Commonwealth of Pennsylvania Department of Drug and Alcohol Programs

Pennsylvania's Client Placement Criteria for Adults

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Table of Contents

I) Introduction 1

A) Development of Criteria 1

B) Acknowledgments 4

II) How to Use Criteria 5

III) Overview of Criteria 11

IV) Levels of Care and Placement Criteria 17

A) Level 1A – Outpatient 17

1) Description of service level 17

2) Placement criteria for this level 19

a) Admission criteria 19

b) Continued Stay criteria 21

c) Discharge/Referral criteria 23

B) Level lB – Intensive Outpatient 25

1) Description of service level 25

2) Placement criteria for this level 27

a) Admission criteria 27

b) Continued Stay criteria 29

c) Discharge/Referral criteria 31

C) Level 2A – Partial Hospitalization 33

1) Description of service level 33

2) Placement criteria for this level 35

a) Admission criteria 35

b) Continued Stay criteria 37

c) Discharge/Referral criteria 39

D) Level 2B – Halfway House 42

1) Description of service level 42

2) Placement criteria for this level 44

a) Admission criteria 44

b) Continued Stay criteria 46

c) Discharge/Referral criteria 48

E) Level 3A – Medically Monitored Inpatient Detox 51

1) Description of service level 51

2) Placement criteria for this level 53

a) Admission criteria 53

b) Continued Stay criteria 55

c) Discharge/Referral criteria 56

F) Level 3B – Medically Monitored Short Term Residential 58

1) Description of service level 58

2) Placement criteria for this level 60

a) Admission criteria 60

b) Continued Stay criteria 63

c) Discharge/Referral criteria 65

G) Level 3C – Medically Monitored Long Term Residential 68

1) Description of service level 68

2) Placement criteria for this level 70

a) Admission criteria 70

b) Continued Stay criteria 73

c) Discharge/Referral criteria 76

H) Level 4A – Medically Managed Inpatient Detox 80

1) Description of service level 80

2) Placement criteria for this level 82

a) Admission criteria 82

b) Continued Stay criteria 85

c) Discharge/Referral criteria 86

I) Level 4B – Medically Managed Inpatient Residential 88

1) Description of service level 88

2) Placement criteria for this level 90

a) Admission criteria 90

b) Continued Stay criteria 93

c) Discharge/Referral criteria 94

V) Appendix A: Special Needs Considerations and Questions 96

A) Pharmacotherapy 97

B) Co-Occurring Mental Illness 99

C) Women's Issues 101

D) Considerations for Women with Children 103

E) Cultural/Ethnic considerations 106

F) Sexual Orientation considerations 108

VI) Appendix B: Glossary 110

VII) Appendix C: PCPC Summary Sheet 118

VIII) Appendix D: CIWA-Ar 119

IX) Appendix E: Narcotic Withdrawal Scale 121

Introduction:

Pennsylvania Client Placement Criteria for Adults

The Pennsylvania Client Placement Criteria for Adults (PCPC) are a set of guidelines designed to provide clinicians with a basis for determining the most appropriate care for clients with drug and alcohol problems. These guidelines, which have been modified to fit the specific needs and circumstances of the state of Pennsylvania, include admission, continued stay, and discharge and referral criteria. They have been formulated to promote a broad continuum of care which places clients in the least intrusive and medically safest setting, while providing the best opportunity to efficiently utilize health care resources. The PCPC were developed through a comprehensive process initiated by the Pennsylvania Bureau of Drug and Alcohol Programs (BDAP, formerly ODAP).

In 1993, BDAP began a comprehensive program to determine how to best ensure the most appropriate care for clients experiencing problems associated with the use of alcohol and other drugs. This program, involving treatment providers, researchers, Single County Authorities, managed care organizations, and policy makers across the state of Pennsylvania, was begun in response to a series of developments in drug and alcohol legislation. In 1988, legislation was passed that required BDAP to develop criteria "governing the type, level, and length of care or treatment" of drug and alcohol clients funded under Act 152. Soon after, in 1990, the Legislative Budget and Finance Committee recommended that the Department develop "performance standards," new "case management regulations," and "a comprehensive standard assessment instrument to identify the most appropriate care." The Governor's Drug Policy Council, relating to the oversight of Health Maintenance Organizations, made similar recommendations in 1991.

BDAP began this initiative by establishing a Treatment Task Force that met for the first time in February 1993. This Task Force had four immediate objectives:

1) To recommend criteria for client assessment and placement;
2) To recommend a list of acceptable assessment and placement instruments for statewide use;
3) To recommend standards and guidelines that could be used in monitoring drug and alcohol managed care plans; and
4) To recommend draft review criteria and procedures that could be used in analyzing, reviewing, and recommending the use of additional placement and assessment instruments.

The criteria that the Task Force sought to develop were not expected to tell professionals how to treat their clients. Rather, they were supposed to be simple, minimum standards used to inform the decision as to whether a drug and alcohol client should have inpatient care, non-hospital rehabilitation, or outpatient care of some sort. It was expected that these guidelines would go a long way in promoting a broad continuum of care that placed clients in a setting that would be the least intrusive, while providing the best opportunity to efficiently utilize health care resources.

In the 1980's, the National Association of Addiction Treatment Providers (NAATP) and the American Society of Addiction Medicine (ASAM) worked to refine the existing client placement criteria. They hoped that the resulting criteria would more effectively discriminate between the needs for different types of care, enhance the guidelines for assessing the need for continued care at a given level of treatment, and improve the matching of client needs to appropriate treatment resources. They identified and described four levels of treatment, differentiated by degrees of direct medical management, structure, and treatment intensity. The NAATP/ASAM Patient Placement Criteria were superseded in June of 1991 by the ASAM Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders. This document was used as one of the key foundations of the ODAP project, although it needed to be modified to fit the specific needs and circumstances of the state of Pennsylvania. ODAP soon received permission from ASAM to make these modifications.

Twelve focus groups were established to assist in the development of the Pennsylvania criteria: Outpatient care, Intensive Outpatient care, Partial Hospitalization, Short Term Rehabilitation (medically managed and medically monitored), Detoxification (medically managed and medically monitored), Methadone Treatment, treatment in Halfway House settings, Long Term Rehabilitation, Psychiatric Issues, Issues of Women with Children, Cultural Issues, and Alternative Lifestyle Issues. These groups were charged with the responsibility of identifying specific criteria to supplement the ASAM Patient Placement Criteria for each particular area, and to develop materials specific to the client characteristics which indicate that the individual is appropriate for the care modality being addressed. They assumed a full continuum of care for each client, a previous diagnosis of Psychoactive Substance Use Disorder for the client, as defined by the current DSM, and an acceptance of the ASAM criteria on the part of each focus group for their particular level.

The focus groups were expected to develop clinical assessment guidelines in such areas as the level of progression within recovery expected for a client upon entering a particular service, the client need identifiers which indicate the appropriateness of a specified service, and the level of functioning within recovery which is reached when it is appropriate for the client to be transferred to the next level of service. The focus groups were also asked to isolate Admission Criteria, Continued Stay Criteria, and Discharge Criteria.

The following criteria are the work of those focus groups. They are ordered from least to most intensive modalities, and include general guidelines for: Outpatient care, Intensive Outpatient care, Partial Hospitalization, Short term Rehabilitation (medically managed and medically monitored), treatment in Halfway House settings, Long term Rehabilitation, and Detoxification (medically managed and medically monitored). In addition, specific areas of clinical consideration are addressed, including patients in pharmacotherapy (e.g. methadone), psychiatric comorbidity, and issues concerning gender, culture, and alternative lifestyles.

Acknowledgements

The Pennsylvania Department of Drug and Alcohol Programs (DDAP) and the Bureau of Treatment, Prevention and Intervention (BTPI) would like to thank all those individuals whose hard work has contributed to the development and refinement of the Pennsylvania Client Placement Criteria (PCPC) for Adults. Without tireless efforts and countless hours, this vitally important project would likely have never been completed.

We applaud the work of the Clinical Standards Committee, which was charged to support the implementation and further development of the PCPC, and to address additional clinical and systemic issues relevant to substance use treatment in the Commonwealth of Pennsylvania. The following are recognized for their work on this Committee:

Louis Baxter, Sr., M.D., FASAM, Hospital Association of Pennsylvania (HAP)
Kim Bowman, Pennsylvania Association of County Drug and Alcohol Administrators (PACDAA)
Jack DeWitt, Pennsylvania Community Providers Association
Mike Harle, Drug and Alcohol Service Providers of Pennsylvania (DASPOP)
Terrence McSherry, Pennsylvania Alliance
Janice Pringle, Ph.D., St. Francis Medical Center
Mark Besden, CAC, Halfway House Association
Robert L. Primrose, CAAP, Pennsylvania Bureau of Drug and Alcohol Programs

The Committee agreed to form subcommittees addressing issues such as, but not limited to, ambulatory detoxification, adolescent issues, technical review and revision, and assessment. DDAP would like to thank all those who have participated on these various subcommittees for their dedication and commitment. In particular, DDAP would also like to recognize the work of the Technical Review Subcommittee, whose initiatives and effort made the revision of the PCPC a reality. This Subcommittee was given an assortment of tasks including: reviewing the criteria for editorial and content issues, making recommendations for changes, developing a system for eliciting comments from the field, reviewing the mechanisms used in training and communicating with clinicians in the use of the PCPC, reviewing and recommending systems for administering the PCPC and recording the results of evaluations in client charts, and developing a mechanism for systematizing communications with other entities involved in PCPC research and training.

Finally, DDAP would like to recognize and give special thanks to its Division of Treatment for their tireless efforts and support, and to Nicholas Emptage and Cele Fichter of St. Francis Medical Center for their work in reformatting and rewriting the Pennsylvania Client Placement Criteria manual in its present form.

How to Use the Criteria

The Clinical Decision-Making Process: Gathering, Interpreting, and Applying Information

Gathering Information

A comprehensive clinical assessment is vital to the placement process, and must be conducted by a qualified professional prior to applying the PCPC for level of care determination. Because substance use disorders are biopsychosocial in nature, assessments must be comprehensive and multidimensional to determine the level of care and service needs of the client.

Assessing the client for any **special needs** is also an important part of this process. The Department of Drug and Alcohol Programs recognizes that clients who come from specific backgrounds, or whose lives are affected by special circumstances, may require placement in a program tailored to meet their specific needs. Appendix A of the Pennsylvania Client Placement Criteria includes sample assessment questions and narratives describing such programs for the following populations: **clients currently engaged in pharmacotherapy, clients with coexisting mental illnesses, women, women with children, clients from ethnic minorities, and gays and lesbians.**

Interpreting Information – The Dimensional Approach

Once assessment information is gathered, it can be related to each of the six dimensions specified in the PCPC. Individuals who have been diagnosed as having a substance use disorder are very often suffering with other conditions or problems at the same time. These additional difficulties can have a significant impact on the client's understanding and confrontation of his or her presenting problem and on the fulfillment of his or her long-term treatment goals. Client information is interpreted and related to the PCPC so that a clinical determination can be made according to dimensional specifications (see the dimensional matrix under each type of service for detailed specifications). While the dimensions are comprehensive in taking into account all of the factors involved in a client's addiction, the goal of each dimension is to capture a particular facet of the client's problem and gauge the severity or degree to which that facet contributes to the overall disorder.

The Pennsylvania Client Placement Criteria guides placement determinations based on severity and level of functioning in each of the following dimensions:

Acute Intoxication and Withdrawal – This dimension addresses the severity of the client's presenting substance use disorder. The interviewer attempts to assess the severity of the client's addiction and the degree of impairment in everyday functioning. Of particular concern is the risk of severe withdrawal syndrome. A client who is experiencing symptoms of withdrawal (or who is at great risk of doing so) may require treatment in an intensive type of service.

Biomedical Conditions and Complications – This dimension investigates the client's overall physiological condition in order to determine whether there are any medical problems or concerns. If a client is suffering from a medical problem that is complicated by the use of alcohol or drugs, or he or she has a health problem of such severity that medical care is immediately necessary, then the inclusion of medical management in the treatment setting becomes critically important.

Emotional/Behavioral Conditions and Complications – This dimension addresses the client's mental status, in terms of the effects of any emotional or behavioral problems on the presenting substance use disorder. The client is evaluated in terms of his or her emotional stability, and the interviewer attempts to assess the degree to which the client could present a danger to self or others. The goal of this dimension is to identify any psychological disorders which could complicate drug and alcohol treatment, and which may need to be treated concurrently. This dimension also identifies any unpredictable or self-defeating behaviors in response to emotional or environmental stressors.

Treatment Acceptance/Resistance – This dimension examines the client's attitude towards treatment. The degree to which the client understands the nature and consequences of his or her addiction, as well as his or her motivation to engage in recovery, are vital considerations to be made when deciding upon an appropriate setting for treatment.

Relapse Potential – This dimension's focus is the client's ability to maintain abstinence from alcohol and other drugs. It examines how the client deals with triggers and cravings, and attempts to assess what changes in behavior are needed for him or her to maintain abstinence. Like the treatment acceptance dimension, this is a critical gauge of the degree of structure the client needs in his or her treatment program.

Recovery Environment – This dimension evaluates the client's social and living environment in terms of how it promotes or denigrates the client's recovery efforts. Its main concern is whether or not the client's peers, family, and/or significant others are supportive of his or her recovery, either directly or indirectly. Severe conditions can require relief from the social environment in a structured setting, and information about the client's coping patterns can be valuable in developing his or her treatment plan.

Applying Information (How to Make a Level of Care Determination or Placement Decision):

Once the client has been properly assessed, and he or she meets each dimensional specification for a particular level of care, the PCPC provides for an overall level of care determination based on all the dimensions. This is often referred to as dimensional scoring.

Information obtained from a comprehensive assessment is interpreted according to dimensional severity (using the PCPC dimensional matrix) in order to determine the most appropriate level of care and type of service. Each level of care, from outpatient to medically managed residential, has its own dimensional specifications. For example, for a Level 1A (Outpatient) determination, the client must meet the dimensional specifications for outpatient care in dimensions 1, 2, 3, 4, 5, and 6 (see the Criteria Overview, page 11, or the dimensional matrix, pages 17 to 24, for additional level of care specifications).

The PCPC includes 4 levels of care and 9 types of service*:

Level 1
A Outpatient
B Intensive Outpatient

Level 2
A Partial Hospitalization
B Halfway House

Level 3
A Medically Monitored Detox
B Medically Monitored Short-Term Residential
C Medically Monitored Long-Term Residential

Level 4
A Medically Managed Inpatient Detox
B Medically Managed Inpatient Residential

Admission, Continued Stay, Discharge/Referral Criteria:

As the full clinical picture emerges through continued evaluation, placement decisions and lengths of stay may need to be reconsidered. Admission, continued stay, and discharge/referral criteria should therefore be utilized at every type of service throughout

* **Pennsylvania licensing requirements and descriptions of services can be found in each level of care section.**

the continuum of care. In this way, the client receives alcohol and other drug treatment services at the most appropriate level of care (LOC) until he or she has developed coping strategies sufficient to be able to support a self-directed recovery program, and no longer meets the admission criteria for any level of care.

When to use continued stay criteria:

Continued stay criteria are used to review and determine the clinical necessity of a client's status in a particular level of care and type of service. Use of continued stay criteria ultimately determines the appropriate length of stay (until admission criteria are met for another LOC or the client is discharged from the continuum).

The treatment funding source has discretion as to when to utilize continued stay criteria for concurrent review. However, the Bureau of Treatment, Prevention and Intervention (BTPI) provides the following **recommended** time frames:

Outpatient	every 30 days to 120 days
Intensive Outpatient	every 30 days to 120 days
Partial Hospitalization	every 30 days to 120 days
Halfway House	every 30 days
Medically Monitored Detox	every 3 days
Medically Monitored Residential, Short-Term	every 7 days
Medically Monitored Residential, Long-Term	every 30 days
Medically Managed Inpatient Detox	every day
Medically Managed Residential	every 7 days

Continued stay criteria should also be used whenever deemed clinically appropriate by the treatment provider.

Using the discharge criteria if a client leaves against staff/medical advice:

In the case of a client who leaves a particular level of care against staff advice and without giving notice, the discharge/referral criteria may not be applicable. Utilization of the criteria should be evidenced up to that point. In the case of a client discharged for lack of compliance, referral criteria should be completed with documentation detailing the client's failure to comply.

A note on documentation and clinical justification for services:

The client record is designed to:

1. Provide clinical justification for placement by matching addiction severity with the appropriate level of care;

2. Objectively document the need for specific interventions and support services in key biopsychosocial domains; and
3. Document the effectiveness of prescribed interventions.

The record should provide a summation of a client's condition and progress, specifically, accurately, objectively, and in standardized clinical terms. Jargon and personal opinion have no place in a professional record.

When documenting clinical justification for a prescribed level of care, it is important that client-specific information be recorded and related with the PCPC in each of the six dimensions. Verbatim quotes from the PCPC matrix are insufficient without supporting individualized data elements. Consider the following examples:

1. In Dimension 2, Level 4A, Item G, the PCPC reads:
   Chemical use gravely complicating or exacerbating previously diagnosed medical condition.

   The clinical record should include client-specific information, such as:
   Client's daily alcohol use exacerbates liver inflammation due to known hepatitis C infection, which places client at risk of developing cirrhosis;

2. In Dimension 4:
   Client does not accept or understand severity of problems related to substance use.

   The clinical record should include:
   Despite client's awareness of his high-risk status for developing cirrhosis of the liver, along with continued daily health problems, the client does not connect the serious role of alcohol use to his health problems.

Examples 1 and 2 provide clear and specific reasons for recommending a level of care, within the framework provided by the PCPC Matrix Item in the first example. Every relevant individual clinical presentation can be documented in a similar way, providing core information, stated succinctly, which can then be used in both treatment planning and clinical application.

All interactions with a client should be documented in an objective, professional manner, including those situations in which a client refuses a recommended service. Mitigating circumstances compelling a client to make choices which conflict with clinical recommendations should be included in the chart narrative.

In summary, a client chart is a written record of the history of a professional relationship. Good clinical documentation is an integral part of providing quality client service.

The following process illustrates the use of admission, continued stay, and discharge/referral criteria:

STEP ONE: The client is assessed by a drug and alcohol professional. The Pennsylvania Client Placement Criteria admission criteria are used to guide the assessor in placing the client in an appropriate level of care and type of service. The assessor forwards the PCPC summary sheet to the authorizing agency and admitting provider (if applicable[*]).

STEP TWO: Continued stay criteria are utilized to determine whether the client should stay in the current level of care and type of service. The PCPC summary sheet should be forwarded to the authorizing agency. If the client does not meet continued stay criteria, proceed to Step Three.

STEP THREE: The discharge/referral criteria are used. If discharge from the system is appropriate for the client, the PCPC discharge summary sheet should be forwarded to the authorizing agency and no further. If the client meets referral criteria (including admission criteria for another type of service), the PCPC summary sheet should be forwarded to the authorizing agency and admitting treatment provider (if applicable) before continuing to Step Four.

STEP FOUR: A referral is made to an appropriate provider. The admitting provider then proceeds with the clinical biopsychosocial assessment, and forwards the PCPC summary sheet to the authorizing agency.

[*] The appropriate signed client consent to release information must proceed forwarding the PCPC Summary Sheet and any other client information.

Admission Criteria Overview*

Dimensions	Level 1A – Outpatient	Level 1B – Intensive Outpatient	Level 2A – Partial Hospitalization	Level 2B – Halfway House	Level 3A – Medically Monitored Inpatient Detox
Acute Intoxication or Withdrawal	Minimal to no risk of withdrawal	Minimal to no risk of withdrawal	Minimal risk of severe withdrawal	Minimal to no risk of withdrawal	High risk of severe withdrawal, daily use with physical dependence but without psychiatric or medical disorder requiring medical management
Biomedical Conditions and Complications	Stable enough to permit participation	Not severe enough to warrant inpatient, but may distract from recovery efforts.	Not severe enough to warrant twenty-four-hour observation; relapse could severely exacerbate conditions	Conditions do not interfere with treatment and do not require monitoring outside of this level; OR relapse would severely aggravate existing condition	Medical condition severely endangered by continued use, requires close medical monitoring but not intensive care
Emotional/ Behavioral Conditions and Complications	Non-serious, transient emotional disturbances; mental status allows full participation	Able to maintain behavioral stability between contacts, symptoms do not obstruct participation	Inability to maintain behavioral stability over seventy-two-hour period; OR mild risk of dangerous behavior; OR history of dangerous behavior	Conditions do not interfere with treatment and disorders may be treated concurrently; at least one serious emotional/behavioral problem is present	Psychiatric symptoms interfere with recovery, moderate risk of dangerous behaviors, impairment requires twenty-four-hour setting; self-destructive behavior related to intoxication
Treatment Acceptance/ Resistance	Willing and cooperative; requires only monitoring and motivation rather than structure	Willing and cooperative; requires only monitoring and motivation rather than structure	Structured milieu required due to denial or resistance, but not so severe as to require residential setting	Cooperative and accepts need for twenty-four-hour structured setting	N/A
Relapse Potential	Able to maintain abstinence with support and counseling	Needs support and counseling; difficulty postponing immediate gratification	Likely to continue use without monitoring and intensive support; OR difficulty maintaining abstinence despite engagement in treatment	Unaware of relapse triggers, impulsivity, would likely relapse without structured setting	N/A
Recovery Environment	Supportive living environment or environment in which stressors can be managed so that abstinence can be maintained	Not optimal, but has supportive living environment or motivation to establish one; available supports willing to help facilitate recovery	Exposure to usual daily activities makes recovery unlikely; OR inadequate support for recovery from significant others; OR estrangement from potential support in living environment	Lack of supportive persons in living environment; significant stressors; OR logistic barriers to treatment at less intensive level of care	N/A

Admission Criteria

Dimensions	Level 3B – Medically Monitored Short Term Residential	Level 3C – Medically Monitored Long Term Residential	Level 4A – Medically Managed Inpatient Detox	Level 4B – Medically Managed Inpatient Residential
Acute Intoxication or Withdrawal	Minimal to no risk of severe withdrawal	Minimal to no risk of withdrawal with ongoing post acute withdrawal symptoms	Risk of severe withdrawal, with co-occurring psychiatric or medical disorder requiring medical management; OR overdose requiring medical management; OR only available setting that meets client's management needs	Minimal to no risk of withdrawal
Biomedical Conditions and Complications	Continued AOD use places client in possible danger of serious damage to physical health	Continued AOD use places client in danger of serious damage to physical health	Complications of addiction require daily medical management; OR medical problem require diagnosis and treatment; OR recurrent seizures	Imminent danger of serious physical health problems requiring intensive medical management
Emotional/ Behavioral Conditions and Complications	Psychiatric symptoms interfere with recovery; moderate risk of dangerous behaviors; impairment requires twenty-four-hour setting; self-destructive behaviors related to intoxication	Two of: disordered living skills, disordered social adaptation, disordered self-adaptiveness, disordered psychological status	Emotional/behavioral complications of addiction require daily medical management; OR risk of dangerous behavior; OR substance use would have severe mental health consequences	Two of: psychiatric complications of addiction; concurrent psychiatric illness; dangerous behaviors; mental confusion or other impairment of thought process
Treatment Acceptance/ Resistance	Twenty-four-hour intensive program needed to help client understand consequences and severity of addiction	Twenty-four-hour intensive program needed to help client understand consequences and severity of addiction	N/A	N/A
Relapse Potential	Inability to establish recovery despite previous treatment in less intensive settings; unable to control use in face of available substances in environment	Inability to establish recovery despite previous treatment in less intensive settings; unable to control use in face of available substances in environment	N/A	N/A
Recovery Environment	Social elements unsupportive or highly stressful; coping skills inadequate to conditions	Social elements unsupportive or highly stressful; coping skills inadequate to conditions; OR anti-social lifestyle	N/A	N/A

