NorthSTAR

Section II
Substance Abuse
and Chemical Dependency
LEVEL OF CARE CRITERIA
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Inpatient (Hospital or 24-hour Residential) Detoxification Services

Admission Criteria

An individual is considered eligible for inpatient (hospital or 24-hour residential) admission for detoxification services when the individual either meets the conditions of paragraphs (1) and (2) of this section or fails two previous treatment episodes of outpatient detoxifications.

(1) Diagnosis. The diagnosis must meet the criteria for the definition of chemical dependence, as detailed in either the most current revision of the international classification of diseases, or the most current revision of the diagnostic and statistical manual for professional practitioners.

(2) Other factors for admission to inpatient (hospital or 24-hour residential) treatment for detoxification. Once the diagnostic criteria for chemical dependency have been met, the conditions of at least one subparagraph out of subparagraphs (A)-(C) of this paragraph must also be met. Determination of whether treatment should be provided for an individual patient in a hospital or in another-treatment-center-based program shall depend on the category or categories of dysfunction explained in subparagraphs (A)-(C) of this paragraph.

(A) Category 1: chemical substance withdrawal. The individual must meet the conditions in one of the clauses (i)-(vi) of this subparagraph, as follows:

(i) impaired neurological functions as evidenced by:

(I) extreme depression (e.g., suicidal); and/or

(II) altered mental state with or without delirium as manifested by:

(-a-) disorientation to self;

(-b-) alcoholic hallucinosis;

(-c-) toxic psychosis;

(-d-) altered level of consciousness, as manifested by clinically significant obtundation, stupor, or coma; and/or

(III) history of recent seizures or past history of seizures on withdrawal; and/or

(IV) presence of any presumed new asymmetric and/or focal findings (i.e., limb weakness, clonus, spasticity, unequal pupils, facial asymmetry, eye ocular movement paresis, papilledema, or localized cerebellar dysfunction, as reflected in asymmetrical limb incoordination);

(ii) unstable vital signs combined with a history of past acute withdrawal syndromes, that are interpreted by a physician to be indication of acute alcohol/drug withdrawal;

(iii) evidence of coexisting serious injury or systemic illness, newly discovered or progressive;

(iv) clinical condition (e.g., agitation, intoxication, or confusion) which prevents satisfactory assessment of items cited in clauses (i)-(iii) of this subparagraph, indicating placement in an inpatient service may be justified;

(v) neuropsychiatric changes of a severity and nature that place the patient at imminent risk of harming self or others (e.g., pathological intoxication or alcohol idiosyncratic intoxication, etc.);

(vi) serious disulfiram-alcohol (Antabuse) reaction with hypothermia, chest pains arrhythmia, or hypotension.
(B) Category 2: medical complications. The individual must present a documented condition or disorder which, in combination with alcohol and/or drug use, presents a physician-determined health risk (e.g., GI bleeding; gastritis; anemia, severe; diabetes mellitus, uncontrolled; hepatitis; malnutrition; cardiac disease, hypertension, etc.).

(C) Category 3: major psychiatric illness. The individual must meet the conditions of at least one clause out of clauses (i)-(v) of this subparagraph, as follows:

(i) a documented DSM condition or disorder which, in combination with alcohol and/or drug use, compounds a pre-existing or concurrent emotional or behavioral disorder and presents a major risk to the individual;

(ii) severe neurological and psychological symptoms: (e.g., anguish; mood fluctuations; overreactions to stress, lowered stress tolerance; impaired ability to concentrate; limited attention span; high level of distractibility; extreme negative emotions; extreme anxiety);

(iii) danger to others and/or homicidal;

(iv) uncontrolled behavior endangering self or others, or documented neuropsychiatric changes of a severity and nature that place the individual at imminent risk of harming self or others;

(v) mental confusion and/or fluctuating orientation.

Inpatient (Hospital or 24-hour Residential) Detoxification Services

Continued Stay Criteria

Eligibility for continued stay for inpatient (hospital or 24-hour residential) detoxification services shall be based on the patient meeting at least one of the criteria in paragraphs (1)-(3) of this subsection.

