

Lancaster County Drug & Alcohol Commission Case Management & Clinical Services Policy & Procedure Manual	CMCS # 21 Policy: <i>Withdrawal Management Services</i>
Most Current Revision: 07/01/2021 Effective Date: 07/01/2020	Page: 1 of 3

I. Purpose:

To provide information, material, and references applicable to withdrawal management services as they are aligned through DDAP for the State of PA using The ASAM Criteria, 2013.

II. Procedure:

In the adult ASAM Placement Criteria, withdrawal management services can be provided at any of the five levels of care. Specific criteria, organized by drug class (alcohol, sedative-hypnotics, opioids, et al.) guide the decision as to which withdrawal management level is safe and efficient for a person in withdrawal.

Remember: the liver detoxifies; clinicians manage withdrawal. Therefore, if the person is intoxicated **and not yet in withdrawal**, Dimension 1 services need would be intoxication management.

Per the *DDAP Pennsylvania Guidance for Applying the ASAM Criteria, 2013; Revised August 2019, edited 9/19*:

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 - **WITHDRAWAL MANAGEMENT (The ASAM Criteria, 2013, pp 127 – 173)**
There are various assessment considerations for determination of withdrawal management needs including the individual’s personal withdrawal history, course of illness, substances being used, current withdrawal symptoms, medical and mental health complications, etc.; therefore, assessors should be well-acquainted with the specific details outlined in The ASAM Criteria, 2013 (pp. 127 – 173), including the Dimensional Admission Criteria Decision Rules by substance, the Risk Rating Matrix (The ASAM Criteria, 2013, pp. 73 - 104), Immediate Need and Imminent Danger Profile (The ASAM Criteria, 2013, p. 66), as well as the Withdrawal Management Instruments found in the Appendix A (The ASAM Criteria, 2013, pp. 393 – 400).
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 - **1 WM (The ASAM Criteria, 2013, pp. 132-134) Ambulatory Withdrawal Management; AND 2 WM: Ambulatory Withdrawal Management with Extended On-Site Monitoring (The ASAM Criteria, 2013, pp. 134 – 136)**
Ambulatory withdrawal management exists within our treatment delivery system; however, since this activity is not indicated on the license of providers who deliver this level of care, it is difficult to determine Pennsylvania’s current capacity for these services and individuals’ access to these services. Work will continue to identify and expand ambulatory withdrawal management services, as appropriate. Until then, clients should continue to use the existing ambulatory services offered by providers. Such services may be provided by licensed SUD

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providers, including outpatient providers with appropriate medical staff and services and primary care physicians.

- **3.2 WM: Clinically-Managed Residential Withdrawal Management** (*The ASAM Criteria, 2013, pp. 137 – 139*)

*Since all licensed residential withdrawal management facilities must have healthcare staff as a regulatory requirement, there are no licensed residential treatment providers within the Commonwealth of Pennsylvania that provide only a “social setting detoxification” that is characterized by peer and social support. While licensed residential withdrawal management programs may support individuals in progressing through withdrawal symptoms without any use of medication, **this is done as a service within a 3.7 WM service** and not as a separate 3.2 level of care. The provision of this service as a definitive 3.2 level of care will need to be explored as a future enhancement to the system of care.*

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- **Medically Monitored Intensive Inpatient Services – Level 3.7** (*The ASAM Criteria, 2013, pp. 265 -279*)

However, in such instances where a program licensed under the 709 regulations has the required medical staffing (most likely those that also provide withdrawal management services) and has been designated as a 3.7 by the process established by DDAP/DHS it would also meet the requirements to provide Medically Monitored Intensive Inpatient Services.

ASAM Crosswalk with PA’s System of Care - August 2019

LOC ASAM	Adult ASAM LOC Name	A SAM Program Description Summary for Adults	ASAM	PA Service Equivalent	Licensed	PCPC	
Criteria			Adol LOC	Adult	Program/ Services	Regulation	
WITHDRAWALMANAGEMENT	1 WM Withdrawal Management p. 132 ⁱ	Ambulatory Withdrawal Management (WM)	Outpatient WM: without extended on-site monitoring	p. 128	OBOTs; OTP/NTP - See Application Guidance Document	715; 709	N/A
	2 WM p. 134	Ambulatory WM	Outpatient WM: with extended on-site monitoring	p. 128	OBOTs; OTP/NTP - See Application Guidance Document	715, 709	N/A
	3.2 WM p. 137	Clinically Managed Residential WM	Clinically Managed “Social setting program”; Managed by clinicians; NOT medical staff	p. 128	See Application Guidance Document	709	N/A

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3.7 WM p. 139	Medically Monitored Inpatient WM	“Freestanding WM center”; 24-hour observation and availability of medical staff	p. 128	Non-hospital residential detoxification	709; 711	3A
4 WM p. 141	Medically Managed Intensive Inpatient WM	Acute care or psychiatric hospital unit; Availability of specialized medical consultation; full medical acute care; ICU as needed	p. 128	Hospital-based detoxification	710	4A

Per an email exchange with RA- DAASAM Personnel of DDAP on 01142021:

- Inquiry:**

Dear RA-DAASAM Personnel.

We are in the throes of writing/updating our policies to align with the 2020-2025 DDAP manuals AND, of course, the State of PA Alignment with The ASAM Criteria, 2013.

Presently, I am looking for any/all information I can find as it relates to withdrawal management.

*The only information I was able to get my hands on are **pages 4-5 of the Pennsylvania Guidance for Applying The ASAM Criteria, 2013; Revised Auguste 2019 edited 9/19.***

My question to you is: has anything else been written/updated by DDAP?

- Response**

DDAP is currently working on the guidance related to WM and will release any updates pertaining to webinars or document postings to the website via our listserve. It is anticipated that this information will be released in early Spring.

As of this writing and until further notice, reimbursement for withdrawal management services with LCDAC funds shall only transpire at the 3.7 Medically Monitored Inpatient level of care.

As we learn more regarding the services for withdrawal management as well as possibly expanding our funding for withdrawal management services within other levels of care, we will do our due diligence to keep our contracted service providers apprised.

Approved By:



Rick Kastner LCDAC Executive Director

7/1/2021

Date