* This section is intended to serve as a general overview ONLY; for accurate application of the criteria, one must use the detailed dimensional and scoring specifications found in the descriptive narratives for each level

Continued Stay Criteria Overview*

Dimensions	Level 1A – Outpatient	Level 1B – Intensive Outpatient	Level 2A – Partial Hospitalization	Level 2B – Halfway House	Level 3A – Medically Monitored Inpatient Detox
Acute Intoxication or Withdrawal	Post-acute withdrawal symptoms, occasional limited lapses may occur	Post-acute withdrawal symptoms, occasional limited lapses may occur	Post-acute withdrawal symptoms, occasional limited lapses may occur	Post-acute withdrawal symptoms, occasional limited lapses may occur	Persistent withdrawal symptoms or cognitive impairment; this LOC is needed to achieve stability
Biomedical Conditions and Complications	Any medical conditions do not prevent progress in treatment	Any medical conditions do not prevent progress in treatment	Medical conditions may potentially distract from recovery efforts and may require monitoring which can be provided at this level	Client making progress and medical status can be managed at this LOC by community resources	Any medical problems can be adequately managed at this level
Emotional/ Behavioral Conditions and Complications	Ongoing emotional disturbances not so severe as to prevent progress	Emotional problems may be distracting, but there are indications that client is responding to treatment	Emotional problems may be distracting, but there are indications that client is responding to treatment	Improving behavioral stability, stress adaptation, decision-making, and social functioning which requires reinforcement provided by this type of service	Emotional/behavioral status improving, but continuing treatment in this type of service is required
Treatment Acceptance/ Resistance	Understanding of addiction insufficient to maintain self-directed plan of recovery	Beginning to recognize responsibility for illness, but requires intense motivation	Beginning to accept responsibility for recovery, but needs intensive motivation and support to maintain progress	Recognizes severity of problem, but has not assumed responsibility for behavioral change	Recognizes severity of problem but has little understanding of personal role in its development
Relapse Potential	Continuing mental preoccupation with use, and need to enhance recovery skills	Beginning to recognize relapse potential, but has not fully developed or consistently applied behavioral changes	Recognizes relapse potential, but has not yet fully developed or applied behavioral changes; requires structured program to do so	Recognizes relapse triggers and dysfunctional behavior w/o skill needed to arrest this behavior and apply adequate coping skills to maintain abstinence	N/A
Recovery Environment	Sufficient skills to cope with any non-supportive elements in living environment, but not yet able to maintain self-directed plan of recovery	Client making progress in learning to cope with environmental obstacles to recovery	Has not yet developed sufficient coping or socialization skills to establish stability in living environment without this level of intense support and treatment	Has not developed adequate coping skills, socialization skills, or social support to deal with living environment without this type of service	Living environment makes abstinence unlikely

Continued Stay Criteria

Dimensions	Level 3B – Medically Monitored Short Term Residential	Level 3C – Medically Monitored Long Term Residential	Level 4A – Medically Managed Inpatient Detox	Level 4B – Medically Managed Inpatient Residential
Acute Intoxication or Withdrawal	Protracted withdrawal symptoms present obstacles to recovery but do not interfere with treatment at this level; OR limited lapses may have occurred	Protracted withdrawal symptoms present obstacles to recovery but do not interfere with treatment at this level; OR limited lapses may occur more prominently and persistently than those cited for 3B	Persistence of acute withdrawal	Significant post-withdrawal symptoms persist which may be obstacles to engagement
Biomedical Conditions and Complications	Medical problems are not resolved but client making progress in recognition of impact of use on medical condition	Medical problems are not resolved but client is making progress in recognition of impact of AOD use on medical condition	Biomedical status not sufficiently altered to allow management in less intensive setting	Improvement in medical status not sufficient to allow management at less intensive type of service
Emotional/ Behavioral Conditions and Complications	Emotional/behavioral problems are improving but require treatment in this type of service	Demonstrating signs of progress in addressing disordered living skills, social adaptation, self-adaptation, and psychological status, but needs continued structure to maintain progress	Emotional/behavioral status not sufficiently altered to allow management in less intensive setting; OR waiting transfer to acute psychiatric care	Improvement in mental status not sufficient to allow management at less intensive type of service
Treatment Acceptance/ Resistance	Beginning to recognize severity of problem and understand personal role in its existence	Beginning to recognize severity of problem and understand personal role in its existence, or recognizes and understands problems but has not taken responsibility for recovery	N/A	N/A
Relapse Potential	Does not demonstrate skills necessary to arrest dysfunctional behaviors but shows progress	Does not demonstrate skills necessary to arrest dysfunctional behaviors, but shows progress despite minimal understanding of personal role in relapse	N/A	N/A
Recovery Environment	Living environment still poses a danger and coping skills have not improved sufficiently to manage dangers or stressors in the environment	Living environment still poses a danger and coping skills have not improved sufficiently to manage dangers or stressors in the environment OR anti-social lifestyle	N/A	N/A

* This section is intended to serve as a general overview ONLY; for accurate application of the criteria, one must use the detailed dimensional and scoring specifications found in the descriptive narratives for each level

Discharge/Referral Criteria Overview*

NOTE: The **Discharge Criteria** in all dimensions and at all levels indicate that clients do not meet continued stay criteria for this service or admission criteria for any other service.

Dimensions	Level 1A – Outpatient	Level 1B – Intensive Outpatient	Level 2A – Partial Hospitalization	Level 2B – Halfway House	Level 3A – Medically Monitored Inpatient Detox
Acute Intoxication or Withdrawal	**D:** No post-acute or protracted withdrawal; **R:** Meets admission criteria for another type of service	**D:** No post-acute or protracted withdrawal; **R:** Meets admission criteria for another type of service	**D:** No post-acute or protracted withdrawal; **R:** Meets admission criteria for another type of service	**D:** Minimal or no risk of withdrawal; **R:** AOD use; meets admission criteria for another type of service	**D:** N/A **R:** Client meets criteria for another level of care
Biomedical Conditions and Complications	**D:** Medically stable; **R:** Meets admission criteria for another type of service	**D:** Medical problems stable or manageable in outpatient setting; **R:** Meets admission criteria for another type of service	**D:** Medical condition can be managed in another setting intensity; **R:** Meets admission criteria for another type of service	**D:** Medical condition manageable using community resources; **R:** Meets admission criteria for another type of service	**D:** Medical condition has stabilized; **R:** Meets admission criteria for another type of service
Emotional/ Behavioral Conditions and Complications	**D:** Stable; **R:** Emotional disturbances; meets admission criteria for another type of service	**D:** Emotionally and behaviorally stable; **R:** Emotional condition meets admission criteria for another type of service	**D:** Behaviorally stable between contacts, emotional distress does not interfere with treatment; **R:** Meets admission criteria for another type of service	**D:** Shows stable, regulated behavior; **R:** Meets criteria for another type of service	**D:** Emotional/behavioral condition no longer requires twenty-four-hour monitoring; **R:** Deteriorated; meets criteria for another type of service
Treatment Acceptance/ Resistance	**D:** Ready to maintain self-directed recovery; **R:** Meets admission criteria for another type of service	**D:** Ready to maintain self-directed recovery; **R:** Meets admission criteria for another type of service	**D:** Progress in recognition and understanding of addiction and recovery; **R:** Lack of progress, meets admission criteria for another type of service	**D:** Capable of self-directed recovery, has ability to apply learning skills to maintain sobriety; **R:** Meets admission criteria for another type of service	**D:** Recognizes severity and personal role in problems, accepts need for continuing care **R:** Meets criteria for another type of service
Relapse Potential	**D:** Client has integrated and internalized relapse prevention skills; **R:** Meets admission criteria for another type of service	**D:** Client has integrated and internalized relapse prevention skills; **R:** Meets admission criteria for another type of service	**D:** Developed (but not integrated) coping skills; **R:** Meets admission criteria for another type of service	**D:** Capable of managing recovery plan, has adequate relapse prevention skills; **R:** Meets admission criteria for another type of service	**D:** Capable of managing recovery plan, has adequate relapse prevention skills; **R:** Meets admission criteria for another type of service
Recovery Environment	**D:** Adequate function in current living environment to maintain self-directed recovery; **R:** Environment disrupts recovery process at this level; meets admission criteria for another type of service	**D:** Adequate function in current living environment to maintain self-directed recovery; **R:** Environment disrupts recovery process at this level; meets admission criteria for another type of service	**D:** Supports, stressors, and coping skills have improved; **R:** Deterioration, meets admission criteria for another type of service	**D:** Supports, stressors, and coping skills have improved; **R:** Deterioration, meets admission criteria for another type of service	**D:** Living environment or coping skills improved; **R:** Deterioration, meets admission criteria for another type of service

Discharge/Referral Criteria

Dimensions	Level 3B – Medically Monitored Short Term Residential	Level 3C – Medically Monitored Long Term Residential	Level 4A – Medically Managed Inpatient Detox	Level 4B – Medically Managed Inpatient Residential
Acute Intoxication or Withdrawal	**D:** No post-acute or protracted withdrawal syndrome; **R:** Meets admission criteria for another type of service	**D:** No post-acute or protracted withdrawal; **R:** Meets admission criteria for another type of service	**D:** N/A **R:** Meets admission criteria for another type of service	**D:** No post-acute or protracted withdrawal; **R:** Meets admission criteria for another type of service
Biomedical Conditions and Complications	**D:** Medical condition stable enough for another type of service; **R:** Meets admission criteria for another type of service	**D:** Medical condition stable enough to allow for another service; **R:** Deterioration; meets admission criteria for another type of service	**D:** Medical status no longer requires full-time management; **R:** Meets admission criteria for another type of service	**D:** Stabilization of medical status; **R:** Meets admission criteria for another type of service
Emotional/ Behavioral Conditions and Complications	**D:** Emotional/behavioral condition no longer requires twenty-four-hour monitoring; **R:** Meets admission criteria for another type of service	**D:** Emotional condition no longer requires twenty-four-hour monitoring; **R:** Deterioration; meets admission criteria for another type of service	**D:** Mental status stable, twenty-four-hour management not required; **R:** Meets admission criteria for another type of service	**D:** Stabilization of mental status; **R:** Meets admission criteria for another type of service
Treatment Acceptance/ Resistance	**D:** Recognizes severity and personal role in problems; **R:** Meets admission criteria for another type of service	**D:** Recognition and understanding of problem; **R:** Meets admission criteria for another type of service	**D:** Recognition and understanding of problem; **R:** Meets admission criteria for another type of service	**D:** Recognition and understanding of problem **R:** Meets admission criteria for another type of service
Relapse Potential	**D:** Capable of following recovery plan; **R:** Meets admission criteria for another type of service	**D:** Capable of following recovery plan; **R:** Meets admission criteria for another type of service	N/A	N/A
Recovery Environment	**D:** Living environment or coping skills improved; **R:** Deterioration; meets admission criteria for another type of service	**D:** Living environment or coping skills improved; **R:** Deterioration; meets admission criteria for another type of service	N/A	N/A

* This section is intended to serve as a general overview ONLY; for accurate application of the criteria, one must use the detailed dimensional and scoring specifications found in the descriptive narratives for each level

Level 1A
Outpatient

Description of Service Level

- Outpatient treatment is an organized, non-residential treatment service providing psychotherapy in which the client resides outside the facility. These services are usually provided in regularly scheduled treatment sessions for, at most, 5 hours per week.
- Outpatient treatment may be conducted at any Pennsylvania Department of Drug and Alcohol Programs licensed drug and alcohol facility as stipulated in 28 PA Code.
- All employees and contracted individuals providing clinical services within the facility must comply with the PA Department of Drug and Alcohol Program's staffing requirements. The Client:FTE Counselor ratio is not to exceed 35:1.

Required Services and Support Systems include:

- Biopsychosocial Assessment
- Specialized professional medical consultation, and tests such as a physical examination, psychiatric evaluation, HIV and TB testing, and other laboratory work, as needed
- Individualized treatment planning, with reviews at least every 60 days
- Psychotherapy, including individual, group, and family (per clinical evaluation)
- Aftercare planning and follow-up

Recommended Services and Support Systems include:

- Occupational and vocational counseling
- Case management and social services that allow the staff to assist with attendance monitoring, child care, transportation to treatment services, and the provision of shelter and other basic needs
- Structured positive social activities available within non-program hours, including evenings and weekends
- Access to more intensive levels of care, as clinically indicated
- Collaboration between the treatment team and various agencies for the coordinated provision of services

The Required Staff at an outpatient care facility include a director and counselor(s), and a clinical supervisor for every eight full-time counselors or counselor assistants, or both.

The State of PA recognizes that, based on the agency size and the client profile, a single individual may hold one or more of the above positions.

The Staff who may be Recommended may include a clinical supervisor or lead counselor, social services counselor, a psychiatrist, a psychologist, a medical consultant, and any other health and human services staff or consultants (i.e. addiction counselors or other certified addiction clinicians) who may more effectively serve the facility's population.

Level 1A (Outpatient care)
Admission Criteria across 6 Dimensions

Dimensional Scoring Specifications
Clients must meet Level 1A criteria for all six dimensions.

1. Acute Intoxication or Withdrawal	Clients must meet all of the following: A. The client is assessed as being at minimal to no risk of severe withdrawal syndrome, as evidenced by: 1. CIWA-Ar (Clinical Institute Withdrawal Assessment – Alcohol – Revised) score (or other comparable standardized scoring system) of less than 10 following 8 hours of abstinence from alcohol, with no medication; OR 2. Blood alcohol 0.0gm% and no withdrawal signs or symptoms present which require medication; OR 3. Sub-acute symptoms of protracted withdrawal that, if present, can be managed safely without daily monitored medical intervention; AND B. For clients with withdrawal symptoms no more severe than those noted in Section A, the client has, and responds positively to, emotional support and comfort as evidenced by: 1. Decreased emotional symptoms by the end of the initial interview session, AND 2. Home environment able to provide adequate support.
2. Biomedical Conditions and Complications	Any of the client's biomedical conditions, if present, are (or continue to be) sufficiently stable to permit participation in outpatient treatment.
3. Emotional/ Behavioral Conditions and Complications	Clients must meet all of the following: A. The client's anxiety, guilt, and/or depression, if present, appear to be related to chemical dependency problems rather than a coexisting psychiatric/emotional/behavioral condition. If they are related to such a condition, appropriate additional psychiatric services are provided concurrently. B. The mental status of the client does not preclude his/her ability to: 1. Comprehend and understand the materials presented, 2. Participate in the treatment process, and 3. The client is assessed as not being at risk of harming self or others.
4. Treatment Acceptance/ Resistance	Clients must meet all of the following: A. The client expresses willingness to cooperate and attend all scheduled activities, and; B. The client may also admit that he/she has an alcohol/drug problem but requires monitoring and motivating strategies. However, the client does not need a structured milieu program.
5. Relapse Potential	The client is assessed as being able to maintain abstinence and recovery goals only with support and scheduled therapeutic contact to help to deal with issues such as, but not limited to, mental preoccupation with alcohol/drug use, craving, peer pressures, lifestyle, and attitudinal changes.

6. Recovery Environment	Clients must meet ONE of the following: A. A sufficiently supportive psychosocial environment makes outpatient treatment feasible (e.g. significant others who are in agreement with recovery efforts, supportive work or legal coercion, adequate transportation to the program, and support meeting locations and non-alcohol/drug centered work that are accessible and close to home environment); B. The client has demonstrated motivation and a willingness to obtain an ideal primary or social support system to assist with immediate sobriety, even though he/she does not presently have such a support system; C. Family/significant others are supportive, but client requires professional interventions to improve chances of treatment success and recovery (e.g. assistance in limit-setting and communication skills, and a decrease in rescuing behaviors, etc.).

Level 1A (Outpatient care)
Continued Stay Criteria across 6 Dimensions

Dimensional Scoring Specifications
Clients must meet, at a minimum, ONE of the Level 1A criteria for Dimensions 3, 4, 5, or 6, and meet criteria no higher than Level 1A for the remaining dimensions.

1. Acute Intoxication or Withdrawal	Clients must meet ONE of the following: A. Acute symptoms of intoxication/withdrawal are absent in the client; B. Client presents symptoms of post-acute withdrawal (e.g. increased irritability, mood swings, obsessive thoughts of substance use, high levels of anxiety), which present obstacles to engaging in recovery and normal life functioning; C. The client reports a limited lapse of sobriety that can be addressed constructively.
2. Biomedical Conditions and Complications	Clients must meet ONE of the following: A. Any biomedical conditions, if present, continue to be sufficiently stable to permit continued participation in outpatient treatment; B. An intervening biomedical condition or event was serious enough to interrupt treatment but the client is again progressing in treatment.
3. Emotional/ Behavioral Conditions and Complications	Clients must meet ONE of the following: A. The client is making progress in reducing anxiety, guilt, and/or depression, if present, yet these symptoms have not been resolved sufficiently for discharge; B. An intervening emotional/behavioral event or problem was serious enough to interrupt treatment, but with stabilization the client is again progressing in treatment.
4. Treatment Acceptance/ Resistance	The client is continuing to work on treatment goals and objectives, yet he/she does not understand or accept his/her addiction sufficiently to maintain, as yet, a self-directed recovery plan.
5. Relapse Potential	Clients must meet ONE of the following: A. The client, while physically abstinent from alcohol/drug use, remains mentally preoccupied with such use to the extent that he/she is unable to adequately address primary relationships or social or work tasks. There are indications, however, that with continued treatment the client will effectively address these issues; B. The client, while physically abstinent from alcohol/drugs, and experiencing minimal craving for them, requires continued work on the development of an alternative lifestyle, thought patterns, and emotional responses. The client is making progress on these things.

6. Recovery Environment	Clients must meet ONE of the following: A. The social environment remains non-supportive or has deteriorated, but the client is making sufficient progress in learning social and other related coping skills to contend with the environment; B. The social system is supportive of recovery, but the client is not yet able to adhere to a self-directed recovery plan without substantial risk of reactivating substance use.

Level 1A (Outpatient care)
Discharge/Referral Criteria across 6 Dimensions

Dimensional Scoring Specifications
Clients must meet Level 1A criteria for all dimensions.

1. Acute Intoxication or Withdrawal	**Discharge:** Clients must meet all of the following: A. The client is assessed as not being in intoxication or withdrawal; B. The client does not manifest symptoms of protracted withdrawal syndrome; and C. The client does not meet any of the Level 1A Continued Stay Criteria OR Admission Criteria for any other type of service. **Referral:** The client is abusing alcohol or other drugs and meets admission criteria for a more intensive type of service.
2. Biomedical Conditions and Complications	**Discharge:** The client's biomedical problems, if any, have diminished or stabilized to the extent that they can be managed through outpatient appointments at his/her discretion, and he/she does not meet any of the Level 1A Continued Stay Criteria OR Admission Criteria for any other type of service. **Referral:** There is a biomedical condition that is interfering with addiction treatment AND the client meets the admission criteria for a more intensive type of service.
3. Emotional/ Behavioral Conditions and Complications	**Discharge:** The client's emotional or behavioral problems have diminished or stabilized to the extent that they can be managed through outpatient appointments at his/her discretion, and the client does not meet any of the Level 1A Continued Stay Criteria OR Admission Criteria for any other type of service. **Referral:** Psychiatric/emotional/behavioral condition exists that is interfering with addiction treatment AND the client meets the admission criteria for a more intensive type of service.

4. Treatment Acceptance/ Resistance	**<u>Discharge</u>:** The client's awareness and acceptance of an addiction problem and commitment to recovery is sufficient to expect maintenance of a self-directed recovery plan as evidenced by: 1. Recognition of the severity of his/her alcohol/drug use, AND 2. An understanding of his/her self-defeating relationship with alcohol/drugs, AND 3. Application of the essential skills necessary to maintain sobriety in a mutual/self-help fellowship and/or with post-treatment supportive care, AND 4. The client does not meet any of the Level 1A Continued Stay Criteria OR Admission Criteria for any other type of service. **<u>Referral</u>:** Clients must meet ONE of the following: A. The client has consistently failed to achieve essential treatment objectives, despite revisions to the treatment plan, to the degree that no further progress is likely to occur at this type of service. However, the client does meet the Admission Criteria for a more intensive type of service; B. The client does not meet any of the Level 1A Continued Stay Criteria and meets Admission Criteria for another type of service.
5. Relapse Potential	**<u>Discharge</u>:** The client's therapeutic gains, which address craving and relapse issues, have been integrated and internalized, and the client does not meet any of the Level 1A Continued Stay Criteria OR Admission Criteria for any other type of service. **<u>Referral</u>:** The client is experiencing an exacerbation in drug-seeking behaviors or craving that necessitates treatment AND the client meets the Admission Criteria for a more intensive type of service.
6. Recovery Environment	**<u>Discharge</u>:** Clients must meet ONE of the following: A. The client's social system and significant others are supportive of recovery to the extent that the client can adhere to a self-directed recovery plan without substantial risk of relapse, and he/she does not meet any of the Level 1A Continued Stay Criteria OR Admission Criteria for any other type of service; B. The client is functioning adequately in assessed deficiencies in the life task areas of work, social functioning, or primary relationships, and the client does not meet any of the Level 1A Continued Stay Criteria OR Admission Criteria for any other type of service. **<u>Referral</u>:** The client's social system remains non-supportive or has deteriorated. The client is having difficulty coping with this environment and is at substantial risk of reactivating his/her addiction AND the client meets the Admission Criteria for another type of service.

Level 1B
Intensive Outpatient

Description of Service Level

- Intensive Outpatient treatment is an organized, non-residential treatment service in which the client resides outside the facility. It provides structured psychotherapy and client stability through increased periods of staff intervention. These services are provided according to a planned regimen consisting of regularly scheduled treatment sessions at least 3 days per week for at least 5 hours (but less than 10).
- Intensive outpatient treatment may be provided at any Pennsylvania Department of Drug and Alcohol Programs licensed drug and alcohol facility, as stipulated in 28 PA Code under the Outpatient regulations.
- All employees and contracted individuals providing clinical services within the facility must comply with the PA Department of Drug and Alcohol Program's staffing requirements. The Client:FTE Counselor ratio is not to exceed 35:1; due to the intensity of the services provided, it is recommended that the client:staff ratio not exceed 15:1.

Required Services and Support Systems include:

- Biopsychosocial Assessment
- Specialized professional medical consultation, and tests such as a physical examination, psychiatric evaluation, HIV and TB testing, and other laboratory work, as needed
- Individualized treatment planning, with reviews at least every 60 days (recommended: every 30 days)
- Psychotherapy, including individual, group, and family (per clinical evaluation)
- Aftercare planning and follow-up
- Development of discharge plan and plan for referral into continuum of care

Recommended Services and Support Systems include:

- Psychoeducational seminars
- Structured positive social activities available within non-program hours, including evenings and weekends
- Access to more intensive levels of care, as clinically indicated
- Emergency telephone line available when program is not in session
- Collaboration between the treatment team and various agencies for the coordinated provision of services

- Occupational and vocational counseling
- Case management and social services that allow the staff to assist with attendance monitoring, child care, transportation to treatment services, and the provision of stable shelter and other basic care needs

The Required Staff at an intensive outpatient care facility include a director and counselor(s), and a clinical supervisor for every eight full-time counselors or counselor assistants, or both. The State of PA recognizes that, based on the agency size and the client profile, a single individual may hold one or more of the above positions.

