



Position Statement on Use of Multiple Levels of Substance Detoxification

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The MHN provider network has two different levels of detoxification (also called medically managed withdrawal) programs, acute and subacute. The majority of subacute detox programs are part of Substance Use Disorder (SUD) residential treatment facilities. As such, these subacute detox programs do not have the capacity to provide emergency medical interventions, which could be needed for certain members who have increased risk of medical complications during substance withdrawal. Below we define acute from subacute detox and what we require of each to safely provide substance detoxification services to our members.

Acute detoxification programs:

- A. Acute inpatient detoxification (consistent with ASAM 3.7 and 4.0 level):
 1. Acute inpatient detoxification is an organized service delivered by medical and nursing professionals that provides for 24-hour medically directed evaluation and withdrawal management in an acute care inpatient setting. Services are delivered under a defined set of physician-approved policies and physician-managed procedures or medical protocols. This level of care provides care to patients whose withdrawal signs and symptoms are sufficiently severe to require primary medical and nursing care services. These services are typically provided in general medical hospital in an acute medical ward (ASAM 4.0) or in a free-standing acute psychiatric unit with expertise in withdrawal management (ASAM 3.7). Twenty-four hour observation, monitoring and treatment are available.¹
 2. The acute care setting can be:
 - a. An acute care general hospital or an acute care psychiatric hospital with access to the full services of an acute care general hospital;
 - b. An appropriately licensed chemical dependency specialty center with acute care medical and nursing staff and life support equipment;
 - c. An acute addiction treatment unit in an acute care general hospital.
 3. While legislative and geographical variances may exist, at a minimum these programs should include:²
 - a. A thorough substance use evaluation must be performed in order to assess an individual's withdrawal potential. Assessment should include not only the all of the substances used, including age at onset of use, amounts, routes, frequency, changes in patterns of use, and periods of abstinence. In addition, the medical history should include past withdrawal experiences, complications, and possibility of seizures.
 - b. Nursing assessment within 8 hours and nursing staff observation 24 hours/day.
 - c. Medical history and physical examination within 24 hours.
 - d. Psychosocial assessment within 48 hours.
 - e. Toxicology screen within 4 hours, subsequent as clinically indicated.
 - f. Vital signs every 2 to 4 hours.
 - g. Clinical assessment at least 1 time/day.
 - h. Psychiatric consult as needed.
 - i. Neurologic/ Neuropsychiatric consult as needed.
 - j. Discharge plan initiated on admission.



- B. Ambulatory (outpatient detoxification):
1. Detoxification can also be done on an outpatient basis, usually as part of a chemical dependency partial hospital or intensive outpatient program, and while legislative and geographical variances may exist, at a minimum these programs should include:^{1,2}
 - a. Programs are staffed by physicians and nurses, who are essential to the type of service being offered; however, they need not be present at all times (in states where physician assistants or nurse practitioners are licensed physician extenders, they may perform the duties designated for a physician).
 - b. Medical history, physical examination, and medical clearance on first day or prior to start of treatment, specifically ruling out a history consistent with prior withdrawal related seizures, delirium tremens, evidence of dementia or organ failure.
 - c. Substance use evaluation, initial on the first day, subsequent as needed.
 - d. Nursing assessment on the first day.
 - e. Psychosocial assessment on the first day or prior to start of treatment.
 - f. Clinical assessment each visit.
 - g. Toxicology screen initial within 4 hours, subsequent as needed (random drug screens should be part of any outpatient detox and/or treatment program).
 - h. Discharge plan initiated on admission.
 - i. Medical consultation is readily available in emergencies.
 - j. Access to psychiatric consultation.
 - k. Direct affiliation with other levels of substance use care, as well as, general and psychiatric services (levels of care).

Subacute Detoxification (consistent with ASAM levels 3.5):

- A. This is an appropriately licensed organized free standing service that may be delivered by appropriately trained staff, who provide 24-hour supervision, observation and support for patients who are intoxicated or experiencing withdrawal. Specific effort is made before admission to rule out a history consistent with prior withdrawal related seizures, delirium tremens, evidence of dementia, history of Grand Mal Epilepsy, pregnancy, uncontrolled comorbid medical conditions or organ failure. A subacute facility providing detoxification services would need to call an ambulance in the event of a medical emergency, as the full resources of a medically monitored inpatient detoxification service are not offered at this level of care.¹
1. All programs need to have 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.
 2. Able to arrange for appropriate laboratory and toxicology tests.
 3. Programs are staffed by appropriately credentialed personnel who are trained and competent to implement physician-approved protocols for patient observation and supervision.
 4. Detox is designed explicitly to safely monitor patients' withdrawal without the need for ready on-site access to medical personnel.
 5. Medical evaluation and consultation is available 24 hours a day.
 6. All clinicians who assess and treat patients are able to obtain and interpret information regarding the needs of the patients. This includes knowledge of:
 - a. Signs and symptoms of alcohol and other drug intoxication and withdrawal states.
 - b. Appropriate treatment and monitoring of these intoxication or withdrawal states.
 7. Facilities that supervise self-administered medications have appropriately licensed or credentialed staff and policies and procedures in accordance with state and federal law.
 8. Staff assure that the patients are taking medications according to physician prescription and legal requirements.



9. Daily clinical services to assess and address needs of each patient including medical services, individual and group therapies, and withdrawal support are part of the treatment program.
10. Subacute residential detoxification is generally characterized by its emphasis on peer and social support.

Facilities that do not meet the above criteria for subacute detox level of care could still be accepted into the MHN network, but for a different level of care; for example, as a SUD residential treatment program, assuming they are licensed and meet MHN criteria for this level of care.

¹ ASAM Placement Criteria, Second Edition Revised; ASAM 2013.

² Chemical Dependency & Dual Diagnosis, Adult & Adolescent 2016 InterQual Level of Care. McKesson Health Solutions.

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