/case management
3. The program provides a minimum of four hours of service programming per day.
4. Specific ambulatory detoxification protocols are individualized, documented, and available on-site.
5. The provider ensures that each Member receives a program orientation at the initiation of services. The orientation information additionally includes, at a minimum, information regarding the process of care specific to ambulatory detoxification.
6. If a Member experiencing a behavioral health crisis contacts the provider, during business hours or outside business hours, the provider, based on his/her assessment of the Member's needs and under the guidance of his/her supervisor, may:

Performance Specifications

Ambulatory Detoxification

- a. refer the Member to his/her outpatient provider;
- b. refer the Member to the local Adult Mobile Crisis Intervention provider for emergency behavioral health crisis assessment, intervention, and stabilization; and/or
- c. implement other interventions to support the Member and enable him/her to remain in the community, when clinically appropriate, e.g., highlight elements of the Member's crisis prevention plan, and/or safety plan, and/or relapse prevention plan, encourage implementation of the plan, offer constructive, step-by-step strategies which the Member may apply, and/or follow up and assess the safety of the Member and other involved parties including caregiver, as applicable.

Staffing Requirements

1. The provider complies with the staffing requirements of the applicable licensing body, the staffing requirements in the Senior Whole Health service-specific performance specifications, and the credentialing criteria outlined in the Senior Whole Health Provider Manual, as referenced at www.SWHMA.com.
2. The provider ensures that a qualified physician is available during all hours when service is provided, either on-site or through a Qualified Service Organization Agreement, to provide consultation to staff. If services are to be available through an agreement, this agreement shall be reaffirmed every two years in accordance with 105 CMR 164.000.
3. The provider provides all staff with supervision consistent with Senior Whole Health credentialing criteria. The provider ensures that supervision of nursing staff is overseen by a registered nurse.

Process Specifications

Assessment, Treatment/Recovery Planning, and Documentation

1. An intake appointment is scheduled within one (1) business day of the referral, or of a Member's request for services.
2. Upon admission, each Member is assigned to a licensed clinician, and/or Licensed Alcohol and Drug Counselor (LADC)/Licensed Alcohol and Drug Abuse Counselor (LADAC).
3. Upon admission, a bio-psychosocial evaluation, initial treatment/recovery plan, and initial discharge plan are completed by the assigned clinician/counselor.
4. The provider ensures that a physical examination which conforms to the principles established by the American Society of Addiction Medicine is completed for all Members within 24 hours of admission. If the examination is conducted by a qualified health care professional who is not a physician, the results and any recommendations arising from the examination are reviewed by the nursing supervisor prior to implementation. Ambulatory detoxification services are provided after the provider determines through physical examination that such services are required.
5. The provider assigns a multi-disciplinary treatment team to each Member within 24 hours of

Performance Specifications**Ambulatory Detoxification**

admission. A multi-disciplinary treatment team meets to review the bio-psychosocial evaluation, initial treatment/recovery plan, and initial discharge plan within 48 hours of admission. On weekends and holidays, the treatment/recovery plan may be developed by an abbreviated treatment team, with a review by the full treatment team on the next business day.

6. The multi-disciplinary treatment team, in collaboration with the Member, reviews the treatment/recovery plan and discharge plan at least every 48 hours (a maximum of 72 hours between reviews on weekends), and updates them when major clinical changes occur. All evaluations, treatment/recovery and discharge plans, reviews, and updates are documented in the Member's health record.
7. Drug screening/testing is requested when medically necessary as part of a diagnostic assessment or as a component of an individualized treatment/recovery plan that includes other clinical interventions. All requests are made in writing by an authorized prescriber (i.e., physician, physician assistant, nurse practitioner, psychiatric nurse mental health clinical specialist). Medical necessity for the drug screen is documented in the Member's health record, including test results.

Discharge Planning and Documentation

The provider engages the Member in developing and implementing an aftercare plan when the Member meets the Ambulatory Detoxification discharge criteria established in his/her treatment/recovery plan. The provider provides the Member with a copy of the plan upon his/her discharge, and documents these activities in the Member's health record.

Service, Community, and Collateral Linkages

1. With Member consent, if a Member is referred to another treatment setting, the provider collaborates in the transfer, referral, and/or discharge planning process to ensure continuity of care.
2. The staff members are familiar with all the following levels of care/services, and are able and willing to accept referrals from, and refer to, these levels of care/services when clinically indicated:
 - a. Level 4 Detoxification Services
 - b. Acute Treatment Services (ATS) for Substance Use Disorders, ASAM Level 3.7
 - c. Clinical Support Services (CSS) for Substance Use Disorders, ASAM Level 3.5
 - d. Structured Outpatient Addiction Programs (SOAP)
 - e. Regional court clinics
 - f. Residential support services (halfway house)
 - g. Opioid Replacement Therapy
 - h. Transitional supportive housing
 - i. Transitional Support Services (TSS) for Substance Use Disorders, ASAM Level 3.1
 - j. Sober housing
 - k. Outpatient counseling services
 - l. Shelter programs

Performance Specifications**Ambulatory Detoxification**

3. With Member consent, the provider collaborates with the Member's PCP and/or Primary Care Team (PCT).