The Staff who may be Recommended may include a clinical supervisor or lead counselor, social services counselor, a psychiatrist, a psychologist, a medical consultant, and any other health and human services staff or consultants (i.e. addiction counselors or other certified addiction clinicians) who may more effectively serve the facility's population.

Level 1B (Intensive Outpatient care)
Admission Criteria across 6 Dimensions

Dimensional Scoring Specifications
Clients must meet, at a minimum, Level 1B criteria in Dimensions 3, 4, and 5, and no criteria higher than Level 1B in the remaining dimensions.

1. Acute Intoxication or Withdrawal	Clients must meet all of the following: A. The client is assessed as being at minimal to no risk of severe withdrawal syndrome, as evidenced by: 1. CIWA-Ar (Clinical Institute Withdrawal Assessment – Alcohol – Revised) score (or other comparable standardized scoring system) of less than 10 following 8 hours of abstinence from alcohol with no medication; OR 2. Blood alcohol 0.0gm% and no withdrawal signs or symptoms present which require medication; OR 3. Sub-acute symptoms of protracted withdrawal that, if present, can be managed safely without daily monitored medical intervention. B. For clients with withdrawal symptoms no more severe than those noted above, the client has, and responds positively to, emotional support and comfort as evidenced by: 1. Decreased emotional symptoms by the end of the initial interview session, AND 2. Home environment able to provide adequate support.
2. Biomedical Conditions and Complications	Clients must meet ONE of the following: A. The client's biomedical conditions and problems, if any, are not severe enough to interfere with treatment; B. The client's biomedical conditions and problems are not severe enough to warrant inpatient treatment, but are sufficient to distract from recovery efforts. Such problems require medical monitoring and/or medical management (at least 3 days per week with between 5 and 10 contact hours per week) which can be provided by the intensive outpatient program or through concurrent arrangement with another treatment provider.
3. Emotional/ Behavioral Conditions and Complications	Clients must meet all of the following: A. The client may exhibit emotional distress, but he or she is able to maintain behavioral stability over a period of time between treatment contacts (2-4 days). B. The client's problems may be secondary to the addiction or may reflect an independent psychopathology, but they are able to be stabilized with ancillary treatment or medication, and do not present an obstruction to the patient's participation in treatment or to the therapeutic milieu. C. The mental status of the client does not preclude his/her ability to: 1. Comprehend and understand the materials presented, and 2. Participate in the treatment process. D. The client is assessed as being at no more than a mild risk of endangering self or others (e.g. suicidal or homicidal thoughts with no active plan).

4. Treatment Acceptance/ Resistance	Clients must meet all of the following: A. The client may acknowledge the presence of a problem, but minimizes the impact of the addiction on his/her life, and displays limited insight into the problem. B. The client displays limited understanding of the process of recovery. C. The client is willing to participate in the level of care.
5. Relapse Potential	The client is assessed as being able to maintain abstinence and recovery goals only with support and scheduled therapeutic contact to help to deal with such issues as, but not limited to, mental preoccupation with alcohol/drug use, limited insight regarding relapse triggers, craving, peer pressures, lifestyle, attitudinal changes, and difficulty postponing gratification.
6. Recovery Environment	Clients must meet ONE of the following: A. A sufficiently supportive psychosocial environment that makes outpatient treatment feasible (e.g. significant others who are in agreement with recovery efforts, supportive work or legal coercion, adequate transportation to the program, and support meetings and non-alcohol/drug centered work that are accessible and near the home); B. Client has demonstrated motivation and willingness to obtain an ideal primary or social support system to assist with immediate sobriety, even though he/she does not presently have such a support system; C. Family/significant others are supportive, but the client requires professional interventions to improve chances of treatment success and recovery (e.g. assistance in limit-setting, communication skills, and a decrease in rescuing behaviors, etc.).

Level 1B (Intensive Outpatient care)
Continued Stay Criteria across 6 Dimensions

Dimensional Scoring Specifications
Clients must meet, at a minimum, Level 1B criteria in Dimensions 3, 4, and 5, and no criteria higher than Level 1B in the remaining dimensions.

1. Acute Intoxication or Withdrawal	Clients must meet ONE of the following: A. Acute symptoms of intoxication/withdrawal are absent in the client; B. Client exhibits symptoms of post-acute withdrawal (e.g. increased irritability, mood swings, obsessive thoughts of substance abuse, high levels of anxiety, etc.) which present obstacles to engaging in recovery and normal life functioning; C. Client reports a limited lapse of sobriety that can be addressed constructively.
2. Biomedical Conditions and Complications	Clients must meet ONE of the following: A. Any biomedical conditions, if present, continue to be sufficiently stable to permit continued participation in outpatient treatment; B. An intervening biomedical condition or event was serious enough to interrupt treatment, but the client is again progressing in treatment.
3. Emotional/ Behavioral Conditions and Complications	Clients must meet ONE of the following: A. The client continues to be unable to maintain behavioral stability over a 3-5 day period, but the behavioral stability problem is actively being addressed in treatment, and there are indications that the client is responding to treatment interventions; B. The client's emotional/behavioral disorder, which is being concurrently managed, continues to distract the client from treatment, but the client is responding to treatment and it is anticipated that with further interventions, he/she will be able to achieve treatment objectives; C. The client continues to manifest mild risk behaviors endangering self or others (e.g. diminishing suicidal or homicidal thoughts), but the condition is improving.
4. Treatment Acceptance/ Resistance	The client is beginning to recognize that he/she is responsible for addressing his/her illness, but still requires the level of intensity of motivating strategies to sustain personal responsibility in treatment.
5. Relapse Potential	Clients must meet ONE of the following: A. Client recognizes relapse potential but has not yet identified sufficient relapse triggers, or has not yet consistently developed and applied behavioral changes to interrupt or postpone gratification or to change the related inadequate impulse control necessary to maintain abstinence; B. Client continues to require multiple structured contacts per week to sustain abstinence.

6. Recovery Environment	Clients must meet ONE of the following: A. The social support environment remains non-supportive or has deteriorated, but the client is making sufficient progress in learning social and related coping skills to contend with the environment; B. The social system is supportive of recovery, but the client is not yet able to adhere to a self-directed recovery plan without substantial risk of reactivating substance use.

Level 1B (Intensive Outpatient care)
Discharge/Referral Criteria across 6 Dimensions

Dimensional Scoring Specifications
Clients must meet Level 1B criteria for all six dimensions.

1. Acute Intoxication or Withdrawal	**Discharge:** Clients must meet all of the following: A. The client is assessed as not being in intoxication or withdrawal, B. The client does not manifest symptoms of protracted withdrawal syndrome, and C. The client does not meet any of the Level 1B Continued Stay criteria OR the Admission criteria for any other type of service. **Referral:** Clients must meet ONE of the following: A. The client is abusing alcohol/drugs, and is in need of a more intensive type of service; B. The client does not meet any of the Level 1B Continued Stay criteria, but DOES meet the Admission criteria for a lesser type of service.
2. Biomedical Conditions and Complications	**Discharge:** Client's biomedical problems, if any, have diminished or stabilized to the extent that they can be managed through outpatient appointments. **Referral:** There is a biomedical condition that is interfering with addiction treatment, and the client meets the Admission criteria for another type of service.
3. Emotional/ Behavioral Conditions and Complications	**Discharge:** Clients must meet ONE of the following: A. The client's emotional/behavioral problems have diminished in acuity to the extent that regular monitoring of behaviors is no longer necessary, and the client does not meet any of the Level 1B Continued Stay criteria OR the Admission criteria for any other type of service; B. The client is no longer assessed as being at risk of addiction-related abuse or neglect of spouse, children, or significant others, and the client does not meet any of the Level 1B Continued Stay criteria OR the Admission criteria for any other type of service. **Referral:** A psychiatric/emotional/behavioral condition exists that is interfering with addiction treatment, and the client meets the Admission criteria for another type of service.

4. Treatment Acceptance/ Resistance	**<u>Discharge</u>:** The client's awareness and acceptance of an addiction problem and commitment to recovery is sufficient to expect maintenance of a self-directed recovery plan, as evidenced by: 1. Client is able to recognize the severity of his/her alcohol/drug use, 2. Client has an understanding of his/her self-defeating relationship with alcohol/drugs, 3. Client is applying the essential skills necessary to maintain sobriety in a mutual/self-help fellowship with post-treatment supportive care, and 4. Client does not meet any of the Level 1B Continued Stay criteria OR the Admission criteria for any other type of service. **<u>Referral</u>:** Clients must meet ONE of the following: A. The client has consistently failed to achieve essential treatment objectives, despite revisions to the treatment plan, to the extent that no further progress is likely to occur in this type of service. The client does, however, meet the Admission criteria for another type of service; B. The client does not meet any of the Level 1B Continued Stay criteria and meets the Admission criteria for another type of service.
5. Relapse Potential	**<u>Discharge</u>:** The client's therapeutic gains that address craving and relapse issues have been sufficiently integrated into his/her daily behavior to support an ongoing care program, and the client does not meet any of the Level 1B Continued Stay criteria OR the Admission criteria for any other type of service. **<u>Referral</u>:** Clients must meet ONE of the following: A. The client is experiencing an intensification of addiction symptomatology (e.g. craving, or return to regular use of psychoactive substances) despite continued interventions, and the client meets the Admission criteria for a more intensive type of service; B. The client meets the Admission criteria for another type of service.
6. Recovery Environment	**<u>Discharge</u>:** Clients must meet ONE of the following: A. The client's social system and significant others are supportive of recovery to the extent that the client can adhere to a self-directed recovery plan without substantial risk of relapse, and the client does not meet any of the Level 1B Continued Stay criteria OR the Admission criteria for any other type of service; B. The client is functioning adequately in assessed deficiencies in the life task areas of work, social functioning, and primary relationships, and does not meet any of the Level 1B Continued Stay criteria or the Admission criteria for any other type of service. **<u>Referral</u>:** Clients must meet ONE of the following: A. The client's social system remains non-supportive or has deteriorated. The client is having difficulty coping with this environment and is at substantial risk of reactivating his/her addiction, and the client meets the Admission criteria for a more intensive type of service; B. The client meets the Admission criteria for another type of service.

Level 2A
Partial Hospitalization

Description of Service Level

- Partial Hospitalization treatment consists of the provision of psychiatric, psychological, and other types of therapies on a planned and regularly scheduled basis in which the client reside outside the facility. This service is designed for those clients who do not require 24-hour residential care, but who would nonetheless benefit from more intensive treatments than are offered in outpatient treatment projects. The environment provides multi-modal strategies and multi-disciplinary psychotherapy along with other ancillary services. Partial hospitalization services consist of regularly scheduled treatment sessions at least 3 days per week, with a minimum of 10 hours per week.
- These services may be conducted at any Pennsylvania Department of Drug and Alcohol Programs licensed drug and alcohol facility, as stipulated in 28 PA Code.
- All employees and contracted individuals providing clinical services within the facility must comply with the PA Department of Drug and Alcohol Program's staffing requirements. The Client:FTE Counselor ratio is not to exceed 10:1.

Required Services and Support Systems include:

- Biopsychosocial Assessment
- Specialized professional/medical consultation, and tests such as a physical examination, psychiatric evaluation, HIV and TB testing, and other laboratory work, as needed
- Individualized treatment planning, with review at least every 30 days
- Individual therapy 2 times per week
- Group therapy 2 times per week (recommended group size: no more than 12)
- Couples therapy (as appropriate)
- Family therapy (as appropriate)
- Development of discharge plan and plan for referral into continuum of care
- Access to services for: vocational assessment, job readiness and job placement, GED preparation and testing, literacy and basic education tutoring, legal, medical and dental care, general health education (esp. AIDS awareness and support), budgeting, credit restoration, housing assistance, income support, and recreational/social activities (e.g. fitness, games, peer interaction)

Recommended Services and Support Systems include:

- Psychoeducational seminars
- Case management and social services that allow the staff to assist with attendance monitoring, child care, transportation to treatment services, and the provision of stable shelter and other basic needs
- Structured positive social activities available within non-program hours, including evenings and weekends
- Access to more intensive levels of medical or psychiatric care, as clinically indicated
- Emergency telephone line available when program is not in session
- Supportive/cooperative work programs
- Collaboration between the treatment team and various agencies for the coordinated provision of services

The Required Staff at a Partial Hospitalization care facility include a director and counselor(s), and a clinical supervisor for every eight full-time counselors or counselor assistants, or both. The State of PA recognizes that, based on the agency size and the client profile, a single individual may hold one or more of the above positions.

The Staff who may be Recommended may include a clinical supervisor or lead counselor, social services counselor, a psychiatrist, a psychologist, a medical consultant, and any other health and human services staff or consultants (i.e. addiction counselors or other certified addiction clinicians) who may more effectively serve the facility's population.

Level 2A (Partial Hospitalization)
Admission Criteria across 6 Dimensions

Dimensional Scoring Specifications
Clients must meet, at a minimum, Level 2A criteria in Dimensions 3 and 5, and no criteria higher than Level 2A for the remaining dimensions.

1. Acute Intoxication or Withdrawal	Clients must meet all of the following: A. The client is assessed as being at minimal to no risk of severe withdrawal syndrome, as evidenced by: 1. CIWA-Ar (Clinical Institute Withdrawal Assessment – Alcohol – Revised) score (or other comparable standardized scoring system) of less than 10 following 8 hours of abstinence from alcohol without medication; OR 2. Blood alcohol 0.0gm% and no withdrawal signs or symptoms present which require medication; OR 3. Sub-acute symptoms of protracted withdrawal that, if present, can be managed safely without daily monitored medical intervention. B. For clients with withdrawal symptoms no more severe than those noted above, the client has, and responds positively to, emotional support and comfort as evidenced by: 1. Decreased emotional symptoms by the end of the initial treatment session, and 2. Home environment capable of providing adequate reality, reassurance, and respect.
2. Biomedical Conditions and Complications	Clients must meet ONE of the following: A. The client's biomedical conditions and problems, if any, are not severe enough to interfere with treatment; B. The client exhibits a medical problem not severe enough to warrant 24-hour observation, but sufficiently distracting from recovery efforts as to require more frequent attention (at least 3 days per week with a minimum of 10 hours per week); C. The presence of a medical problem which would be severely exacerbated by a relapse.
3. Emotional/ Behavioral Conditions and Complications	Clients must meet at least 2 of the following: A. Current inability to maintain behavioral stability over 72-hour period (e.g. distractibility, negative emotions, generalized anxiety, etc.); B. Diagnosed but stable major emotional/behavioral disorder which requires monitoring and/or management due to a history indicating its high potential of distracting the client from recovery and/or treatment (e.g. borderline personality disorder); C. The client has some mental impairments that present minor problems in his/her ability to: 1. Comprehend and understand the materials presented, and 2. Participate in treatment; D. Mild risk of behaviors endangering self or others (e.g. suicidal or homicidal ideation with no active plan); E. Addiction-related abuse or neglect of spouse, children, or significant others, requiring partial treatment to reduce the risk of further deterioration.

4. Treatment Acceptance/ Resistance	Client requires structured therapy and programmatic milieu to promote treatment progress and recovery, because he/she attributes alcohol/drug problems to other persons or external events, and not his/her personal addiction. This inhibits his/her ability to make behavioral changes without clinically directed and repeated motivating interventions. The client's resistance, however, is not so high as to render the treatment ineffective.
5. Relapse Potential	Clients must meet ONE of the following: A. Despite active participation in treatment, the client is experiencing an intensification of addiction symptoms (e.g. difficulty postponing immediate gratification and related drug-seeking behavior), and the individual is deteriorating in his/her level of functioning despite revisions in the treatment plan; B. High likelihood of drinking or drug use without close monitoring and structured support as indicated by, for example, lack of awareness of relapse triggers, difficulty postponing immediate gratification, and/or ambivalence or resistance to treatment.
6. Recovery Environment	Clients must meet ONE of the following: A. Family members and/or significant others living with the client are non-supportive of recovery goals and/or passively opposed to his/her treatment. Client requires relief from home environment during the day or evening to stay focused on recovery, but may return home because there is no active opposition or sabotaging of recovery efforts; B. Lack of social contacts jeopardizes recovery (e.g. client lives alone and has few friends or peers who don't use alcohol/drugs).

Level 2A (Partial Hospitalization)
Continued Stay Criteria across 6 Dimensions

Dimensional Scoring Specifications
Clients must meet, at a minimum, Level 2A criteria in Dimensions 4, 5, and 6, and no criteria higher than Level 2A for the remaining dimensions.

1. Acute Intoxication or Withdrawal	Clients must meet ONE of the following: A. Acute symptoms of intoxication/withdrawal are absent in the client; B. Client exhibits symptoms of post-acute withdrawal (e.g. increased irritability, mood swings, obsessive thoughts of substance use, high levels of anxiety) which present obstacles to engaging in recovery and normal life functioning; C. The client reports a limited lapse of sobriety that can be addressed constructively at this LOC.
2. Biomedical Conditions and Complications	Clients must meet ONE of the following: A. The biomedical conditions and problems, if any, continue to be present, yet are not severe enough to interfere with treatment; B. The client is responding to treatment, and biomedical conditions and problems continue not to be severe enough to warrant inpatient treatment, but they are sufficient to distract from recovery efforts. Such problems require medical monitoring which can be provided at Level 2A.
3. Emotional/ Behavioral Conditions and Complications	Clients must meet ONE of the following: A. The client continues to be unable to maintain behavioral stability over a 3-5 day period, but the behavioral instability problem is actively being addressed in treatment, and there are indications that the client is responding to treatment interventions; B. The client's emotional/behavioral disorder, which is being concurrently managed, continues to distract the client from treatment, but the client is responding to treatment, and it is anticipated that with further interventions, he/she will be able to achieve treatment objectives; C. The client continues to manifest mild risk behaviors endangering self or others (e.g. diminishing suicidal or homicidal thoughts), but the condition is improving.
4. Treatment Acceptance/ Resistance	The client is beginning to demonstrate personal responsibility for addressing his/her substance abuse and recovery, but continues to require intensive structured treatment, motivating strategies, and/or consistent peer support in order to sustain and internalize recovery efforts.

5. Relapse Potential	Clients must meet ONE of the following: A. The client recognizes relapse potential, but has not yet sufficiently identified relapse triggers or consistently developed and applied behavioral changes to interrupt or postpone gratification or to change the related inadequate impulse control necessary to maintain abstinence; B. The client continues to be dependent on the program structure for sustaining abstinence.
6. Recovery Environment	Clients must meet ONE of the following: A. The client has not yet developed sufficient coping skills to withstand stressors presented by non-supportive family, work, or neighborhood environment, but has recognized the need to do so; B. The client has not yet integrated the socialization skills necessary to establish a supportive social network.

Level 2A (Partial Hospitalization)
Discharge/Referral Criteria across 6 Dimensions

Dimensional Scoring Specifications
Clients must meet Level 2A criteria for all six dimensions.

1. Acute Intoxication or Withdrawal	**Discharge:** Clients must meet all of the following: A. The client is assessed as not being in intoxication or withdrawal, B. The client does not manifest symptoms of protracted withdrawal syndrome, and C. The client does not meet any of the Level 2A Continued Stay criteria OR the Admission criteria for any other type of service. **Referral:** Clients must meet ONE of the following: A. The client is abusing alcohol/drugs, and meets the Admission criteria for a more intensive type of service; B. The client does not meet any of the Level 2A Continued Stay criteria, but does meet the Admission criteria for a lesser type of service.
2. Biomedical Conditions and Complications	**Discharge:** The client's biomedical problems, if any, have diminished or stabilized to the extent that they can be managed in a less intensive type of service, and the client does not meet any of the Level 2A Continued Stay criteria OR the Admission criteria for any other type of service. **Referral:** There is a biomedical condition that is interfering with addiction treatment, and the client meets the Admission criteria for another type of service.
3. Emotional/ Behavioral Conditions and Complications	**Discharge:** Clients must meet ONE of the following: A. The client's emotional/behavioral problems have diminished in acuity to the extent that regular monitoring of behaviors is no longer necessary, and the client does not meet any of the Level 2A Continued Stay criteria OR the Admission criteria for any other type of service; B. The client is no longer assessed as being at risk of addiction-related abuse or neglect of spouse, children, or significant others, and does not meet any of the Level 2A Continued Stay criteria OR the Admission criteria for any other type of service. **Referral:** A psychiatric/emotional/behavioral condition exists that is interfering with addiction treatment and the client meets the Admission criteria for another type of service.

4. Treatment Acceptance/ Resistance	**<u>Discharge</u>:** The client no longer requires this level of intensive clinically-directed motivating interventions, as evidenced by all of the following: 1. Client is able to recognize the severity of his/her alcohol/drug problem, 2. Client understands his/her self-defeating relationship with alcohol/drugs, 3. Client is beginning to apply the essential skills necessary to maintain sobriety in a mutual/self-help fellowship with continuing treatment in a less intensive type of service, AND 4. Client does not meet any of the Level 2A Continued Stay criteria OR the Admission criteria for any other type of service. **<u>Referral</u>:** Clients must meet ONE of the following: A. The client has consistently failed to achieve essential treatment objectives despite revisions to the treatment plan, to the extent that no further progress is likely to occur at this level of care; however, the client meets the Admission criteria for another type of service; B. The client does not meet any of the Level 2A Continued Stay criteria and meets Admission criteria for another type of service.
5. Relapse Potential	**<u>Discharge</u>:** The client has identified relapse triggers and has developed appropriate coping strategies to deal with them. He/she has also integrated these behaviors sufficiently to be able to support a self-directed recovery plan. The client does not meet any of the Level 2A Continued Stay criteria OR the Admission criteria for any other type of service. **<u>Referral</u>:** Clients must meet ONE of the following: A. The client is experiencing an intensification of addiction symptomatology (e.g. craving, return to regular use of psychoactive substances) despite continued interventions, and the client meets the Admission criteria for a more intensive type of service; B. The client meets the Admission criteria for another type of service.

6. Recovery Environment	**<u>Discharge</u>:** Clients must meet ONE of the following: A. Problem aspects of the client's social and interpersonal environment are responding to treatment, and the environment is sufficiently supportive of recovery to allow discharge or transfer to a more appropriate level of care, and the client does not meet any of the Level 2A Continued Stay criteria OR the Admission criteria for any other type of service; B. The social and interpersonal environment has not changed or has deteriorated, but the client has learned skills to cope with the current situation, or has secured an alternative environment, and does not meet any of the Level 2A Continued Stay criteria OR the Admission criteria for any other type of service. **<u>Referral</u>:** Clients must meet ONE of the following: A. The social system remains non-supportive or has deteriorated. The client is having difficulty coping with this environment and is at substantial risk of reactivating his/her addiction, and he/she meets the Admission criteria for a more intensive type of service; B. The client meets the Admission criteria for another type of service.

Level 2B
Halfway House

Description of Service Level

- A Halfway House is a community-based residential treatment and rehabilitation facility that provides services for chemically dependent persons in a supportive, chemical-free environment. While this setting does provide substance abuse treatment, it also emphasizes protective and supportive elements of family living, and encourages and provides opportunities for independent growth and responsible community living. Mutual self-help, assistance in economic/social adjustment, and integration of life skills into daily life, as well as a solid program of recovery, are also encouraged. Clients entering this environment must have already had some experience in another type of drug and alcohol treatment. A Halfway House is a live in/work out environment, with a typical length of stay being 3 to 6 months.
- This treatment must be conducted in a Pennsylvania Department of Drug and Alcohol Programs licensed drug and alcohol non-hospital facility, as stipulated in 28 PA Code. The setting is usually an independent physical structure containing no more than 25 beds. This type of facility is meant to provide a "home-like" atmosphere within the local community, be accessible to public transportation, and give no indication of being an institutional setting. Normal housekeeping and food preparation are done on the premises by the clients.
- All employees and contracted individuals providing clinical services within the facility must comply with the PA Department of Drug and Alcohol Program's staffing requirements. The Client:FTE Counselor ratio must not exceed 8:1, although halfway houses may petition the Department of Drug and Alcohol Programs for exceptions to these client:staff ratios.

Required Services and Support Systems include:

- Physical exam
- Regularly scheduled psychotherapy
- Biopsychosocial Assessment
- Specialized professional/medical consultation, and tests such as a psychiatric evaluation, HIV and TB testing, and other laboratory work, as needed
- Individualized treatment planning, with reviews at least every 30 days
- Development of a discharge plan and a plan for referral into continuum of care
- Access to services for: vocational assessment, job readiness and job placement, GED preparation and testing, literacy and basic education tutoring, legal, medical and dental care, general health education (esp. AIDS awareness

and support), budgeting, credit restoration, housing assistance, income support, and recreational/social activities (e.g. fitness, games, peer interaction)

Recommended Services and Support Systems include:

- Group therapy once per week for at least 1.5 hours per session (group size: no more than 12)
- Individual therapy at least twice a month for at least one hour per session
- Peer group meetings four times per week for at least 45 minutes per session, to focus on daily living
- Family therapy, if indicated by the individual's treatment plan
- Educational or instructional groups, once per month

The Required Staff in a halfway house include a director and counselor(s), and a clinical supervisor for every eight full-time counselors or counselor assistants, or both. The State of PA recognizes that, based on the agency size and the client profile, a single individual may hold one or more of the above positions.

The Staff who may be Recommended may include a clinical supervisor or lead counselor, social services counselor, a psychiatrist, a psychologist, a medical consultant, and any other health and human services staff or consultants (i.e. addiction counselors or other certified addiction clinicians) who may more effectively serve the facility's population.

Level 2B (Halfway House)
Admission Criteria across 6 Dimensions

Dimensional Scoring Specifications
Clients must meet, at a minimum, Level 2B criteria for Dimension 3, and Level 2B criteria from two of either Dimensions 4, 5, or 6. Clients must not meet criteria that are higher than Level 2B in Dimensions 1 or 2.

1. Acute Intoxication or Withdrawal	Clients must meet all of the following: A. The client is assessed as being at minimal to no risk of severe withdrawal syndrome, as evidenced by: 1. CIWA-Ar (Clinical Institute Withdrawal Assessment – Alcohol – Revised) score (or other comparable standardized scoring system) of less than 10 following 8 hours of abstinence from alcohol without medication; OR 2. Blood alcohol 0.0gm% and no withdrawal signs or symptoms present which require medication; OR 3. Sub-acute symptoms of protracted withdrawal, if present, can be managed safely without daily monitored medical intervention. B. For clients with withdrawal symptoms no more severe than those noted above, the client has, and responds positively to, emotional support and comfort as evidenced by decreased emotional symptoms by the end of the initial treatment session.
2. Biomedical Conditions and Complications	Clients must meet ONE of the following: A. The client's biomedical conditions and problems, if any, are not severe enough to interfere with treatment; B. The client's biomedical conditions and problems are not severe enough to warrant Level 3 or Level 4 treatment, but are sufficient to distract from recovery efforts. Such problems require medical monitoring and/or medical management which can be provided by the Level 2B program, or through a concurrent arrangement with another treatment provider; C. The client needs help with referral to educational resources for management of his or her own health care needs; D. Abstinence is essential if overall health is to return.

3. Emotional/ Behavioral Conditions and Complications	Clients must meet at least 2 of the following: A. Inability to maintain behavioral stability (e.g. lacks impulse control); B. Mental status of client does not preclude his or her ability to comprehend and understand the materials presented or to participate in the treatment process; C. The client is manifesting stress behaviors related to recent or threatened losses in the work, family, or social arena to the extent that activities of daily living are significantly impaired; D. Mild risk of behaviors endangering self or others (e.g. suicidal or homicidal thoughts with no active plan); E. The client needs reinforcement to improve cognitive skills and gain basic social functions; F. Low self-esteem and limited ability to make decisions; G. Coexisting emotional/behavioral/psychiatric conditions can be treated through referral agreements
4. Treatment Acceptance/ Resistance	Clients must meet all of the following: A. The client expresses willingness to cooperate and attend all scheduled activities, and B. The client admits that he or she has an alcohol and/or other drug problem, and accepts the need for monitoring and motivating strategies in a 24-hr structured living environment.
5. Relapse Potential	Clients must meet ONE of the following: A. Likelihood of drinking or other drug use without a 24-hr structured living environment (inability to integrate treatment/recovery process); B. Client lacks awareness of relapse triggers and has difficulty postponing immediate gratification.
6. Recovery Environment	Clients must meet ONE of the following: A. Family members and/or significant others living with the client are non-supportive of recovery goals and/or passively opposed to his/her treatment. Client requires 24-hr relief from home environment to stay focused on recovery; B. Lack of social contacts which jeopardizes recovery (e.g. client lives alone, has few friends or peers who don't use alcohol/drugs); C. Logistic impediments (e.g. distance from treatment facility, mobility limitations, lack of drivers license, etc.) preclude participation in treatment services at a less intensive level; D. There is a danger of physical, sexual, and/or severe emotional attack or victimization in the client's current environment that will make recovery unlikely without removing the individual from this environment.

Level 2B (Halfway House)
Continued Stay Criteria across 6 Dimensions

Dimensional Scoring Specifications
Clients must meet, at a minimum, Level 2B criteria in Dimensions 3, 5, and 6, and no criteria higher than Level 2B in the remaining dimensions.

1. Acute Intoxication or Withdrawal	Clients must meet ONE of the following: A. Acute symptoms of intoxication/withdrawal are absent in the client; B. Client presents symptoms of post-acute withdrawal (e.g. increased irritability, mood swings, obsessive thoughts of substance use, high levels of anxiety) which present obstacles to engaging in recovery and normal life functioning; C. Client reports a limited lapse of sobriety, but this can be addressed constructively.
2. Biomedical Conditions and Complications	The client is responding to treatment, and biomedical conditions and problems continue not to be severe enough to warrant a higher level of care, but they are sufficient to distract from recovery efforts. Such problems require medical monitoring which the client learns to access by using community resources.
3. Emotional/ Behavioral Conditions and Complications	Clients must meet ONE of the following: A. Client continues to demonstrate unstable behavior (e.g. impulse control) but shows improvement; B. Stress factors continue to threaten treatment process in daily living arrangements, but there is evidence of improvement; C. Risk of endangering self or others continues or is diminishing; D. Client demonstrates improvement in cognitive skills and basic social functions but continues to need reinforcement; E. Decision-making and self-esteem improving but still need reinforcement.
4. Treatment Acceptance/ Resistance	The client recognizes the severity of his or her alcohol/drug problems and manifests understanding of his/her personal relationship with psychoactive substances, yet does not demonstrate that he/she has assumed the responsibility necessary to cope with the problem.
5. Relapse Potential	Client recognizes the severity of his/her relapse triggers and dysfunctional behaviors which undermine sobriety, and manifests an understanding of these dysfunctional behaviors, yet does not demonstrate the skills necessary to interrupt these behaviors and apply alternative coping skills necessary to maintain ongoing abstinence.

6. Recovery Environment	Clients must meet ONE of the following: A. Client has not integrated sufficient coping skills to withstand stressors in the work environment or has not developed vocational alternatives; B. Client has not yet developed sufficient coping skills to deal with the non-supportive family/social environment; C. Client has not yet integrated the socialization skills necessary to establish a supportive social network.

Level 2B (Halfway House)
Discharge/Referral Criteria across 6 Dimensions

Dimensional Scoring Specifications
Clients must meet Level 2B criteria for all six dimensions.

1. Acute Intoxication or Withdrawal	**Discharge:** Clients must meet all of the following: A. The client is assessed as not being in intoxication or withdrawal, B. The client does not manifest symptoms of protracted withdrawal syndrome, and C. The client does not meet any of the Level 2B Continued Stay criteria OR the Admission criteria for any other type of service. **Referral:** Clients must meet ONE of the following: A. The client is abusing alcohol or other drugs and is in need of a more intensive type of service; B. The client does not meet any of the Level 2B Continued Stay criteria, but does meet the Admission criteria for a lesser type of service.
2. Biomedical Conditions and Complications	**Discharge:** The client's biomedical problems, if any, have diminished or stabilized to the extent that the client is capable of managing his own health care needs, and the client does not meet any of the Level 2B Continued Stay criteria OR the Admission criteria for any other type of service. **Referral:** There is a biomedical condition that is interfering with addiction treatment, and the client meets the Admission criteria for another type of service.
3. Emotional/ Behavioral Conditions and Complications	**Discharge:** Emotional/behavioral problems (e.g. stress factors and impulse controls) have mitigated, and the client can regulate own behavior without regular medical monitoring, and the client does not meet the Admission criteria for any other type of service. **Referral:** An emotional/behavioral condition exists that is interfering with addiction treatment, and the client meets the Admission criteria for another type of service.

4. Treatment Acceptance/ Resistance	**<u>Discharge</u>:** The client's awareness and acceptance of an addiction problem and commitment to recovery is sufficient to expect maintenance of a self-directed recovery plan as evidenced by: 1. The client is able to recognize the severity of his/her drug/alcohol problem, 2. The client understands his/her self-defeating relationship with alcohol/drugs and understands his/her triggers and dysfunctional behaviors which lead to alcohol/drug use, 3. The client is applying the essential skills necessary to maintain sobriety in a mutual/self-help fellowship with post-treatment supportive care, AND 4. The client does not meet any of the Level 2B Continued Stay criteria OR the Admission criteria for any other type of service. **<u>Referral</u>:** Clients must meet ONE of the following: A. The client has consistently failed to achieve essential treatment objectives despite revisions to the treatment plan, to the degree that no further progress is likely to occur at this level of service. However, the client meets the Admission criteria for another type of services; B. The client does not meet any of the Level 2B Continued Stay criteria but meets the Admission criteria for another type of service.
5. Relapse Potential	**<u>Discharge</u>:** The client is capable of following and completing a specific continuing care recovery plan. Client's integration of therapeutic gains is established sufficiently that the client does not appear at risk of imminent relapse, and the client does not meet any of the Level 2B Continued Stay criteria OR the Admission criteria for any other type of service. **<u>Referral</u>:** Clients must meet ONE of the following: A. The client is experiencing an intensification of addiction symptomatology (e.g. craving, return to regular use of psychoactive substances) despite continued interventions, and meets the Admission criteria for a more intensive type of service; B. The client meets the Admission criteria for another type of service.

6. Recovery Environment	**<u>Discharge</u>:** Clients must meet ONE of the following: A. Problem areas in the client's social and interpersonal environment are responding to treatment and the environment is sufficiently supportive of recovery to allow discharge, and the client does not meet any of the Level 2B Continued Stay criteria OR the Admission criteria for any other type of service; B. The social and interpersonal environment has not changed or has deteriorated, but the client has learned skills to cope with the current situation or has secured an alternative environment, and he/she does not meet any of the Level 2B Continued Stay criteria OR the Admission criteria for any other type of service. **<u>Referral</u>:** Clients must meet ONE of the following: A. Client continues to remain at risk for relapse and meets the Admission criteria for another type of service; B. The client meets the Admission criteria for another type of service.

Level 3A
Medically Monitored Inpatient Detoxification

Description of Service Level

- Medically Monitored Inpatient Detoxification is a treatment conducted in a residential facility that provides a 24-hour professionally directed evaluation and detoxification of addicted clients. Detoxification is the process whereby a drug- or alcohol-intoxicated or dependent client is assisted through the period of time required to eliminate the presence of the intoxicating substance (by metabolic or other means) and any other dependency factors while keeping the physiological and psychological risk to the client at a minimum. This process should also include efforts to motivate and support the client to seek formal treatment after the detoxification process. This type of care utilizes multi-disciplinary personnel for clients whose withdrawal problems (with or without biomedical and/or emotional problems) are severe enough to require inpatient services, 24-hour observation, monitoring, and, usually, medication. However, the full resources of an acute care general hospital or a medically managed intensive inpatient treatment system are not necessary. This treatment is specific to psychoactive substance use. The multi-disciplinary team and the availability of support services allows detoxification and a level of treatment consistent with the client's mental state and required length of stay, as well as the conjoint treatment of any coexisting sub-acute biomedical or emotional conditions which could jeopardize recovery.
- Treatment is conducted in a Pennsylvania Department of Drug and Alcohol Programs licensed drug and alcohol non-hospital detoxification service, located in a freestanding or health care-specific environment.
- All employees and contracted individuals providing clinical services within the facility must comply with the PA Department of Drug and Alcohol Program's staffing requirements. The Client:FTE Counselor (or Primary Care Staff Person) ratio must not exceed 7:1 during primary care hours.

Required Services and Support Systems include:

- 24-hour observation, monitoring, and treatment
- Emergency medical services available
- Referral to medically managed detox, if clinically appropriate
- Specialized professional/medical consultation, and tests such as HIV and TB testing, and other laboratory work, as needed
- Biopsychosocial Assessment
- Monitoring of medication, as needed
- Development of discharge plan, and plan for referral into continuum care

- Medications ordered by a licensed physician and administered in accordance with the substance-specific withdrawal syndrome(s), other biomedical or psychiatric conditions, and recognized detoxification procedures
- Physical examination by a physician within 24 hours following admission, or a physical examination which was conducted within 7 days prior to admission, and was evaluated by the facility physician with 24 hours following admission
- Specific assessments performed on an individualized basis, with consideration of risk guiding the evaluation (because population frequently suffers from communicable, infectious, or transmittable diseases). Furthermore, the facility must have appropriate policies and procedures for identification, treatment, and referral of clients found to have such illnesses, so as to protect other clients and staff from acquiring these diseases.
- Access to services for: vocational assessment, job readiness and job placement, GED preparation and testing, literacy and basic education tutoring, legal, medical and dental care, general health education (esp. AIDS awareness and support), budgeting, credit restoration, housing assistance, income support, and recreational/social activities (e.g. fitness, games, peer interaction)

Recommended Services and Support Systems include:

- Ability to conduct and/or arrange for appropriate laboratory and toxicology tests
- 24-hour physician available by telephone
- Face-to-face assessment by a physician within 24 hours after admission, with further assessments thereafter as medically needed (but not less than 3 times per week)
- Alcohol- or drug-focused nursing assessment by a registered nurse upon admission
- Oversight and monitoring of the client's progress and medication administration by licensed medical staff under the physician's direction
- Professional counseling services available 12 hours a day, provided by appropriately qualified staff
- Health education services
- Clinical program activities designed to enhance the client's understanding of his/her addiction
- Family/significant other services, as appropriate

The Required Staff at a medically monitored inpatient detox facility include a director and counselor(s), and a clinical supervisor for every eight full-time counselors or counselor assistants, or both. The State of PA recognizes that, based on the agency size and the client profile, a single individual may hold one or more of the above positions.

The Staff who may be Recommended may include a clinical supervisor or lead counselor, social services counselor, a psychiatrist, a psychologist, a medical consultant, and any other health and human services staff or consultants (i.e. addiction counselors or other certified addiction clinicians) who may more effectively serve the facility's population.

Level 3A (Medically Monitored Inpatient Detox)
Admission Criteria across 6 Dimensions

Dimensional Scoring Specifications
Clients must meet, at a minimum, Level 3A criteria for Dimension 1, and no criteria higher than Level 3A for Dimensions 2 and 3.

1. Acute Intoxication or Withdrawal	Clients must meet ONE of the following: A. The risk of a severe withdrawal syndrome is present but manageable in this setting, as evidenced by: 1. Client is withdrawing from alcohol and CIWA-Ar (Clinical Institute Withdrawal Assessment – Alcohol – Revised) score (or other comparable standardized scoring system) equals 10-19; OR 2. Daily ingestion of sedative hypnotics or opioids for over six months, plus daily use of another mind-altering drug known to have its own withdrawal syndrome (close hourly monitoring is available, if needed), with no accompanying chronic mental/physical disorder; OR 3. Daily ingestion of sedative hypnotics or opioids above the recommended therapeutic dosage level for at least 4 weeks (close hourly monitoring is available, if needed), with no accompanying chronic mental/physical disorder; OR 4. The client uses high dose/oral/nasal stimulants, or smokes or injects stimulants at least once a day in a cyclic pattern of "runs," and is currently within 7 days of such drug use; OR 5. The client has marked lethargy, hypersomnolence, or high levels of agitation associated with expressed high degrees of drug craving. B. The client is either not showing signs of intoxication with a blood alcohol of .15gm% or greater, or has a blood alcohol level of 0.2gm%.
2. Biomedical Conditions and Complications	Clients must meet ONE of the following: A. Continued alcohol/drug use places the client in imminent danger of serious damage to physical health for concomitant biomedical conditions; B. Biomedical complications of addiction or a concurrent biomedical illness require medical monitoring, but not intensive care.

3. Emotional/ Behavioral Conditions and Complications	Clients must meet ONE of the following: A. Depression and/or other emotional/behavioral symptoms (e.g. compulsive behavior) are sufficiently interfering with abstinence, recovery, and stability to the degree that there is a need for a structured 24-hour environment to address recovery efforts; B. Moderate risk of behaviors endangering self or others (e.g. current suicidal or homicidal thoughts with no active plan, but with a history of suicidal/homicidal gestures or threats); C. Manifesting high stress behaviors related to recent or threatened losses in the work, family, or social arena, to the extent that activities of daily living are significantly impaired. A 24-hr structured setting is needed to place the client in a secure environment to address his or her addiction; D. History or presence of violent or disruptive behavior during intoxication with imminent danger to self or others, or boundary-setting difficulties; E. Concomitant personality disorder (e.g. antisocial personality disorder with verbal aggressive behavior requiring constant limit-setting) is of such severity that the accompanying dysfunctional behaviors require continuous monitoring.
4. Treatment Acceptance/ Resistance	N/A
5. Relapse Potential	N/A
6. Recovery Environment	N/A

Level 3A (Medically Monitored Inpatient Detox)
Continued Stay Criteria across 6 Dimensions

Dimensional Scoring Specifications
Clients must meet, at a minimum, Level 3A criteria for Dimension 1, and Level 3A criteria from one of Dimensions 3, 4, or 6. Clients cannot meet criteria higher than Level 3A for the remaining dimensions.

1. Acute Intoxication or Withdrawal	Clients must meet ONE of the following: A. Persistence of withdrawal symptomatology, and/or withdrawal protocol, requires continued medical and/or nursing monitoring on a 24-hr basis; B. Post-withdrawal organicity (e.g. poor immediate and recent memory recall) inhibits cognitive functioning and the client's ability to effectively achieve treatment objectives, but the client's cognition is clearing and he/she is expected to respond to treatment.
2. Biomedical Conditions and Complications	Continuation of any biomedical problem which prohibits transfer to another level of care.
3. Emotional/ Behavioral Conditions and Complications	Clients must meet ONE of the following: A. The client is making progress toward resolution of an emotional or behavioral problem, but he/she has not sufficiently resolved the problem(s) to permit transfer to another level of care; B. The client is being held pending transfer (within 48 hours) to a more intensive inpatient service.
4. Treatment Acceptance/ Resistance	The client recognizes the severity of the alcohol/drug problems, but demonstrates minimal understanding of his/her self-defeating use of alcohol or drugs.
5. Relapse Potential	N/A
6. Recovery Environment	Continuing danger of physical, sexual, and/or severe emotional attack or victimization in the client's outside environment will make recovery unlikely without removing the individual from this environment.

Level 3A (Medically Monitored Inpatient Detox)
Discharge/Referral Criteria across 6 Dimensions

Dimensional Scoring Specifications
Clients must meet Level 3A criteria in all dimensions EXCEPT for Dimension 5.

1. Acute Intoxication or Withdrawal	**Discharge:** N/A **Referral:** Clients must meet ONE of the following: A. The client is assessed as not being intoxicated or in acute alcohol or other drug withdrawal, and does not meet any of the Level 3A Continued Stay criteria that indicate the need for further treatment in this dimension. Therefore, the client is to be assessed for referral to the appropriate type of service; B. The client has protracted withdrawal symptoms which no longer require 24-hr monitoring as they are not associated with craving for the drug or alcohol, and the client does not meet any of the Level 3A Continued Stay criteria that indicate the need for further treatment in this dimension. Therefore, the client is to be assessed for referral to the appropriate type of service.
2. Biomedical Conditions and Complications	**Discharge:** Client's biomedical problems, if any, have diminished or stabilized to the extent that daily medical and nursing monitoring for the condition is no longer necessary, and the client does not meet any of the Level 3A Continued Stay criteria OR the Admission criteria for any other type of service. **Referral:** A biomedical condition has arisen, or an identified biomedical problem is being addressed which is not responding to treatment, and the client meets the Admission criteria for another type of service.
3. Emotional/ Behavioral Conditions and Complications	**Discharge:** The client's emotional or behavioral problems have diminished in acuity to the extent that availability of 24-hr medical, psychosocial, and/or nursing monitoring on a daily basis is no longer necessary, and the client does not meet any of the Level 3A Continued Stay criteria OR the Admission criteria for any other type of service. **Referral:** A psychiatric, emotional, or behavioral condition exists that is interfering with addiction treatment, and the client meets the Admission criteria for another type of service.

4. Treatment Acceptance/ Resistance	**<u>Discharge</u>:** The client's awareness and acceptance of an addiction problem and commitment to definitive treatment is sufficient to expect treatment compliance in an appropriate type of service as evidenced by: 1. The client is able to recognize the severity of his/her drug or alcohol problem, 2. The client understands his/her self-defeating relationship with drugs and alcohol, 3. The client accepts the concepts of continued care and has participated in the development of a post-detoxification treatment plan, AND 4. The client does not meet any of the Level 3A Continued Stay criteria OR the Admission criteria for any other type of service. **<u>Referral</u>:** The client does not meet any of the Level 3A Continued Stay criteria that indicate the need for further treatment in this level of care. However, the client meets the Admission criteria for another type of service.
5. Relapse Potential	N/A
6. Recovery Environment	**<u>Discharge</u>:** Clients must meet ONE of the following: A. Problem areas in the client's social and interpersonal environment are responding to treatment, and the environment is now sufficiently supportive of recovery to allow discharge or transfer to a less intensive level of care, and the client does not meet any of the Level 3A Continued Stay criteria that indicate the need for further treatment in this or other Level 3A dimensions; B. The social and interpersonal environment has not changed or has deteriorated, but the client has learned skills to cope with the current situation, or has secured an alternative environment, and does not meet any of the Level 3A Continued Stay criteria that indicate the need for further treatment at this or other Level 3A dimensions. **<u>Referral</u>:** Clients must meet ONE of the following: A. The social and interpersonal environment has deteriorated, and the client has not learned the necessary coping skills for the deteriorating situation. An extended care alternative environment has been found, but the client is unwilling to be transferred, and he/she does not meet any of the Level 3A Continued Stay criteria that indicate the need for further treatment in this or other Level 3A Dimensions; B. The client meets the Admission criteria for another type of service.

Level 3B
Medically Monitored Short Term Residential

Description of Service Level

- Medically Monitored Short Term Residential treatment is a type of service that includes 24-hour professionally directed evaluation, care, and treatment for addicted clients in acute distress. These clients' addiction symptomatology is demonstrated by moderate impairment of social, occupational, or school functioning. Rehabilitation is a key treatment goal.

- This treatment is conducted at a Pennsylvania Department of Drug and Alcohol Programs licensed drug and alcohol residential non-hospital treatment and rehabilitation facility located in a freestanding or a health care-specific environment.

- All employees and contracted individuals providing clinical services within the facility must comply with the PA Department of Drug and Alcohol Program's staffing requirements. The Client:FTE Counselor ratio is not to exceed 8:1 during primary care hours.

Required Services and Support Systems include:

- 24-hour observation, monitoring, and treatment
- Emergency medical services available
- Referral to detoxification, if clinically needed
- Specialized professional/medical consultation, and tests such as HIV and TB testing, and other laboratory work, as needed
- Biopsychosocial Assessment
- Individualized treatment planning, with reviews at least every 30 days (where treatment is less than 30 days, review shall occur every 15 days)
- Individual therapy
- Group therapy (group size: no more than 12 members)
- Marital therapy (if appropriate)
- Family therapy (if appropriate)
- Access to occupational and vocational counseling
- Monitoring of medication, if necessary
- Physical exam
- Development of discharge plan and plan for referral into continuum of care

- Access to services for: vocational assessment, job readiness and job placement, GED preparation and testing, literacy and basic education tutoring, legal, medical and dental care, general health education (esp. AIDS awareness and support), budgeting, credit restoration, housing assistance, income support, and recreational/social activities (e.g. fitness, games, peer interaction)

Recommended Services and Support Systems include:

- Case management and social services that allow the staff to assist with attendance monitoring, child care, transportation to treatment services, and the provision of stable shelter and other basic care needs
- Availability of conjoint treatment
- Collaboration between the treatment team and various agencies for the coordinated provision of services

The Required Staff in Medically Monitored Short Term Residential treatment include a director and counselor(s), and a clinical supervisor for every eight full-time counselors or counselor assistants, or both. The State of PA recognizes that, based on the agency size and the client profile, a single individual may hold one or more of the above positions.

The Staff who may be Recommended may include a clinical supervisor or lead counselor, social services counselor, a psychiatrist, a psychologist, a medical consultant, and any other health and human services staff or consultants (i.e. addiction counselors or other certified addiction clinicians) who may more effectively serve the facility's population.

Level 3B (Medically Monitored Short Term Residential)
Admission Criteria across 6 Dimensions

Dimensional Scoring Specifications
Clients must meet, at a minimum, Level 3B criteria for Dimension 3, and Level 3B criteria from one of Dimensions 4, 5, and 6. Clients cannot meet criteria in Dimension 1 higher than Level 3B. If the client exceeds Level 3B Dimension 1 criteria, the evaluator is directed to refer to Level 3A and 4A detoxification criteria.

1. Acute Intoxication or Withdrawal	Clients must meet all of the following: A. The client is assessed as being at minimal to no risk of severe withdrawal syndrome, as evidenced by: 1. CIWA-Ar (Clinical Institute Withdrawal Assessment – Alcohol – Revised) score (or other comparable standardized scoring system) of less than 10 following 8 hours of abstinence from alcohol without medication; OR 2. Blood alcohol 0.0gm% and no withdrawal signs or symptoms present which require medication; OR 3. Sub-acute symptoms of protracted withdrawal which, if present, can be managed safely without daily medically managed intervention. B. For clients with withdrawal symptoms no more severe than those noted in Section A, the client has, and responds positively to, emotional support and comfort as evidenced by decreased emotional symptoms by the end of the initial interview session.
2. Biomedical Conditions and Complications	Clients must meet ONE of the following: A. Continued alcohol/drug use places client in possible danger of serious damage to physical health for any concomitant biomedical conditions (e.g. continued use of alcohol despite diagnosis and/or history of diabetes, cirrhosis of the liver, pancreatitis or seizures during withdrawal, continued cocaine use despite history of seizures associated with such use, high blood pressure or cardiovascular or cardiac problems, or continued alcohol/drug use within a self-destructive lifestyle while HIV-positive or AIDS-symptomatic); B. Biomedical complications of addiction or concurrent biomedical illness require medical monitoring but not intensive care (e.g. AIDS-symptomatic); C. If client is pregnant, continued or recurring alcohol/drug use would place the fetus in imminent danger of temporary or permanent disability; D. The client's biomedical complications are not severe enough for Levels 3 or 4, but are sufficient to distract from recovery efforts. Such conditions, which require medical monitoring, could be treated by a concurrent arrangement with another treatment provider.

3. Emotional/ Behavioral Conditions and Complications	Clients must meet ONE of the following: A. Depression and/or other emotional/behavioral symptoms (e.g. compulsive behaviors) are sufficiently interfering with abstinence, recovery, and stability to the degree that a structured 24-hr environment is need to address recovery efforts; B. There is a moderate risk (usually manifested by highly dysfunctional behavior in the recent past) of behaviors endangering self or others (e.g. suicidal or homicidal thoughts with no active plan, but a history of suicidal gestures or homicidal threats); C. The client is manifesting stress behaviors related to recent or threatened losses in the work, family, or social arenas, to the extent that activities of daily living are significantly impaired. A 24-hr structured secure environment is needed to help the client address his/her addiction; D. There is a history or presence of violent or disruptive behavior during intoxication, with imminent danger to self or others; E. Concomitant personality disorders (e.g. antisocial personality disorder with verbal aggressive behavior requiring constant limit-setting) are of such severity that the accompanying dysfunctional behaviors require continuous boundary-setting interventions.
4. Treatment Acceptance/ Resistance	Despite serious consequences and/or effects of the addiction on the client's life (e.g. health, family, work, or social problems), the client does not accept or relate to the severity of these problems. The client is in need of intensive motivating strategies, activities, and processes only available within a 24-hr program.
5. Relapse Potential	Clients must meet ONE of the following: A. Despite a history of treatment episodes at a less intensive level of care, the client is experiencing an acute crisis with a concomitant intensification of addiction symptoms (e.g. difficulty postponing gratification and related drug-seeking behavior); B. The client is assessed to be in danger of drinking or drugging with attendant severe consequences, and is in need of 24-hr short-term professionally directed clinical interventions; C. The client recognizes that alcohol and/or drug use is excessive and has attempted to reduce or control it, but has been unable to do so as long as alcohol and/or drugs are present in his/her immediate environment.

6. Recovery Environment	Clients must meet ONE of the following: A. The client lives in an environment (e.g. social or interpersonal network) in which treatment is unlikely to succeed (e.g. family full of interpersonal conflict which undermines client's efforts to change, family members or significant others living with the client who manifest current substance abuse problems and are likely to undermine the client's recovery); B. Logistic impediments (e.g. distance from treatment facility, mobility limitations, lack of driver's license, etc.) preclude participation in treatment services at a less intensive level; C. There is a danger of physical, sexual, and/or severe emotional attack or victimization in the client's current environment which will make recovery unlikely without removing the individual from this environment; D. The client is engaged in an ongoing activity (e.g. criminal activity to support habit) or occupation where continued alcohol and/or drug use on the part of the client constitutes substantial imminent risk to public or personal safety (e.g. client is airline pilot, bus driver, police officer, member of clergy, doctor, nurse, construction worker, etc.).

Level 3B (Medically Monitored Short Term Residential) Continued Stay Criteria across 6 Dimensions

Dimensional Scoring Specifications
Clients must meet, at a minimum, Level 3B criteria for Dimension 3, and Level 3B criteria for one of Dimensions 4, 5, or 6. Clients cannot meet criteria higher than Level 3B for the remaining dimensions.

1. Acute Intoxication or Withdrawal	Clients must meet ONE of the following: A. Acute symptoms of intoxication/withdrawal are absent in the client; B. The client exhibits symptoms of protracted withdrawal syndrome that are manageable without medical intervention and are not severe enough to interfere with participation in treatment; C. The client presents symptoms of post-acute withdrawal (e.g. increased irritability, mood swings, obsessive thoughts of substance use, high levels of anxiety) which present obstacles to engaging in recovery and normal life functioning; D. The client reports a limited lapse of sobriety that can be addressed constructively.
2. Biomedical Conditions and Complications	Clients must meet ONE of the following: A. Concomitant biomedical problems exacerbated by client's chemical abuse problems continue to diminish but are not sufficiently resolved to allow transfer to another level of care; B. The client has begun to absorb education specific to the negative interaction of substance abuse and his/her medical condition, but still needs frequent reinforcement, and is moving towards improved care of physical self (if pregnant, physical selves of client and fetus), but still has occasional lapses.
3. Emotional/ Behavioral Conditions and Complications	Clients must meet ONE of the following: A. The client is making progress toward resolution of an emotional/behavioral problem (e.g. stress, violent behaviors, or verbal aggressive behaviors which require constant limit-setting), but he/she has not sufficiently resolved problems to allow transfer or discharge to a more appropriate level of care; B. The client is being held pending transfer (within 48 hours) to a more intensive inpatient service.
4. Treatment Acceptance/ Resistance	The client recognizes the severity of the alcohol and/or drug problems, but demonstrates minimal understanding of his/her self-defeating use of alcohol/drugs; the client is, nonetheless, progressing in treatment.

5. Relapse Potential	Clients must meet ONE of the following: A. The client continues to exhibit intensive addiction symptomatology (e.g. persistent drug or alcohol craving); B. The client recognizes the severity of his or her relapse triggers and dysfunctional behaviors, yet does not demonstrate the skills necessary to interrupt these behaviors and apply alternative coping skills needed to maintain abstinence; the client is, nonetheless, progressing in treatment.
6. Recovery Environment	Clients must meet ONE of the following: A. Problem aspects of the client's social and interpersonal life are responding to treatment, but are not sufficiently supportive of recovery to allow discharge or transfer to a less intensive level of care; B. The social and interpersonal life of the client have not changed or have deteriorated, and the client needs additional treatment to learn to cope with the current situation or take steps to secure an adaptive environment; C. The environment from which the client came still poses a danger to him/her for physical, sexual, and/or severe emotional attack or victimization.

Level 3B (Medically Monitored Short Term Residential) Discharge/Referral Criteria across 6 Dimensions

Dimensional Scoring Specifications
Clients must meet Level 3B criteria for all six dimensions.

1. Acute Intoxication or Withdrawal	**Discharge:** Clients must meet all of the following: A. The client is assessed as not being in intoxication or withdrawal, B. He/she does not manifest symptoms of protracted withdrawal syndrome, and C. He/she does not meet any of the Level 3B Continued Stay criteria OR the Admission criteria for any other type of service. **Referral:** Clients must meet ONE of the following: A. The client is abusing alcohol or drugs and meets the Admission criteria for a more intensive type of service; B. The client does not meet any of the Level 3B Continued Stay criteria, but does meet the Admission criteria for a lesser type of service.
2. Biomedical Conditions and Complications	**Discharge:** Clients must meet ONE of the following: A. Client's biomedical problems, if any, have diminished or stabilized to the extent that the availability of medical and/or nursing monitoring is no longer necessary, and the client does not meet any of the Level 3B Continued Stay criteria OR the Admission criteria for any other type of service; B. Client demonstrates the understanding and the skills necessary to manage any biomedical conditions without medical monitoring. If pregnant, the client demonstrates the skills necessary to protect herself and her fetus from harm. **Referral:** There is a biomedical condition that is interfering with addiction treatment, and the client meets the Admission criteria for another type of service.
3. Emotional/ Behavioral Conditions and Complications	**Discharge:** The client's emotional/behavioral problems (e.g. depression, stress, compulsive behaviors, violence) have diminished in acuity to the extent that 24-hr medical, psychosocial, and/or nursing monitoring is no longer necessary, and the client does not meet any of the Level 3B Continued Stay criteria OR the Admission criteria for any other type of service. **Referral:** Clients must meet ONE of the following: A. Client has attained a sufficient degree of recovery skills to warrant transfer, and he/she meets the Admission criteria for a lesser type of service; B. A psychiatric/emotional/behavioral condition exists that is interfering with addiction treatment, and the client meets the Admission criteria for another type of service.

4. Treatment Acceptance/ Resistance	**<u>Discharge</u>:** Client's awareness and acceptance of an addiction problem and commitment to definitive treatment are sufficient to expect treatment compliance in a less intensive type of service, as evidenced by: 1. The client is able to recognize the severity of his/her alcohol/drug problem, 2. The client understands his/her self-defeating relationship with alcohol/drugs and understands his/her triggers and dysfunctional behaviors which lead to alcohol/drug use, 3. The client accepts the concepts of continuing care and has participated in the development of a post-treatment recovery plan, AND 4. The client does not meet any of the Level 3B Continued Stay criteria OR the Admission criteria for any other type of service. **<u>Referral</u>:** Clients must meet ONE of the following: A. The client has failed to achieve essential treatment objectives of the treatment plan to the degree that no further progress is likely to occur at this level of care; however, the client meets the Admission criteria for another type of service; B. The client meets the Admission criteria for another type of service.
5. Relapse Potential	**<u>Discharge</u>:** Clients must meet ONE of the following: A. The client is capable of following and completing a specific continuing care recovery plan. The client's integration of therapeutic gains is established sufficiently that the client does not appear at risk of imminent relapse, and the client does not meet any of the Level 3B Continued Stay criteria indicating the need for further treatment in this or other Level 3B dimensions; B. The client demonstrates skills necessary to interrupt behaviors that may jeopardize his/her recovery and is able to apply appropriate actions to interrupt these behaviors and therefore maintain ongoing abstinence. **<u>Referral</u>:** Clients must meet ONE of the following: A. The client is experiencing an intensification of addiction symptomatology (e.g. craving, return to regular use of psychoactive substances) despite continued interventions, to the extent that he/she requires a more intensive level of care; B. The client meets the Admission criteria for another type of service.

6. Recovery Environment	**<u>Discharge</u>:** Clients must meet ONE of the following: A. Problem aspects of the client's social and interpersonal environment are responding to treatment, and the environment is now sufficiently supportive of recovery to allow discharge or transfer to a less intensive level of care, and the client does not meet any of the Level 3B Continued Stay criteria that indicate the need for further treatment in this or other Level 3B dimensions; B. The social and interpersonal environments have not changed or have deteriorated, but the client has learned skills to cope with the current situation, or has secured an alternative environment, and does not meet any of the Level 3B Continued Stay criteria that indicate the need for further treatment in this or other Level 3B dimensions. **<u>Referral</u>:** Clients must meet ONE of the following: A. The social and interpersonal environments have deteriorated and the client has not learned the skills necessary to cope with the deteriorating situation. An extended care alternative environment has been found, but the client is unwilling to be transferred, and he/she does not meet any of the Level 3B Continued Stay criteria that indicate the need for further treatment in this or other Level 3B dimensions; B. The client meets the Admission criteria for another type of service.

Level 3C
Medically Monitored Long Term Residential

Description of Service Level

- Medically Monitored Long Term Residential treatment is a type of service that includes 24-hour professionally directed evaluation, care, and treatment for addicted clients in chronic distress, whose addiction symptomatology is demonstrated by severe impairment of social, occupational, or school functioning. Habilitation is the treatment goal. These programs serve clients with chronic deficits in social, educational, and economic skills, impaired personality and interpersonal skills, and significant drug-abusing histories which often include criminal lifestyles and subcultures. These individuals need a model more accurately described as habilitation, as opposed to the rehabilitation model. This service often requires global changes in lifestyle, such as abstinence from mood-altering chemicals (other than those needed to treat illnesses), elimination of antisocial activity, a new outlook regarding employment, and the development, display, and integration of positive social attitudes and values.

- This treatment is conducted in a Pennsylvania Department of Drug and Alcohol Programs licensed drug and alcohol residential non-hospital treatment and rehabilitation facility located in a freestanding or health care-specific environment.

- All employees and contracted individuals providing clinical services within the facility must comply with the PA Department of Drug and Alcohol Program's staffing requirements. The Client:FTE Counselor ratio must not exceed 8:1 during primary care hours.

Required Services and Support Systems include:

- Regular, scheduled psychotherapy
- Biopsychosocial Assessment
- Specialized professional/medical consultation, and testing such as a psychiatric evaluation, HIV and TB tests, and other laboratory work, as needed
- Individualized treatment planning, with reviews at least every 30 days
- Access to services for: vocational assessment, job readiness and job placement, GED preparation and testing, literacy and basic education tutoring, medical and dental care, general health education (especially AIDS awareness and support), budgeting, credit restoration, housing assistance, income support, and recreational and social activities (e.g. fitness, games, peer interaction)

- Monitoring of medication, as needed
- 24-hour observation, monitoring, and treatment
- Emergency medical services available
- Referral to detoxification, if clinically necessary
- Individual therapy
- Marital therapy (if appropriate)
- Family therapy (if appropriate)
- Physical exam (within 48 hours expected, but no later than 7 days)
- Development of discharge plan and plan for referral into continuum of care

Recommended Services and Support Systems include:

- Group therapy 3 times per week for at least 1.5 hours per session (group size: no more than 12)
- Individual therapy 2 times per month, for at least 1 hour per session
- Peer groups 4 times per week, for at least 45 minutes per session, to focus on daily living
- Educational/instructional groups 1 time per month

The Required Staff in Medically Monitored Long Term Residential treatment include a director and counselor(s), and a clinical supervisor for every eight full-time counselors or counselor assistants, or both. The State of PA recognizes that, based on the agency size and the client profile, a single individual may hold one or more of the above positions.

The Staff who may be Recommended may include a clinical supervisor or lead counselor, social services counselor, a psychiatrist, a psychologist, a medical consultant, and any other health and human services staff or consultants (i.e. addiction counselors or other certified addiction clinicians) who may more effectively serve the facility's population.

Level 3C (Medically Monitored Long Term Residential)
Admission Criteria across 6 Dimensions

Dimensional Scoring Specifications
Clients must meet, at a minimum, Level 3C criteria for Dimension 3, and must not meet criteria higher than Level 3C for the remaining dimensions. If the client exceeds Level 3C's Dimension 1 criteria, the evaluator is directed to refer to Level 3A and 4A detoxification criteria.

1. Acute Intoxication or Withdrawal	Clients must meet all of the following: A. The client is assessed as being at minimal or no risk of severe withdrawal syndrome as evidenced by: 1. CIWA-Ar (Clinical Institute Withdrawal Assessment – Alcohol – Revised) score (or other comparable standardized scoring system) of less than 10 following 8 hours of abstinence from alcohol without medication; OR 2. Blood alcohol 0.0gm% and no withdrawal signs or symptoms present which require medication; OR 3. Sub-acute symptoms of protracted withdrawal which, if present, can be managed safely without daily medically managed intervention. B. For clients with withdrawal symptoms no more severe than those noted in Section A, the client has, and responds positively to, emotional support and comfort as evidenced by decreased emotional symptoms by the end of the initial treatment session, and ONE of the following: 1. Some psychological or emotional/behavioral craving symptoms which require continued counseling and/or monitoring on a 24-hr basis, without requiring detox; 2. Minimal withdrawal risk which is manageable at this level because of the extended time frame of treatment; 3. Need for management of significant, severe post-acute withdrawal symptomatology (e.g. high behavioral and social urges to use, obsessions and compulsions characteristic of those coming off excessive IV drug, cocaine, or amphetamine addiction); 4. Post-withdrawal organicity (e.g. poor immediate and/or recent memory recall) inhibits cognitive functioning, but client's history indicates that cognition should clear sufficiently to allow client to respond to long term treatment.
2. Biomedical Conditions and Complications	Clients must meet ONE of the following: A. Continued alcohol/drug use places the client in danger of serious damage to physical health for any concomitant biomedical conditions (e.g. continued use of alcohol despite diagnosis and/or history of diabetes, cirrhosis of the liver, pancreatitis, or seizures during withdrawal, or history of cocaine use despite history of seizures with use of cocaine, high blood pressure, or cardiovascular or cardiac problems, or continued use of alcohol/drugs within a self-destructive lifestyle while HIV-positive or AIDS-symptomatic); B. Biomedical complications of addiction or a concurrent biomedical illness requires medical monitoring but not intensive care (e.g. AIDS-symptomatic); C. If client is pregnant, continued or resumed alcohol/drug use would place the fetus in imminent danger of temporary or permanent disability; D. The client's biomedical complications are not severe enough for Level 3A or 3B or Level 4, but are sufficient to distract from recovery efforts. Such conditions, which require medical monitoring, could be provided by a concurrent arrangement with another treatment provider.

3. Emotional/ Behavioral Conditions and Complications	Clients must meet at least 2 of the following: A. Disordered Living Skills: 1. Lacking socially acceptable norms and/or coping skills on an interpersonal, vocational, educational, or financial management level; OR 2. A history of inability or unwillingness to internalize a sense of social responsibility; OR 3. A history of significant consistent substance abuse prior to early adolescence which has continued into adulthood and has led to emotional immaturity as evidenced by magical thinking, impulsive behavior, and severe emotional sensitivity. B. Disordered Social Adaptiveness: 1. A history of repetitive antisocial behavior patterns or various criminal charges or behavior that has or could have led to incarceration or probation; OR 2. A history of rebellion and/or denigration of acceptable parental and/or societal values leading to a disregard of authority and basic rules which make it unlikely that a less structured level of care is appropriate. C. Disordered Self Adaptiveness: 1. Persecutory fear, or a poor sense of self-worth as evidenced by feelings of chronic rejection, loneliness, or alienation; OR 2. Having a history of a deeply ingrained sense of personal unworthiness or self-hatred evidenced by defeating and denigrating behaviors; OR 3. A history of chronic external focus and/or seeking external stimuli to the exclusion of developing internal supports, as possibly evidenced by multiple addictions; OR 4. Inability to form supportive relationships, difficulty or unwillingness to disclose feelings; OR 5. Pronounced external locus of control as evidenced by blaming others for personal circumstances, and unwillingness or inability to make decisions and choices to effect positive changes in the circumstances that the client regards as undesirable. D. Disordered Psychological Status: 1. A history of early onset (e.g. pre-adolescence) of emotional blunting or impairment, or developmental disorders as exemplified by: lack of geographical roots, lack of healthy role-modeling opportunities, little or no opportunity for parental bonding or guidance, a pervasive history of parental enabling, gang membership, dysfunctional parental modeling (such as long-term criminal behavior or other antisocial lifestyles) OR 2. A history of significant impulsivity without due regard for potential negative consequences.
4. Treatment Acceptance/ Resistance	Clients must meet ONE of the following: A. Despite serious consequences and/or effects of addiction on client's life (e.g. health, family, work, or social problems), he/she does not accept or relate to the severity of these problems. Therefore, the client is in need of intensive motivating strategies, activities, and processes only available in a 24-hr structured environment; B. A high resistance to treatment despite negative consequences based on lack of living skills, education, self-discipline, or therapeutic resolution of psychological or psychosocial trauma.

5. Relapse Potential	Clients must meet ONE of the following: A. A history of one or more treatment episodes at a less intensive level of care. Client is experiencing an acute crisis with a concomitant intensification of addiction symptoms (e.g. difficulty postponing immediate gratification or related drug-seeking behavior); B. Client is assessed to be in danger of drinking or drugging with attendant severe consequences, and is in need of 24-hr professionally directed clinical interventions; C. Client recognizes that alcohol/drug use is excessive and has attempted to reduce or control it, but has been unable to do so as long as alcohol/drugs are present in his/her immediate environment.
6. Recovery Environment	Clients must meet ONE of the following: A. Client lives in an environment (social and interpersonal network) in which treatment is unlikely to succeed (e.g. family full of interpersonal conflict which undermines client's efforts to change, or family members and/or significant others living with client who currently manifest substance use disorders and are likely to undermine the client's recovery); B. Logistic impediments (e.g. distance from the treatment facility, limited mobility, lack of driver's license) preclude participation in treatment services at a less intensive level; C. There is a danger of physical, sexual, and/or severe emotional attack or victimization in the client's current environment which will make recovery unlikely without removing the individual from this environment; D. Client is engaged in ongoing activity (e.g. criminal activity to support habit) or occupation where continued drug/alcohol use constitutes substantial imminent risk to public or personal safety (e.g. client is airline pilot, bus driver, police officer, clergy member, doctor, construction worker, etc.).

Level 3C (Medically Monitored Long Term Residential) Continued Stay Criteria across 6 Dimensions

Dimensional Scoring Specifications
Clients must meet, at a minimum, Level 3C criteria for Dimensions 3, 4 and 5, and no criteria higher than Level 3C for the remaining dimensions.

1. Acute Intoxication or Withdrawal	Clients must meet ONE of the following: A. Acute symptoms of intoxication/withdrawal are absent in the client; B. Client exhibits symptoms of protracted withdrawal syndrome that are manageable without medical intervention, and are not severe enough to interfere with participation in treatment; C. Client exhibits symptoms of post-acute withdrawal (e.g. increased irritability, mood swings, obsessive thoughts of substance use, high levels of anxiety) which present obstacles to engaging in recovery and normal life functioning; D. Client continues to have some psychological/emotional/behavioral craving, but frequency of occurrence is beginning to diminish; E. Post-acute symptomatology (e.g. behavioral or social urges to use) or obsessions/ compulsions typical of drug-specific sequences are less intrusive but still powerful on occasion; F. Post-withdrawal organicity (e.g. poor immediate and/or recent memory recall) is abating but not gone.
2. Biomedical Conditions and Complications	Clients must meet ONE of the following: A. Concomitant biomedical problems exacerbated by client's chemical abuse continue to diminish, but are not sufficiently resolved to allow transfer to another level of care; B. Client has begun to absorb education specific to the negative interaction of substance abuse and his/her medical condition, but still needs frequent reinforcement; client is moving toward improved care of physical self (and of fetus, if pregnant) but still has occasional lapses; C. Client is responding to treatment aid, and the biomedical conditions and problems continue not to be severe enough to warrant a higher level of care.

3. Emotional/ Behavioral Conditions and Complications	Clients must meet at least 2 of the following: A. Disordered Living Skills: 1. Client is in the process of unlearning old norms and integrating new ones; however, the integration is not yet intact and automatic. Occasional lapses from habilitative efforts still occur and keep client at risk; OR 2. Client is developing a sense of constructive community integration and involvement, and has increased his/her desire to internalize these skills, but acting-out limit-setting confrontations are still necessary on occasion; OR 3. Client has begun to realize that abuse issues must be dealt with so that recovery can proceed. Client continues to react with shame, rage, revenge, or isolation on occasion in his/her struggle for resolution; OR 4. Because of early adolescent onset of substance abuse, client lacks developmental maturity; client's skills in these areas are still in formative stage, and he/she continues to require major daily clinical guidance to reinforce these new skills. B. Disordered Social Adaptiveness: 1. Client continues to have difficulty in assimilating concepts of responsiveness to society; OR 2. Client has begun to understand rebellion as a dysfunctional self-defeating process, but has not yet accepted the need for compliance with rules, societal mores, or external direction. Defenses are not always identified as such, and client continues to need intensive daily therapy to recognize these behaviors when they occur; OR 3. Inappropriate denigration, devaluation, or dominance issues are being addressed, but client's defenses are still partially intact. He/she has not yet grasped the concept of the healthy boundaries needed to validate his/her own sense of worth and also the worth of others; OR 4. Client has not yet internalized skills nor begun to implement them. C. Disordered Self Adaptiveness: 1. Fears are beginning to diminish, and/or concepts of self and societal acceptance are not yet firm enough to avoid regression to old patterns; OR 2. Sense of self-validation and individuation not yet secure; OR 3. Acceptance of self-worth and raising of self-esteem have not yet been sufficiently integrated; OR 4. Client is demonstrating some progress in his/her ability to form supportive relationships and appropriately disclose feelings; however, he/she still cannot adequately achieve these outcomes in a manner which could support recovery. D. Disordered Psychological Status: 1. Client's recognition of his/her dysfunctional past has not yet been absorbed. The relearning and trusting process needed to supplant his/her chaotic world view has not yet been integrated; OR 2. Client's ability to experience self-appreciation and defer gratification is still undeveloped; client has difficulty processing cause and effect.
4. Treatment Acceptance/ Resistance	Clients must meet ONE of the following: A. The client recognizes the severity of the alcohol/drug problem, but demonstrates minimal understanding of his/her self-defeating use of alcohol/drugs; nevertheless, the client is progressing in treatment; B. The client recognizes the severity of his/her alcohol/drug problem and exhibits understanding of his/her personal relationship with psychoactive substances, yet does not demonstrate that he/she has assumed the responsibility necessary to cope with the problem.

5. Relapse Potential	Clients must meet ONE of the following: A. Client continues to exhibit intensive addiction symptomatology (e.g. persistent drug/ alcohol craving); B. Client recognizes specific relapse triggers or dysfunctional behaviors which have previously undermined sobriety; however, he/she demonstrates minimal understanding of their role in relapse; client is nevertheless progressing in treatment; C. Client recognizes the severity of his/her relapse triggers and dysfunctional behaviors which undermine sobriety, and manifests an understanding of these dysfunctional behaviors, yet does not demonstrate the skills necessary to interrupt these behaviors and apply alternative coping skills needed to maintain ongoing abstinence.
6. Recovery Environment	Clients must meet ONE of the following: A. Problem aspects of the client's social and interpersonal life are responding to treatment, but are not sufficiently supportive of recovery to allow discharge or transfer to a less intensive level of care; B. The social and interpersonal life of the client has not changed or has deteriorated, and the client needs additional treatment to learn to cope with the current situation or to take steps to secure an alternative environment; C. Client has not yet given up emotional ties to his/her past antisocial behaviors, and is unable to commit to an acceptable, responsible, or productive way of life.

Level 3C (Medically Monitored Long Term Residential) Discharge/Referral Criteria across 6 Dimensions

Dimensional Scoring Specifications
Clients must meet Level 3C criteria for all six dimensions.

1. Acute Intoxication or Withdrawal	**Discharge:** Clients must meet all of the following: A. The client is assessed as not being in intoxication or withdrawal, B. The client does not manifest symptoms of protracted withdrawal syndrome, and C. The client does not meet any of the Level 3C Continued Stay criteria OR the Admission criteria for any other type of service. **Referral:** Clients must meet ONE of the following: A. The client meets the Admission criteria for a more intensive type of service; B. Post-withdrawal organicity has abated and/or can be managed at a less intensive type of service and the client demonstrates the skills necessary to compensate or adjust; C. Post-withdrawal organicity has escalated and/or cannot be managed at this type of service; medical evaluation and referral required.
2. Biomedical Conditions and Complications	**Discharge:** Clients must meet ONE of the following: A. Client's biomedical problems, if any, have diminished or stabilized to the extent that the availability of medical and/or nursing monitoring is no longer necessary, and the client does not meet any of the Level 3C Continued Stay criteria OR the Admission criteria for any other type of service; B. Client demonstrates understanding and the skills necessary to manage any biomedical conditions without medical monitoring; if pregnant, client demonstrates the skills necessary to protect herself and her fetus from harm. **Referral:** There is a biomedical condition that is interfering with addiction treatment, and the client meets the Admission criteria for another type of service.

3. Emotional/ Behavioral Conditions and Complications	**<u>Discharge</u>:** Clients must meet at least 2 of the following: A. Disordered Living Skills: 1. Client has progressed to the point where new norms are integrated and demonstrated in daily living; OR 2. Client has developed a sense of constructive community integration and involvement, as far as generally accepted societal roles are concerned; OR 3. Client has resolved identified abuse issues sufficiently enough to be transferred to a lower level of care; OR 4. Client has internalized skills and demonstrated mature behaviors to make immediate or short-term relapse unlikely. B. Disordered Social Adaptiveness: 1. Client has now assimilated and committed himself/herself to responsible, generally accepted, legal, licit, and moral behaviors; OR 2. Client has rejected rebelliousness as a coping strategy; OR 3. Client has developed a strong sense of self and understands the rights of others, and does not display tendencies toward denigration, devaluation, or dominance of others; OR 4. Client has developed an achievable life plan, and is willing and capable of continuing the work of developing goals and working toward their fruition. C. Disordered Self Adaptiveness: 1. Client has developed successful strategies for handling fear, feelings of rejection, loneliness, and alienation, and has demonstrated the skills needed to implement these strategies; OR 2. Client has an understanding of his/her self-worth, and no longer participates in self-denigrating thoughts or behaviors; OR 3. Client has established a sufficient internal support to balance the need for external stimulation; OR 4. Client has demonstrated the ability to form supportive relationships, and appropriately discloses feelings in a manner which supports recovery. D. Disordered Psychological Status: 1. Client has successfully addressed early onset emotional impairment and/or developmental disordering. Dysfunctional symptomatology has been reduced to generally acceptable thresholds; OR 2. Client realizes impulsive behaviors have led to long-term difficulties, and can now identify these urges and implement strategies to control them. **<u>Referral</u>:** Clients must meet ONE of the following: A. A psychiatric/emotional/behavioral condition exists that is interfering with addiction treatment; B. Client meets the Admission criteria for another type of service.

4. Treatment Acceptance/ Resistance	**<u>Discharge</u>:** Clients must meet all of the following: A. The client's awareness and acceptance of an addiction problem and commitment to definitive treatment are sufficient to expect treatment compliance in a less intensive type of service, as evidenced by: 1. Client is able to recognize the severity of his/her alcohol/drug problem, AND 2. Client understands his/her self-defeating relationship with alcohol/drugs and understands his/her triggers and dysfunctional behaviors which lead to alcohol/drug use, AND 3. Client accepts the concepts of continued care, and has participated in the development of a post-treatment recovery plan. B. The client also does not meet any of the Level 3C Continued Stay criteria OR the Admission criteria for any other type of service. **<u>Referral</u>:** Clients must meet ONE of the following: A. The client has failed to achieve essential treatment objectives to the degree that no further progress is likely to occur at this level of care; however, the client meets the Admission criteria for another type of service; B. The client meets the Admission criteria for another type of service.
5. Relapse Potential	**<u>Discharge</u>:** Clients must meet ONE of the following: A. Client is capable of following and completing a specific continuing care recovery plan. His/her integration of therapeutic gains is sufficiently established that he/she does not appear to be at risk of imminent relapse; the client also does not meet any of the Level 3C Continued Stay criteria for further treatment on any dimension in this level; B. Client demonstrates the ability to manage relapse triggers. **<u>Referral</u>:** Clients must meet ONE of the following: A. Client is experiencing an intensification of addiction symptomatology (e.g. craving, or return to regular use of psychoactive substances), despite continued interventions, to the extent that he/she requires a more intensive level of care; B. Client meets the Admission criteria for another type of service.

6. Recovery Environment	**<u>Discharge</u>:** Clients must meet ONE of the following: A. Problem aspects of the client's social and interpersonal environment are responding to treatment, and the environment is sufficiently supportive of recovery to allow discharge to a less intensive level of care, and the client does not meet any of the Level 3C Continued Stay criteria for further treatment on any dimension in this level; B. The social and interpersonal environment has not changed or has deteriorated, but the client has learned skills to cope with the current situation, or has secured an alternative environment, and does not meet any of the Level 3C Continued Stay criteria for further treatment on any dimension in this level. **<u>Referral</u>:** Clients must meet ONE of the following: A. The social and interpersonal environment has deteriorated, and the client has not learned the skills necessary to cope with the deteriorating situation. An extended care alternative environment has been found, but the client is unwilling to be transferred. Further, the client does not meet any of the Level 3C Continued Stay criteria for further treatment on any dimension in this level; B. Client meets Admission criteria for another type of service.

Level 4A
Medically Managed Inpatient Detoxification

Description of Service Level

- Medically Managed Inpatient Detoxification is a type of treatment which provides 24-hour medically directed evaluation and detoxification of psychoactive substance use disordered clients in an acute care setting. Detoxification is the process whereby a drug- or alcohol-intoxicated or dependent client is assisted through the period of time needed to eliminate (by metabolic or other means) the presence of the intoxicating substance or the dependency factors, while keeping the physiological or psychological risk to the client at a minimum. Ideally, this process should also include efforts to motivate and support the client to seek formal treatment after the detoxification process. The clients who utilize this type of care have acute withdrawal problems (with or without biomedical and/or emotional/behavioral problems) which are severe enough to require primary medical and nursing care facilities. 24-hour medical service is provided, and the full resources of the hospital facility are available. Although this treatment is specific to psychoactive substance use disorder, the multi-disciplinary team and the availability of support services allows for the conjoint treatment of coexisting acute biomedical and/or emotional/behavioral conditions which could jeopardize recovery and need to be addressed.
- This type of treatment is conducted at a Pennsylvania Department of Drug and Alcohol Programs licensed acute care setting, with intensive biomedical and/or psychiatric services and a certified addiction treatment unit. Three examples of such settings are: an acute care general hospital, an acute care psychiatric hospital or a psychiatric unit in an acute care general hospital, or an appropriately licensed chemical dependency specialty hospital with an acute care medical and nursing staff and emergency and life-support equipment. Such settings must be capable of providing medically directed acute detoxification and related treatments aimed at alleviating acute emotional, behavioral, and/or biomedical stress resulting from the client's use of alcohol or other drugs. If needed, life support care and treatment is available on-site, or through an effective arrangement, for the timely and responsive provision of such care. This may be accomplished through the transfer of the client to another service within the facility or to another medical facility.
- All employees and contracted individuals providing clinical services within the facility must comply with the PA Department of Drug and Alcohol Program's staffing requirements. The Client:FT Primary Care Staff Person (e.g. Physician's Assistant, RN, LPN, clinical staff) ratio is not to exceed 5:1 during primary care hours.

Required Services and Support Systems include:

- Assessment and treatment of adult clients with psychoactive substance use disorders or addicted clients with concomitant acute biomedical and/or emotional/behavioral disorders. Clinicians in this setting must be knowledgeable about the biopsychosocial dimensions of addictions, biomedical problems, and emotional/behavioral disorders.
- 24-hour physician availability
- 24-hour primary nursing care and observation
- Professional therapeutic services
- Referral agreements among different levels of care
- Biopsychosocial Assessment
- Monitoring of medication, as needed
- Health care education services
- Services for families and significant others
- Medication administered in accordance with the substance-specific withdrawal syndrome(s), other biomedical or psychiatric conditions, and recognized detoxification procedures
- Comprehensive nursing exam upon admission
- Physician-approved admission
- Physician who is responsible for a comprehensive history (including drug and alcohol) and a physical examination within 24 hours following admission
- Specific assessments performed on an individualized basis, with consideration of risk guiding the evaluation (because this population frequently suffers from communicable, infectious, or transmittable diseases). Furthermore, the facility must have appropriate policies and procedures for identification, treatment, and referral of clients found to have such illnesses, so as to protect other clients and staff from acquiring these diseases.

The Required Staff in a Medically Managed Inpatient Detox facility is chosen according to the Joint Commission on the Accreditation of Hospital Organization's (JCAHO's) standard hospital practices. In addition, they must comply with the PA Department of Drug and Alcohol Program's staffing requirements.

The Staff who may be Recommended may include trained clinicians, addiction counselors, or registered, certified addiction clinicians able to administer planned interventions according to the assessed addiction needs of the client.

Level 4A (Medically Managed Inpatient Detox)
Admission Criteria across 6 Dimensions

Dimensional Scoring Specifications
Clients must meet, at a minimum, Dimension 1 criteria for Level 4A, or Dimension 1 criteria for 3A if Dimension 2 or 3 are at Level 4A.

1. Acute Intoxication or Withdrawal	Clients must meet one of the following: A. Client is assessed as being at risk of severe withdrawal syndrome as evidenced by: 1. CIWA-Ar (Clinical Institute Withdrawal Assessment – Alcohol – Revised) score (or other comparable standardized scoring system) greater than or equal to 20; OR 2. Blood alcohol greater than 0.1gm% with withdrawal signs present; or blood alcohol greater than 0.2gm%; OR 3. Pulse greater than 110 or blood pressure higher than 160/110 and a CIWA-Ar score greater than 10; OR 4. History of seizures, hallucinations, myoclonic contractions, or delirium tremens when withdrawing from similar amounts of alcohol or other sedative hypnotic drugs; OR 5. Seizures, delirium tremens, hallucinations, myoclonic contractions, or hyperprexia (elevated temperature); OR 6. Daily ingestion of sedative hypnotics for over six months plus daily alcohol use, or regular use of another mind-altering drug, known to have its own withdrawal syndrome, with a coexisting chronic mental/physical disorder; OR 7. Daily ingestion of sedative hypnotics above the recommended therapeutic dosage level for at least 4 weeks, with a coexisting chronic mental/physical disorder; OR 8. Antagonist medication used in withdrawal (e.g. pharmacological induction of opiate withdrawal and subsequent management); OR 9. Recent (<12 hrs) serious head trauma or loss of consciousness resulting in need to observe intoxicated client more closely; OR 10. Client with history of opioid use who exhibits Narcotic Withdrawal Scale Grade 2+ opioid withdrawal (e.g. muscular twitching, myalgia, arthralgia, abdominal pain, rapid breathing, fever, anorexia, nausea, vomiting, diarrhea, extremes of vital signs, dehydration, "curled-up position," etc.) requiring acute nursing care for management; OR 11. Drug overdose compromising mental status, cardiac functioning, or other vital signs; OR 12. Client with history of daily opioid use for at least 2 weeks prior to admission; past attempts to stop at similar dosages have resulted in one or more signs or symptoms of withdrawal (e.g. muscular twitching, myalgia, arthralgia, abdominal pain, rapid breathing, fever, anorexia, nausea, vomiting, diarrhea); OR 13. Clinical state requiring close medical observation (e.g. intoxication with acute agitation or stuporous state, without reliable medical history or with history of use of substance of unknown origin, or intoxication with multiple drug combinations with unpredictable, complicated withdrawal). B. There is a strong likelihood that the client will not complete detoxification or enter into continuing treatment as evidenced by current use of medication or presence of a medical condition known to interfere with ability to complete detox (e.g. MAO Inhibitors in association with alprazolam, or xanax). C. This is the only available level of care which can provide the needed medical support and comfort for the client, as evidenced by: 1. Detoxification regimen or client's response to the regimen requires monitoring at least every 2 hrs (e.g. clonidine detoxification with opiates, or high dose benzodiazepine withdrawal); OR 2. Client requires detoxification while pregnant.

2. Biomedical Conditions and Complications	Clients must meet ONE of the following: A. Biomedical complications of addiction requiring medical management and skilled nursing care; B. Concurrent biomedical illness or pregnancy needing stabilization and daily medical management with daily primary nursing interventions (e.g. severe anemia, poorly controlled or complicated diabetes mellitus); C. Presence of biomedical problems requiring inpatient diagnosis and treatment (e.g. liver disease resulting in hepatic decompensation, acute pancreatitis requiring parenteral treatment, active gastrointestinal bleeding, cardiovascular disorders requiring monitoring, multiple current biomedical problems); D. Recurrent or multiple seizures; E. Disulfiram (Antabuse)-alcohol reaction; F. Life-threatening symptomatology related to excessive use of alcohol/drugs (e.g. stupor, convulsions, etc.); G. Previously diagnosed medical conditions being gravely complicated or exacerbated by chemical use; H. Changes in client's medical status, such as a severe worsening of medical condition, make abstinence imperative; I. Client demonstrates other biomedical problems requiring 24-hr observation and evaluation.
3. Emotional/ Behavioral Conditions and Complications	Clients must meet ONE of the following: A. Emotional/behavioral complications of addiction require medical management and skilled nursing care; B. Concurrent emotional/behavioral illness needs stabilization, daily medical management, and primary nursing interventions; C. Uncontrollable behavior endangering self or others (e.g. suicidal, impulsive, aggressive, unstable, threatening, etc.); D. Mental confusion or fluctuating orientation; E. Coexisting serious emotional/behavioral disorders which complicate the treatment of chemical dependency and require differential diagnosis and treatment; F. Extreme depression; G. Impairment of thought processes and abstract thinking, limitations in conceptual ability impair client's daily living activities; H. Previously diagnosed psychiatric/emotional/behavioral condition being gravely complicated or exacerbated by alcohol/drug use; I. Altered mental status, with or without delirium, as manifested by disorientation to self, alcoholic hallucinosis, or toxic psychosis.

4. Treatment Acceptance/ Resistance	N/A
5. Relapse Potential	N/A
6. Recovery Environment	N/A

Level 4A (Medically Managed Inpatient Detox)
Continued Stay Criteria across 6 Dimensions

Dimensional Scoring Specifications
Clients must meet, at a minimum, Level 4A criteria for Dimensions 1 and 2, and no criteria higher than Level 4A for the remaining dimensions.

1. Acute Intoxication or Withdrawal	Persistence of acute withdrawal symptomatology, or detoxification protocol requires continued medical and/or nursing management on a 24-hr basis.
2. Biomedical Conditions and Complications	A biomedical condition that was initially interfering with treatment is improving, but the client still requires 24-hr continued medical management for this condition along with addiction treatment.
3. Emotional/ Behavioral Conditions and Complications	Clients must meet ONE of the following: A. The client is making progress toward resolution of a concomitant emotional/behavioral problem, but continued medical and nursing managed interventions are needed before transfer can be made to a less intensive level of care; B. The client is being held pending transfer (within 48 hrs) to an acute psychiatric inpatient service; C. The client is assessed as having a DSM Axis I psychiatric condition or disorder which, in combination with alcohol/drug use, continues to present a major mental health risk, and is actively being treated (e.g. medication stabilization).
4. Treatment Acceptance/ Resistance	N/A
5. Relapse Potential	N/A
6. Recovery Environment	N/A

Level 4A (Medically Managed Inpatient Detox)
Discharge/Referral Criteria across 6 Dimensions

Dimensional Scoring Specifications
Clients must meet Level 4A criteria for Dimensions 1, 2, 3, and 4.

1. Acute Intoxication or Withdrawal	**Discharge:** N/A **Referral:** Clients must meet all of the following: A. The client is assessed as not being intoxicated or in acute alcohol/drug withdrawal, or the symptoms have diminished sufficiently to be managed in a less intensive type of service, and the client does not meet any of the Level 4A Continued Stay criteria for further treatment on any dimension in this level. Therefore, the client is to be assessed for referral to the appropriate type of service. B. The client's protracted withdrawal symptoms no longer require 24-hr management, as they are not associated with craving for the alcohol/drug, and the client does not meet any of the Level 4A Continued Stay criteria that indicate the need for further treatment on this level. Therefore, the client is to be assessed for referral to the appropriate type of service.
2. Biomedical Conditions and Complications	**Discharge:** Client's biomedical problems, if any, have diminished or stabilized to the extent that daily availability of 24-hr medical and/or nursing management is no longer necessary, and he/she does not meet any of the Level 4A Continued Stay criteria OR the Admission criteria for any other type of service. **Referral:** A biomedical condition has arisen, or an identified biomedical problem which is being addressed is not responding to treatment, and the client meets the Admission criteria for another type of service.
3. Emotional/ Behavioral Conditions and Complications	**Discharge:** The client's emotional and/or behavioral problems have diminished in acuity to the extent that daily medical and nursing management is no longer necessary, and the client does not meet any of the Level 4A Continued Stay criteria OR the Admission criteria for any other type of service. **Referral:** An emotional/behavioral condition has arisen, or an identified emotional/behavioral problem which is being addressed is not responding to treatment, and the client meets the Admission criteria for another type of service.

4. Treatment Acceptance/ Resistance	**<u>Discharge</u>:** The client's awareness of an addiction problem is sufficient to expect entry into continued addictions treatment in an appropriate type of service as evidenced by: 1. Client is able to recognize the severity of his/her alcohol/drug problem, and 2. Client does not meet any of the Level 4A Continued Stay criteria OR the Admission criteria for any other type of service. **<u>Referral</u>:** The client repeatedly refuses continued treatment despite motivating interventions, and does not meet any of the Level 4A Continued Stay criteria for further treatment on any dimension in this level. However, the client does meet the Admission criteria for another type of service.
5. Relapse Potential	N/A
6. Recovery Environment	N/A

Level 4B
Medically Managed Inpatient Residential

Description of Service Level

- Medically Managed Inpatient Residential treatment provides 24-hour medically directed evaluation, care, and treatment for addicted clients with coexisting biomedical, psychiatric, and/or behavioral conditions which require frequent care. Facilities for such services need to have, at a minimum, 24-hour nursing care, 24-hour access to specialized medical care and intensive medical care, and 24-hour access to physician care.
- The setting for this type of care is a Pennsylvania Department of Drug and Alcohol Programs licensed acute care facility, with an intensive biomedical and/or psychiatric service contained in a Department of Drug and Alcohol Programs-certified hospital-based addictions rehabilitation unit.
- All employees and contracted individuals providing clinical services within the facility must comply with the PA Department of Drug and Alcohol Program's staffing requirements. The Client:FT Primary Care Staff Person (e.g. Physician's Assistant, RN, LPN, clinical staff) ratio is not to exceed 7:1 during primary care hours. Clients who have more severe illnesses in the biomedical or emotional/behavioral dimensions will require more intensive staffing patterns and support services, such as those found in an intensive component in a hospital.

Required Services and Support Systems include:

- 24-hour observation, monitoring, and treatment
- Full resources of an acute care general or psychiatric hospital, or a medically managed intensive inpatient treatment service
- Treatment for psychoactive substance use disorder and for coexisting medical and/or psychiatric disorders
- Access to detoxification or other more intensive medical/psychiatric services for related emotional/behavioral problems or family conditions which could jeopardize recovery
- Assistance in accessing support services
- Emergency medical services available
- Referral to detox, if clinically necessary
- Specialized professional/medical consultation, and testing such as HIV and TB tests, and other laboratory work if needed
- Biopsychosocial Assessment
- Individualized treatment planning, with review at least every 30 days (where treatment is less than 30 days, the review shall occur every 15 days)
- Individual therapy

- Group therapy (group size: no larger than 12)
- Marital therapy (if appropriate)
- Family therapy (if appropriate)
- Occupational and vocational counseling
- Monitoring of medication, as needed
- Physical exam
- Development of discharge plan and plan for referral into continuum of care

The Required Staff in a Medically Managed Inpatient Residential facility are appointed according to the Joint Commission on the Accreditation of Hospital Organization's (JCAHO's) standard hospital practices. In addition, they must comply with the PA Department of Drug and Alcohol Program's staffing requirements.

The Staff who may be Recommended may include addiction counselors or registered, certified addiction clinicians able to administer planned interventions according to the assessed needs of the client.

Level 4B (Medically Managed Inpatient Residential)
Admission Criteria across 6 Dimensions

Dimensional Scoring Specifications
Clients must meet Level 4B criteria in all six dimensions. If the client exceeds Level 3B criteria in Dimension 1, the evaluator is directed to refer to Level 3A and 4A detoxification criteria.

1. Acute Intoxication or Withdrawal	Clients must meet all of the following: A. The client is assessed as being at minimal to no risk of severe withdrawal syndrome, as evidenced by: 1. CIWA-Ar (Clinical Institute Withdrawal Assessment – Alcohol – Revised) score (or other comparable standardized scoring system) of less than 10 following 8 hours of abstinence from alcohol without medication; OR 2. Blood alcohol 0.0gm% and no withdrawal signs or symptoms present which require medication; OR 3. Sub-acute symptoms of protracted withdrawal which, if present, can be managed safely without daily monitored medical intervention. B. For clients with withdrawal symptoms no more severe than those noted in Section A, the client has, and responds positively to, emotional support and comfort, as evidenced by decreased emotional symptoms by the end of the initial treatment session.

2. Biomedical Conditions and Complications	Clients must meet ONE of the following: A. Continued alcohol/drug use places the client in imminent danger of serious damage to physical health for concomitant biomedical conditions; B. Biomedical complications of addiction require medical monitoring, or a concurrent biomedical illness needs medical management, but not intensive care; C. Biomedical complications of addiction requiring intensive medical management and skilled nursing care; D. Concurrent biomedical illness or pregnancy needing stabilization, medical management, and treatment with primary nursing interventions at least once every 8 hours; E. Presence of biomedical problems requiring inpatient diagnosis, such as liver disease resulting in hepatic decompensation, acute pancreatitis requiring parenteral treatment, active gastrointestinal bleeding, cardiovascular disorders impairing daily activity and requiring medical adjustment, chronic obstructive pulmonary disease requiring continuous oxygen, recent cerebrovascular accident with neurological deficits, active infectious disease (e.g. HIV) requiring IV antibiotics and continuous monitoring, or multiple current biomedical problems requiring intensive medical management or treatment; F. History of recurrent or multiple seizures; G. Severe disulfiram (Antabuse)-alcohol reaction; H. Life-threatening symptomatology related to excessive use of alcohol/drugs (e.g. stupor, convulsions, etc.) which requires intensive medical monitoring; I. Previously diagnosed medical conditions, which require intensive medical monitoring, are being gravely complicated or exacerbated by chemical use; J. Changes in client's medical status, such as a severe worsening of medical condition which makes abstinence imperative, or daily improvement in a previously unstable medical condition which allows the client to respond to chemical dependency problem which requires excessive monitoring; K. Client demonstrates other biomedical problems requiring 24-hr observation and evaluation.

3. Emotional/ Behavioral Conditions and Complications	Clients must meet at least 2 of the following: A. Emotional/behavioral complications of addiction require medical management and nursing care; B. Concurrent emotional/behavioral illness needs stabilization, daily medical management, and primary nursing interventions; C. Recent history of severe uncontrolled behavior endangering self or others; D. Severe mental confusion or fluctuating orientation E. Coexisting serious emotional/behavioral disorder which complicates the treatment of chemical dependency and requires differential diagnosis and intensive treatment; F. Extreme depression or mania requiring intensive treatment; G. Impairment in thought processes and abstract thinking, limitations in conceptual ability which impair client's daily living activities; H. Previously diagnosed psychiatric/emotional/behavioral condition gravely complicated or exacerbated by alcohol/drug use; I. Altered mental status, with or without delirium, as evidenced by: 1. Disorientation to self, or 2. Alcoholic hallucinosis, or 3. Toxic psychosis.
4. Treatment Acceptance/ Resistance	N/A
5. Relapse Potential	N/A
6. Recovery Environment	N/A

Level 4B (Medically Managed Inpatient Residential)
Continued Stay criteria across 6 Dimensions

Dimensional Scoring Specifications
Clients must meet Level 4B criteria for all six dimensions.

1. Acute Intoxication or Withdrawal	Clients must meet ONE of the following: A. Acute symptoms of intoxication/withdrawal are absent in the client; B. Client exhibits symptoms of protracted withdrawal syndrome that are manageable without medical intervention and are not severe enough to interfere with participation in treatment; C. Client exhibits symptoms of post-acute withdrawal (e.g. increased irritability, mood swings, obsessive thoughts of substance use, high levels of anxiety) which present obstacles to engaging in recovery and normal life functioning; D. Client reports a limited lapse of sobriety that can be addressed constructively.
2. Biomedical Conditions and Complications	Clients must meet ONE of the following: A. A continued biomedical problem or intervening medical event was serious enough to interrupt treatment, but the client is again progressing in treatment; B. A biomedical condition that was initially interfering with treatment is improving, yet the client still requires 24-hr continuous medical management for this condition, along with treatment for his/her addiction.
3. Emotional/ Behavioral Conditions and Complications	Clients must meet ONE of the following: A. Client is making progress toward resolution of a concomitant emotional/behavioral problem, but continued medically managed and nursing interventions are needed before a transfer can be made to a less intensive level of care; B. The client is being held pending transfer (within 48 hours) to an acute psychiatric inpatient service; C. The client is assessed as having a DSM Axis I psychiatric condition or disorder which, in combination with alcohol/drug use, continues to present a major mental health risk, and is actively being treated (e.g. medication stabilization).
4. Treatment Acceptance/ Resistance	N/A
5. Relapse Potential	N/A
6. Recovery Environment	N/A

Level 4B (Medically Managed Inpatient Residential)
Discharge/Referral Criteria across 6 Dimensions

Dimensional Scoring Specifications
Clients must meet Level 4B criteria in Dimensions 1, 2, 3, and 4.

1. Acute Intoxication or Withdrawal	**Discharge:** Clients must meet all of the following: A. The client is assessed as not being intoxicated or in withdrawal, B. The client does not manifest symptoms of protracted withdrawal syndrome, and C. The client does not meet any of the Level 4B Continued Stay criteria OR the Admission criteria for any other type of service. **Referral:** Clients must meet ONE of the following: A. The client is abusing alcohol or other drugs, and is in need of a more intensive type of service; B. The client does not meet any of the Level 4B Continued Stay criteria, but does meet the Admission criteria for a lesser type of service.
2. Biomedical Conditions and Complications	**Discharge:** Client's biomedical problems, if any, have diminished or stabilized to the extent that 24-hr medical and/or nursing management is no longer necessary, and he/she does not meet any of the Level 4B Continued Stay criteria for further treatment on any dimension at this level. **Referral:** A biomedical condition has arisen, or an identified biomedical problem which is being addressed is not responding to treatment, and the client meets the Admission criteria for another type of service.
3. Emotional/ Behavioral Conditions and Complications	**Discharge:** The client's emotional and/or behavioral problems have diminished in acuity to the extent that daily medical and nursing management is no longer necessary, and the client does not meet any of the Level 4B Continued Stay criteria OR the Admission criteria for any other type of service. **Referral:** Clients must meet ONE of the following: A. An emotional/behavioral condition has arisen, or an identified emotional/behavioral problem which is being addressed is not responding to treatment, and the client meets the Admission criteria for a more intensive type of service; B. Client's concomitant psychiatric and behavioral difficulties have stabilized, and the client meets the Admission criteria for a lesser type of service.

4. Treatment Acceptance/ Resistance	**<u>Discharge</u>:** The client's awareness of an addiction problem is sufficient to expect entry into continued addictions treatment in an appropriate type of service as evidenced by: 1. The client's recognition of the severity of his/her alcohol/drug problem, and by 2. The client does not meet any of the Level 4B Continued Stay criteria OR the Admission criteria for any other type of service. **<u>Referral</u>:** The client repeatedly refuses continued treatment despite motivating interventions, and the client does not meet any of the Level 4B Continued Stay criteria for further treatment on any dimension at this level. However, the client meets the Admission criteria for another type of service.
5. Relapse Potential	N/A
6. Recovery Environment	N/A

Appendix A:
Special Needs and Considerations

A vital component of the decision-making process in client placement concerns the determination of the client's need for specialized services. There are several factors which should be taken into account when formulating an individual's particular treatment plan. Specifically, issues which must be considered prior to a client's placement include (but are not limited to) Pharmacotherapy, Co-Occurring Mental Illnesses, Gender, Parental Responsibilities, Sexual Orientation, and Culture and Ethnicity.

Before a determination of the client's level and type of care, assessment questions which target special needs should be utilized. Affirmative responses to these questions require consideration of "Special Issue" criteria prior to client placement.

Information on specific tracks or programs can be obtained from your local Single County Authority (SCA) or the Bureau of Treatment, Prevention and Intervention.

Pharmacotherapy Considerations

Assessment Questions for Clients in Pharmacotherapy

- Is the client 18 or over, and has he or she been abusing opiates for one year or more?
- Does the client (age 18 or over) have HIV or AIDS?
- Is the client pregnant?
- Has the client previously been unsuccessful in non-pharmacologic treatments?
- Is the client experiencing acute withdrawal symptoms along with sustained medical complications?
- Is the client's health at risk (e.g. because of IV drug use, or because of STD's)?

Pharmacotherapy

Pharmacotherapy is a comprehensive treatment approach, requiring licensure, FDA, DEA, and PA Department of Drug and Alcohol Programs approval, where medication and comprehensive therapy and medical services are utilized for treatment of opiate addicted clients. Pharmacotherapies are safe and necessary pharmacological supports to control compulsive drug seeking behavior for chronic narcotic IV and other opiate-abusing clients. Medication can be either agonist (i.e. methadone, LAAM, etc.) or antagonist (Trexan, naltrexone, etc.), providing pharmacologic support to clients while they undergo structured specialized therapy and medical services.

Clients in Pharmacotherapy

Potential clients should be 18 years or older and have been addicted to opiates for over one year (as per federal regulations) to be eligible for this type of care. Pharmacotherapy is also the preferred course of treatment for narcotic addicted pregnant women, and it can be utilized with or without the one year documented history of addiction. Pharmacotherapy is also warranted if the client has a history of unsuccessful responses to non-pharmacologic detoxification or other treatment interventions. If the client has experienced or is experiencing acute opiate withdrawal symptoms, or his or her pattern of abuse is posing a significant health risk to self or others (i.e. a pattern of IV drug use), this method of treatment may again be the preferred route. Ideally, pharmacotherapy can help to curtail drug-seeking activity, and other related criminal behaviors, by relieving abstinence-withdrawal symptomatology and opiate cravings. It can also serve as an important step in the client's commitment to a more intensive and responsible level of care, and put him or her in the position to regain control over his or her life circumstances and behavior.

Program Description

Pharmacotherapy programs are characterized by the following:

- Structured treatment involving some degree of periodic medical or clinical supervision (i.e. mandatory attendance of 2 or 3 to 7 days per week).
- An established daily dosage level (prescribed by a licensed physician) brought about by an adjustment to the medication in conjunction with therapy services.
- A comprehensive physical exam at the initiation of treatment, as well as subsequent annual exams and appropriate ongoing medical support.
- Provision of comprehensive primary health care for pregnant addicts.
- Required counseling interventions that are given as a condition for continued enrollment.
- Use of diagnostic medical testing, such as random urine toxicology tests.
- Provision of HIV/AIDS education for all clients, as well as testing and counseling for HIV/AIDS and TB.

The staff providing this type of care must be certified and have documented experience in narcotic addiction. They must also adhere to DDAP staffing regulations, and comply with the limits and conditions of the client's level of care.

Levels of Intensity

Pharmacotherapy in Outpatient settings (Level I) is conducted at two levels of intensity. At the Standard Level, it is assumed that the patient can sustain him or herself, although he or she would likely not benefit from treatment without the service. The facility provides the pharmacotherapy in addition to psychotherapy for 2+ hours a month. The Intense Level bundles a variety of services around clients at lower levels of functioning. These clients have numerous highly chronic and complex problems. Counseling for 2 to 10 hours per week is provided along with medical care and other services.

Clients in pharmacotherapy that exhibit difficulty with Outpatient treatment can engage in more intensive levels of care while being maintained in pharmacotherapy. In the Partial Hospital setting, therapy hours are increased to 10+ per week, while maintaining all the other services offered in lower levels. Length of stay is based on need, but otherwise the treatment is consistent with Level II. In a Residential Rehabilitation Treatment setting, sub-acute rehab is provided in conjunction with pharmacotherapy, as is consistent with Level III.

Co-Occurring Mental Illness Considerations

Assessment Questions for Mental Illness Considerations

- Does the client have a history of psychiatric problems and treatment?
- Is the client currently using prescribed psychotropic medicine?
- Does the client exhibit spiritual or other delusions when sober?
- Does the client exhibit unusual episodic or persistent behaviors?
- Does the client show signs of being at risk for causing harm to self or others?
- Does the client exhibit an inability to take care of basic hygiene?

Dual Diagnoses

It has become more widely recognized, over the past several years, that mental illness often coexists with substance use disorders, and that treatment must address both illnesses concurrently, and, if possible, in an integrated fashion, since each illness affects the course and severity of the other. Persons suffering from these two illnesses concurrently are said to have "dual disorders." Attempts have been made to designate one disorder as the primary one and the other as secondary, in order to assign these clients to an easily identifiable setting within either the mental health treatment system or to addiction treatment, but these systems have historically never been well-integrated. Whether these persons are treated in an addiction treatment system, a mental health system, or an integrated system, the principles underlying their treatment must remain the same. Placement in an appropriately designed program will follow from adequate attention to the assessment of both disorders.

Dually Diagnosed Clients

Persons with dual disorders are by no means a heterogeneous group; there is great variability in the severity of each disorder and in the disability associated with each illness. This is often a source of great confusion in making determinations regarding the proper treatment setting for these individuals. The procedures for assessment must recognize the effects of substance use on one's mental status and related psychiatric symptoms. In lieu of clear historical information, adequate time must be allowed to observe persons in a substance-free state before attempting to diagnose their present condition and long-term needs. Certain psychiatric symptoms must be recognized as likely impediments to establishing early abstinence and engaging in treatment, and addressed with sensitivity before they can be identified as primary co-occurring mental illnesses.

In many cases, persons who have severe substance use problems with mild psychiatric disorders that have little associated disability can be treated in programs designed primarily for the treatment of substance use disorders. By the same token, persons

suffering from debilitating psychiatric disorders that are complicated by substance abuse may be treated in programs designed for persons with mental illnesses. For many clients, particularly those with severe disturbances resulting from both illnesses, specialized intensive programs are needed. Such persons may be identified by characteristics such as the following:

- Significant ongoing psychiatric symptoms which are present even when the client is abstinent, and which require management with psychotropic medications and rehabilitation programs.
- Significant dependence on substances with recurrent episodes of use, even when psychiatric symptoms are relatively under control.
- Little success in previous treatment and in managing recovery in less intensive or specialized treatment programs.
- Synergistic effects of combined illnesses cause significant disability and impaired functioning, such that treatment in less structured settings may result in behaviors that are potentially dangerous or harmful to self or others.

Program Description

Once the presence of a mental disorder has been established in a substance-abusing client, the following principles should guide the treatment:

- Treatment of both the mental illness and the substance use disorder should be integrated whenever possible; ideally, they should be provided in the same setting by the same treatment team.
- The treatment team must have professional resources available to ensure that adequate treatment of both disorders is possible. For example, the team should have psychiatric addiction specialists available, as well as other persons with both psychiatric and addiction training.
- All treatment team members should have some familiarity with the manifestations and etiology of both disorders to facilitate adequate coordination of treatment.
- Treatment planning should be individualized to address specific symptoms of all disorders, while recognizing that treatment will usually incorporate a variety of therapeutic methods which may address either or both of these illnesses.
- There must be provisions to incorporate the use of psychotropic medications when indicated.

Regardless of the treatment system, the personnel working with persons who have dual disorders will require training to enable them to understand and effectively address both mental health and substance use problems. This is sometimes referred to as “cross-training. This training should include education on the biological, environmental, and psychological aspects of both disorders, and current perspectives on integrated treatment of dually diagnosed clients.

Women's Issues and Considerations

Assessment Questions for Women

- Does the client withdraw in a mixed-gender environment?
- Does the client have unresolved issues or problems resulting from past experiences of physical, emotional, and/or sexual abuse?
- Does the client lack communication skills, or resort to seductive behaviors, in a mixed-gender environment?
- Is the client pregnant?

Women's Issues and Considerations

Substance-abusing women often require specialized care for issues and pathologies that arise as consequences of their addictions. Much more frequently than male addicts, females often face issues such as dysfunctional personal relationships, histories of emotional, physical, and/or sexual abuse, difficulties obtaining specific medical care, and the specific social stigma attached to being a female substance abuser. Following the determination of the level and type of care, the following considerations can help to determine if the client requires this form of treatment:

- The client shows signs of withdrawing in a mixed-gender environment, and has difficulty expressing her feelings and thoughts in the presence of males.
- The client needs further education in the areas of women's health care and reproductive health.
- The client has a history of physical, emotional, and/or sexual abuse.
- The client lacks the appropriate communication skills to express anger and/or assert herself in mixed company, and has at times resorted to seductive behavior.
- The client needs to learn to establish and maintain healthy relationships with other females.
- The client needs child relationship training.

Program Description

A specialized program created to serve this population must have the following characteristics:

- Education meant to improve decision-making skills and self-esteem
- A focus on issues specific to women, such as addressing emotional, physical, and/or sexual abuse, single motherhood, difficulties with child care, and establishing oneself in a largely male-dominated society

- Extensive case management resources to accommodate the comprehensive needs of women in substance abuse care
- Educational programs that address parenting and child development skills, the prenatal and postpartum effects of substance abuse on children, and the reestablishment of the mother-child bond, if the child is not in the treatment setting or in the custody of the mother
- Additional education in the area of preventive health care (e.g. breast exams, pap smears, family planning, the risk of HIV/AIDS and other sexually transmitted diseases, etc.)
- Life skills training (e.g. communication skills, or budgeting and household management) that can maximize the client's ability to provide a safe, clean environment for herself and her family.
- Education in legal issues (e.g. child custody, protection from abuse, divorce, and discrimination)
- A safe treatment setting that provides linkages to support groups
- Assistance in locating appropriate housing
- Education on eating disorders and referral for treatment, if necessary

Treatment Staff

The staff in facilities providing this type of care must be hired in a way that reflects the makeup of the client population. They must be certified, and have documented experience in women's psychology and female-specific treatment. Finally, they must perform this treatment while complying with the conditions of the selected level of care.

Special Considerations for Women with Children

Assessment Questions and Considerations for Women with Children

- Does the client have any children under the age of 12?
- Is the client pregnant?
- Does the client have any children under another person's custody (e.g. foster care, other relatives/extended family, child welfare)?
- Is there evidence of a seriously dysfunctional family (e.g. child neglect and/or abuse, domestic violence)?
- Client resides with an abusive partner, and is unwilling or unable to leave the relationship. The presence of an abusive partner requires special considerations by the assessor, such as recognizing how the woman's entry into treatment could place her in greater danger of physical violence or otherwise affect her retention in treatment. Placement decisions should take into account the need to refer to providers who include in their programming special education and support to women who are experiencing these issues.
- The client resides with an abusive partner, and is unwilling or unable to leave the relationship, but may be eligible for a more restrictive level of care. The most available treatment for this client is likely to be at the Intensive Outpatient Level (1B).

Special Considerations for Women with Children

These programs are designed to serve substance-abusing pregnant and/or parenting women with specific pathologies and needs that have arisen in conjunction with their addiction. Treatment of women with children is more complex because of the problems presented by dysfunctional family dynamics, and because of this, the inclusion of children into the overall treatment process is warranted. Following the determination of the level and type of care, the following considerations can determine if the client requires this specific form of treatment:

- The client demonstrates little or no ability to communicate effectively on behalf of herself or her children.
- The client is pregnant or has children, and needs prenatal care, primary child health care, and the structure of a family-focused environment to support and manage her pregnancy.
- The client has or has regained custody of children, but is at high risk of losing custody in anything other than a structured, safe, drug-free environment.
- The client is in need of a supportive, educational environment, due to problem pregnancy, a history of abuse or neglect of children, physical health problems concerning herself or her children (e.g. HIV/AIDS), or developmental or emotional/behavioral problems in her children.

- The client's lack of access to child care is presenting a barrier to treatment.
- The concurrent care of the client's children is critical to her treatment outcome.

Program Description

In addition to meeting the characteristics of a specialized women's program, parental responsibility programs assess and treat women from a holistic, family-centered point of view. The services of these programs are designed using gender-specific, culturally competent treatment models. Parental responsibility programs are characterized by the following:

- Parenting education and support services, as well as family therapy (for parents, significant others, non-resident children, etc.)
- Child development and prevention services including basic assessment of each resident child's level of functioning
- Coordination of services addressing children's developmental delays and/or mental health concerns
- Child care provided in an environment which promotes developmentally appropriate socialization, language and communication skills, and gross and fine motor skills. In such an environment, "high risk" families may have an opportunity for unification.
- Coordination of services establishing and maintaining public assistance benefits for herself and her children
- Child care services
- Early intervention and/or specialized education services designed to meet the developmental needs of the child.
- Life skills training (e.g. communication skills, and budgeting and household management) that maximizes the client's ability to provide a safe, clean environment for the client and her children.
- Comprehensive treatment planning integrating parent/child activities and basic child development care.
- A focus on gender-specific issues such as addressing emotional, physical, and/or sexual abuse experiences in the client and her children.
- Educational programs that address parenting and child development skills (e.g. infant stimulation programs).
- A comprehensive service for children that includes a basic assessment, educational opportunities for developmental impairments, a physical and medical evaluation including a review of immunizations and a report of childhood diseases, and referral, if necessary.
- Alcohol and other drug education for children, including age-specific children's groups to discuss these issues and improve coping skills.
- Education in child custody issues.
- Age-appropriate activities to encourage socialization and academic growth.

Treatment Staff

The staff in these programs must be certified, and have documented experience in child development, age-appropriate child care, and drug and alcohol prevention and education. They must also comply with the conditions of the selected level of care.

Cultural/Ethnic Considerations

Assessment Question for Cultural Considerations

- Is language a barrier to treatment?
- Does the client strongly identify with a specific cultural group?
- Is the client reluctant to seek treatment out of fear of being misunderstood or mistreated because of his/her cultural identity?
- Do the client's beliefs impact on his/her perception of clinical dependency?
- Does the client exhibit difficulties interacting with the mainstream culture?

Cultural/Ethnic Considerations

People of racial or ethnic minorities often hold different views, values, norms, mores, and beliefs which affect the perception, impact, and severity of alcohol and other drug use. Particular care must be taken by treatment professionals concerning the issues of racism, language, communication styles, cultural and class values, and health-related values. There are several considerations that may help, once the level and type of care has been determined, to decide whether the client requires this specific mode of treatment. These considerations include:

- The client's language presents a barrier to treatment.
- The client strongly identifies himself or herself with a specific cultural group.
- The client exhibits difficulty interacting with mainstream culture.
- The client is disconnected from the cultural group that would have the greatest beneficial effect on his/her recovery.
- The client is reluctant to seek treatment out of the fear of being misunderstood or mistreated due to his/her cultural/ethnic background.
- The client believes that substance use and addiction are the result of culturally specific spiritual beliefs.

Program Description

Programs offering this type of specialized treatment must be culturally competent, meaning that they are able to identify and address individual needs based on cultural differences, by way of policies, practices, attitudes, and agency structure. They are also characterized by the following:

- A program philosophy with cultural perspective that acknowledges that individuals and families make different choices based on differing cultural ideals

- Treatment that is culturally relevant and includes the discussion of racism and other culturally-specific issues
- Culturally appropriate diagnostic tools and treatment methodologies
- Competency concerning the language and non-verbal communication styles typical of members of specific ethnic groups
- Décor, program material, and literature appropriate to the lifestyle and culture of the group being served
- Outreach services that mitigate cultural barriers to program access
- Coordination of services connecting clients to community resources and supports within the appropriate culture
- Integration of culturally-founded health beliefs and practices into the treatment plan
- Ongoing plans for training new staff and developing more competent programs

The treatment staff providing this kind of service must be able to communicate verbally and non-verbally with the population in question. Staffing patterns should reflect the make-up of the client population, and the staff should be knowledgeable in the history, culture, and behavior patterns of the client group being served. These personnel must also comply with the conditions of the selected level of care.

Sexual Orientation Considerations

Assessment Questions for Gay/Lesbian/Bi-Sexual Clients

- Does the client identify himself/herself as gay, lesbian, or bi-sexual?
- Is the client experiencing conflict over his/her sexual orientation?
- Is the client likely to decompensate in a traditional heterosexual chemical dependency setting?
- Has the client previously experienced difficulties adjusting in a heterosexually oriented drug and alcohol treatment program?
- Has the client experienced relapse related to experiences of internal or external homophobia?

Gay/Lesbian Considerations

Individuals with a homosexual or bi-sexual orientation may present unique treatment needs because of many specific experiences that strongly affect emotions and behaviors. The experience of homophobia, a lack of social sanctioning, and religious and moral judgments which can lead to greater confusion and depression, and cause a higher incidence of chemical abuse or dependence, are all things which must be considered when developing drug and/or alcohol treatment plans for members of this group. Furthermore, accepting and affirming attitudes towards gays and lesbians on the part of the treatment staff are crucial to establishing a safe, positive treatment environment.

There are specific issues which may need to be explored concerning internal and external homophobia, as they may be critical to understanding and helping the client through chemical dependency treatment. These issues include:

- Sexual abuse, either during childhood or at present
- Conflicts over cultural and religious issues
- Bisexuality
- Domestic violence and codependency issues within gay and lesbian couples
- Degree of open acknowledgement of sexual orientation
- Parenting by gay or lesbian individuals
- Child custody issues and current child custody laws
- Homophobic attitudes and expressions by family members or coworkers

Program Description

Programs specially designed to treat this population are characterized by the following:

- A staff that includes other gays and lesbians who publicly identify themselves as such
- Sponsorship within the gay/lesbian recovery community, and the integration of gay/lesbian/bi-sexual identity issues into the recovery process
- Programs that address the specific needs of gay, lesbian, or bi-sexual clients that can interfere with chemical dependency treatment. Topic areas that should be discussed include: homophobia, both within the general community and in the client; the process of "coming out;" the social aspect of gay and lesbian culture; the roles of gay and lesbian parents; healthy relationships with biological and extended families; and the experience of spirituality, as it relates to systems that are traditionally judgmental and condemning
- HIV/AIDS policies including: a staff that is well-educated on the specific interrelationships between chemical dependency and HIV/AIDS, and sessions providing instructions on safer sex and HIV/AIDS risk reduction
- Specific education in areas of legal issues such as harassment, child custody, civil rights, and discrimination

The treatment staff in a facility providing this kind of care must be certified, and/or have documented training/experience in areas such as the psychology of homosexuality, emerging biological research and findings, the roles of gay, lesbian, and bi-sexual extended families, healthy gay, lesbian, or bi-sexual relationships, issues of civil rights, and HIV/AIDS education. The staff must also comply with the conditions of the selected level of care. Finally, ongoing skills training must be conducted, to help the program staff address the different cultural issues that arise in the gay/lesbian/bi-sexual community.

Appendix B:
Glossary of Terms

Admission: The point in an individual's relationship with an organized treatment service when the intake process has been completed and the individual is entitled to receive the services of the treatment program.

Aftercare Plan: A plan for clients to follow after they leave formal treatment. This is the client's individual plan for the future, and includes an identification of his or her personal goals and objectives.

Ancillary Services (or **Wraparound Services):** Services clients receive outside of the drug and alcohol treatment program itself. Most of these services are offered through other local agencies. Examples of ancillary services include health care, transportation, education, vocational training, stable and secure living environments, and support networks.

Appeal: A request for a reversal of a denial of authorization for a prescribed or recommended service that was made by an appropriately qualified practitioner.

Assessment: The process of gathering information to ascertain the degree and severity of alcohol and other drug (AOD) use, the social, physical, and psychological effects of that use, and the strengths and needs of the client.

Assessor: An individual who has knowledge, training, and experience in addictions.

Care Management (a.k.a. Service Management): The activities of screening, assessment (medical necessity determination), placement, authorization, continued stay/concurrent review, and utilization review.

Case Management: An organized system of coordinated activities developed and administered by the SCA to ensure client continuity of service, efficient and effective utilization of available resources, and appropriateness of service to meet the needs of each client.

Client: An individual who has applied for or has been the recipient of the services of a program. A client may be receiving drug services, alcohol services, or both.

Clinical Biopsychosocial Evaluation: The systematic collection and review of an individual's specific data necessary to determine individual care needs, with a view towards developing an individual treatment plan.

Comorbidity: The occurrence of more than one disorder in the same client.

Concurrent Review: A routine review of the medical necessity for continued treatment, by an internal or external utilization reviewer, during the course of a client's treatment.

Continued Stay Review: The process of reviewing the appropriateness of continued stay at a level of care and/or referral to a more appropriate level of care.

Counselor: An individual who meets the education and experience requirements listed in Chapter 704, and who provides a wide variety of treatment services which may include performing diagnostic assessments for chemical dependency, developing treatment plans, providing individual and group counseling and other treatments.

Cultural Perspective: Respect for the point of view of the constituency/constituencies served and for the dynamics of difference relative to their empowerment.

Culturally Competent: Sensitive to the integrated pattern of human behavior that includes thoughts, communication, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, gender, or social group, as demonstrated by a set of behaviors, attitudes, and policies that come together at all levels of a system, agency, or among professionals, and enable that system to work effectively in cross-cultural situations.

Culturally Relevant: The incorporation of the cultural knowledge of a particular group into practice and policy-making, through the sanctions or mandates of systems of care, agencies, or professionals.

Detoxification: The process whereby a drug or alcohol-intoxicated or dependent client is assisted through the period of time necessary to eliminate (by metabolic or other means) the presence of the intoxicating substance or dependency factors, while keeping the physiological or psychological risks to the client at a minimum. This process should also include efforts to motivate and support the client to seek formal treatment after the detoxification process.

Discharge: The point at which an individual's active involvement with a treatment service is terminated, and he or she no longer is carried on the service's records as a patient.

Drug: A substance:

1) Recognized in the official United States Pharmacopoeia or official National Formulary, or the supplements to either.
2) Intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animals.
3) Other than food which is intended to affect the structure or function of the body of man or other animals.
4) Intended for use as a component of any article specified in subparagraph 1,2, or 3, but not including devices or their components, parts, or accessories.

Drug-Free Approach: The provision of guidance, advice, and psychological treatment as a means to deal with the client's emotional structure and concurrent problems, without the use of a maintenance substance. Temporary medication, for treatment of physiological conditions or as an adjunct to psychosocial treatment may be utilized in this approach.

Halfway House: A community-based residential treatment and rehabilitation facility that provides services for chemically dependent persons in a supportive, chemical-free environment. While this type of service provides substance abuse treatment, it also emphasizes protective and supportive elements of family living, while encouraging and providing opportunities for independent growth and responsible community living, mutual self-help, assistance in economic and social adjustment, the integration of life skills into daily life, and a solid program of recovery. Clients entering this environment must have already had some experience in another type of drug and alcohol treatment. This is a live in/work out environment.

Inpatient Hospital Activity: The provision of medically managed detoxification, treatment, and/or rehabilitation services, on a 24-hour basis, in a hospital. The hospital shall be licensed by the Department of Health as an acute care or general hospital, or be approved by the Department of Public Welfare as a psychiatric hospital.

Inpatient Non-hospital Activity: The provision of medically monitored residential treatment in a freestanding or health care-specific environment which provides one of the following drug and alcohol services:

- Residential treatment and rehabilitation services
- Short-term detoxification
- Halfway House care

Instrument: A measurement tool, usually a questionnaire, that is used for gathering information about an individual to aid screening, assessment, diagnosis, and/or clinical decisions.

Intensive Outpatient: An organized non-residential treatment service in which the client resides outside the facility. It provides structured psychotherapy and client stability through increased periods of staff intervention. Services are provided according to a planned regimen consisting of regularly scheduled treatment sessions at least 3 days per week, for a total time between 5 and 10 hours per week.

LAAM: Levo-alpha-acetylmethadol (a.k.a. the "Long Acting Methadone"). This is medication, used for opioid maintenance therapy, which is long acting and requires a client to receive dosage every third day.

Length of Stay (LOS): The number of days and/or sessions attended by clients in the course of primary treatment.

Level of Care (LOC): One of the four care settings, primarily differentiated by the intensity of service provided and the degree of client monitoring provided. Each level is subdivided into Types of Services.

Maintenance (as in **Pharmacotherapy):** The prolonged scheduled administration of methadone or other pharmacological substances intended as a substitute or antagonist to abused opiate substances, in accordance with federal and state regulations.

Managed Behavioral Health Care: Any of a variety of strategies employed to control behavioral health (e.g. mental health and substance abuse) costs, while ensuring quality care and appropriate utilization. Cost-containment and quality assurance methods include the formation of preferred provider networks, gate keeping (or pre-certification), case management, relapse prevention, retrospective review, claims payment, etc.

Managed Care Organization: Those companies, organizations, states, counties, and EAPs that are charged with approving the treatment facility, the type(s) of treatment provided, and the amount spent on those treatments.

Medical Necessity: The determination that a specific health care service is medically appropriate, based on the biopsychosocial severity of the client's situation and determined by a multidimensional assessment of the individual.

Medically Managed Inpatient Detoxification: An inpatient health care facility that provides a 24-hour medically directed evaluation and detoxification of psychoactive substance use disorder clients in an acute care setting.

Medically Managed Inpatient Residential: An inpatient health care facility that provides 24-hour medically directed evaluation, care, and treatment for addicted clients with coexisting biomedical and/or psychiatric/behavioral conditions which require frequent medical management. Such a service needs to have 24-hour nursing care, 24-hour access to intensive and specialized medical care, and 24-hour access to physician care.

Medically Monitored Inpatient Detoxification: A residential facility that provides a 24-hour professionally directed evaluation and detoxification of addicted clients.

Medically Monitored Long Term Residential: A residential facility that provides 24-hour professionally directed evaluation, care, and treatment for addicted clients in chronic distress, whose addiction symptomatology is demonstrated by severe impairment of social, occupational, or school functioning. Habilitation is a treatment goal.

Medically Monitored Short Term Residential: A residential facility that provides 24-hour professionally directed evaluation, care, and treatment for addicted clients in acute distress, whose addiction symptomatology is demonstrated by moderate impairment of social, occupational, or school functioning. Rehabilitation is a treatment goal.

Opioid: The term "opiate" refers to opium and derivatives of opium, a naturally occurring substance, whose effects are similar to those of morphine. Heroin, codeine, and morphine are examples of opiates. The term "opioid" refers to all substances, both those derived from opium and those synthetically produced, that have effects similar to morphine. Examples of opioids include heroin and codeine, which are natural derivatives of opium, and Demerol or Percodan, which are synthetics. Methadone can be used in opioid pharmacotherapy.

Outpatient: An organized, non-residential, drug-free treatment service providing psychotherapy in which the client resides outside the facility. Services are usually provided in regularly scheduled treatment sessions for, at most, 5 contact hours per week.

Partial Hospitalization: The provision of psychiatric, psychological, or other therapies on a planned and regularly scheduled basis in which the client resides outside the facility. Partial hospitalization is designed for those clients who would benefit from more intensive services than are offered in outpatient treatment projects, but who do not require 24-hour residential care. This environment provides multi-modal and multi-disciplinary psychotherapy. Services consist of regularly scheduled treatment sessions at least 3 days per week, for a total time of at least 10 hours per week.

Peer Group Sessions: Self-conducted group sessions monitored by a staff member of a halfway house, focusing primarily on daily living and coping skills.

Pennsylvania Client Placement Criteria (PCPC): Pennsylvania's standards of clinical necessity, or guidelines for, alcohol and other drug (AOD) treatment that describe specific conditions under which patients should be admitted to a particular level of care (Admission criteria), conditions under which they should continue to remain in that level of care (Continued Stay criteria), and conditions under which they should be discharged from the system, or transferred to another level of care (Discharge/Referral criteria).

Pharmacotherapy: A comprehensive treatment approach where medication, comprehensive therapy, and medical services are utilized for treatment of opiate-addicted individuals. Medication, which can be either agonist (e.g. methadone, LAAM, etc.) or antagonist (Trexan, naltrexone, etc.), provides pharmacologic support to clients while they undergo structured, specialized therapy and medical services.

Physician: An individual licensed under the statutes of the Commonwealth of PA to engage in the practice of medicine and surgery in its branches, or to practice osteopathy or osteopathic surgery as defined in 1 PA C.S. 1991 (relating to definitions).

Placement: The process of matching the assessed service and treatment needs of a client with the appropriate type of service and level of care.

Referral: A formal process linking a client to an appropriate provider to address the client's identified needs.

Screening: The first step in identifying the presence or absence of alcohol or other drug (AOD) use, whereby data is collected on an individual in order to make an initial determination if an alcohol or other drug problem exists and/or to determine if emergency services are warranted.

Single County Authority (SCA): The agency designated by the local authorities in a county or joinder to plan, fund, and administer drug and alcohol treatment activities. These are the agencies that BTPI uses as its primary contractor for this purpose.

Sub-acute Protracted Withdrawal: Withdrawal that is less severe than acute, but not yet chronic. It is a drawn-out withdrawal, with such signs as sleeplessness, anxiety, or confusion.

Type of Service: Services provided within the different levels of care. There are currently nine types of service.

Xanax (Benzodiazepine): Anti-anxiety agent in the Valium family.

DEPARTMENT OF HEALTH
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information bulletin

BUREAU OF DRUG AND ALCOHOL PROGRAMS

December 29, 1998

PCPC Summary Sheet

INFORMATION BULLETIN 13-98

With the implementation of the Pennsylvania Client Placement Criteria (PCPC) for Adults, client information is necessary for utilization of the criteria and the determination of medical necessity for service.

The PCPC Summary Sheet has been determined by the Bureau of Drug and Alcohol Programs (BDAP) and the Bureau of Community Program Licensure and Certification to fall within the parameters of state confidentiality regulation (4 PA Code 255.5 [b]).

The PCPC Summary Sheet provides for a brief summary of information pertaining to client status and progress in each of the six dimensional areas. This Summary Sheet may be used for disclosing necessary client information to determine client placement (medical necessity determination), and to facilitate the authorization of service and claims payment.

The PCPC Summary Sheet may be used by Single County Authorities (SCAs), Managed Care Organizations (MCOs), providers, and other parties who use the PCPC for admission, continued stay, discharge, referral, and concurrent review. It may also be used by parties responsible for the review of complaints and grievances as well as those who perform retrospective reviews.

Appendix C:
PCPC Summary Sheet

1. Client Name: _____ SS#: _____
   Reviewer/Therapist: _____ Phone # & Ext._____
   Facility: _____ Date: _____

Circle One: ADMISSION CONTINUED STAY DISCHARGE/REFERRAL

2. Show the level of care and criteria indicated for each dimension below (e.g., Dimension 1: LOC 3A; Criteria 3A1.B):

   Indicate the level of care recommended, the program or facility referred to: _____
   _____

   Indicate criteria in the following sections:

	Level of Care	Criteria Indicated
1. Intoxication/Withdrawal	_____	_____
2. Biomedical Conditions	_____	_____
3. Emotional/Behavioral	_____	_____
4. Treatment Accept/Resist	_____	_____
5. Relapse Potential	_____	_____
6. Recovery Environment	_____	_____

3. A brief comment about the client's progress or status is required in each dimension. For detox admissions, include in Dimension 1 amount, duration, and last use for each substance.

   Dimension 1: _____
   _____
   Dimension 2: _____
   _____
   Dimension 3: _____
   _____
   Dimension 4: _____
   _____
   Dimension 5: _____
   _____
   Dimension 6: _____
   _____

Appendix D:
Clinical Institute Withdrawal Assessment for Alcohol, Revised (CIWA-Ar), Addiction Research Foundation

(Second Edition)

Patient: Date: Time:	Pulse or heart rate, taken for 1 minute: Blood pressure:
NAUSEA AND VOMTING: Ask, "Do you feel sick to your stomach? Have you vomited?" Observation: 0 No nausea and no vomiting 1 Mild nausea with no vomiting 2 3 4 Intermittent nausea with dry heaves 5 6 7 Constant nausea, frequent dry heaves and vomiting	TACTILE DISTURBANCES: Ask, "Have you any itching, pins-and-needles sensations, any burning, any numbness, or do you feel bugs crawling under your skin?" Observation: 0 None 1 Very mild itching, pins and needles, burning, or numbness 2 Mild itching, pins and needles, burning , or numbness 3 Moderate itching, pins and needles, burning , or numbness 4 Moderately severe hallucinations 5 Severe hallucinations 6 Extremely severe hallucinations 7 Continuous hallucinations
TREMOR: Arms extended and fingers spread apart. Observation: 0 No tremor 1 Not visible but can be felt fingertip to fingertip 2 3 4 Moderate, with patient's are extended 5 6 7 Severe, even with arms not extended	AUDITORY DISTURBANCES: Ask, "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there?" Observation: 0 Not present 1 Very mild harshness or ability to frighten 2 Mild harshness or ability to frighten 3 Moderate harshness or ability to frighten 4 Moderately severe hallucinations 5 Severe hallucinations 6 Extremely severe hallucinations 7 Continuous hallucinations
PAROXYSMAL SWEATS: Observation: 0 No sweat visible 1 2 3 4 Beads of sweat obvious on forehead 5 6 7 Drenching sweat	VISUAL DISTURBANCES: Ask, "Does the light appear to be too bright? Is the color different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?" Observation: 0 Not present 1 Very mild sensitivity 2 Mild sensitivity 3 Moderate sensitivity 4 Moderately severe hallucinations 5 Severe hallucinations 6 Extremely severe hallucinations 7 Continuous hallucinations

Clinical Institute Withdrawal Assessment for Alcohol, Revised (CIWA-Ar)
Addiction Research Foundation
(continued)

ANXIETY: Ask, "Do you feel nervous?" Observation: 0 No anxiety 1 Mildly anxious 2 3 4 Moderately anxious, or guarded, so anxiety is inferred 5 6 7 Equivalent to acute panic states, as seen in severe delirium or acute schizophrenic reactions	HEADACHE, FULLNESS IN HEAD: Ask, "Does your head feel different? Does it feel like there is a band around your head?" Do not rate dizziness or lightheadedness. Otherwise, rate severity. 0 Not present 1 Very mild 2 Mild 3 Moderate 4 Moderately severe 5 Severe 6 Very severe 7 Extremely severe
AGITATION: Observation: 0 Normal activity 1 Somewhat more than normal activity 2 3 4 Moderately fidgety and restless 5 6 7 Paces back and forth during most of the interview, or constantly thrashes about	ORIENTATION AND CLOUDING OF SENSORIUM: Ask, "What day is this? Where are you? Who am I?" Observation: 0 Oriented and can do serial additions 1 Cannot do serial additions or is uncertain about date 2 Disoriented for date by no more than 2 calendar days 3 Disoriented for date by more than 2 calendar days 4 Disoriented for place and/or person
SCORE:_____(maximum possible score=67)	Note: This scale is not copyrighted and may be used freely.

Appendix E:
Narcotic Withdrawal Scale

There are four major stages of withdrawal: (Fultz & Senay, 1975)

GRADE 1: Lacrimation, rhinorrhea, diaphoresis, yawning, restlessness, and insomnia

GRADE 2: Dilated pupils, piloerection, muscle twitching, myalgia, arthralgia, and abdominal pain

GRADE 3: Tachycardia, hypertension, tachypnea, fever, anorexia, nausea, and extreme restlessness

GRADE 4: Diarrhea, vomiting, dehydration, hyperglycemia, hypotension, and curled-up position

Fultz, J.M. & Senay, E.C. (1975). Guidelines for the Management of Hospitalized Narcotic Addicts. *Annuals of Internal Medicine*, 82, 815-818.