(1) Chemical substance withdrawal complication. The patient must meet the criteria in one of the subparagraphs (A)-(C) of this paragraph, as follows:

(A) incomplete medically stable withdrawal from alcohol/drugs, as evidenced by documentation of:

(i) unstable vital signs;

(ii) continued disorientation;

(iii) abnormal laboratory findings related to chemical dependency;

(B) continued cognitive deficit related to withdrawal with the deficit affecting the patient's ability to recognize alcohol/drug use as a problem; or

(C) laboratory finding which, in the judgment of a physician, indicate that a drug has not sufficiently cleared the patient's system.

(2) Major medical complications. Documentation must indicate that a medical condition or disorder (e.g., diabetes mellitus, uncontrolled) continues to present a health risk and is actively being treated.

(3) Major psychiatric complication. The patient must meet the criteria in subparagraph (A) or (B) of this paragraph, as follows:

(A) documentation that a DSM AXIS I psychiatric condition or disorder, which, in combination with alcohol/drug use, continues to present a major health risk, is actively being treated; or
(B) documentation that severe neurological and/or psychological symptoms have not been satisfactorily reduced but are actively being treated.

If substance withdrawal is present (even if controlled by medications), patients who are currently impregnated, females with dependent children, mothers of children in foster care, IV drug users, and HIV-positive patients will be maintained at an inpatient or residential level of care until withdrawal symptoms have ceased in the absence of prescribed medication. In addition, continued evidence or clinical judgment that an individual is a danger to self or others due to a comorbid psychiatric condition shall be considered reasons for maintenance at an intensive level of care. From that point Utilization Review criteria will be used as indicated in these rules. It should be noted that pregnant women who enter treatment for chemical dependency will be treated throughout the course of their pregnancy and postpartum as part of their episode of care according to their need based on these UR criteria.

**Inpatient (Hospital or 24-hour Residential) Detoxification Services**

**Discharge Criteria**

The patient is no longer considered eligible for inpatient (hospital or 24-hour residential) detoxification services when the patient fails to meet the criteria for continued stay care for inpatient (hospital or 24-hour residential) detoxification, as addressed in Continued Stay Criteria for Inpatient (Hospital or 24-hour Residential) Detoxification Services.

**Recommended length of Stay for Inpatient (Hospital or 24-hour Residential) Detoxification Services**

The recommended stay period for inpatient (hospital or 24-hour residential) detoxification services is up to 14 days, accompanied by the commencement of appropriate utilization review and discharge planning at the time of admission.

**Outpatient Detoxification Treatment Service**

**Admission Criteria**

An individual is considered eligible for treatment in an outpatient detoxification treatment service when the individual meets the conditions of paragraphs (1) and (2) of this subsection.

(1) The diagnosis must meet the criteria for the definition of substance (chemical) dependence, as detailed in the most current revision of the international classification of diseases, or the most current revision of the diagnostic and statistical manual for professional practitioners, accompanied by evidence that some of the symptoms have persisted for at least one month or have occurred repeatedly over a longer period of time.
(2) Once the diagnostic criteria for substance (chemical) dependency as described in subsection (1) have been met, the conditions of all subparagraphs (A)-(D) of this paragraph must also be met.

(A) Category 1: chemical substance withdrawal. The individual is expected to have a stable withdrawal from alcohol/drugs.

(B) Category 2: medical functioning. The patient must meet all the criteria in clauses (i)-(viii) of this subparagraph.

(i) No history of recent seizures or past history of seizures on withdrawal,
(ii) Lack clinical evidence of altered mental state as manifested by:
   (I) disorientation to self,
   (II) alcoholic hallucinations,
   (III) toxic psychosis,
   (IV) altered level of consciousness, as manifested by clinical significant obtundation, stupor, or coma.
(iii) The symptoms are not due to a general medical condition.
(iv) Absence of any presumed new asymmetric and/or focal findings (i.e., limb weakness, clonus, spasticity, unequal pupils, facial asymmetry, eye ocular movement paresis, papilledema, or localized cerebellar dysfunction, as reflected in asymmetrical limb coordination).
(v) The patient must have vital signs interpreted by a physician to be stable, without a previous history of complications from acute chemical substance withdrawal, and judged to be free of a physician-determined health risk.
(vi) The patient has no evidence of a coexisting serious injury or systemic illness, newly discovered or progressive in nature.
(vii) Absence of serious disulfiram-alcohol (Antabuse) reaction with hypothermia, chest pains, arrhythmia or hypotension.
(viii) The patient's clinical condition allows for a comprehensive and satisfactory assessment of items cited in clauses (i)-(vii) of this subparagraph and paragraphs (A)-(D).

(C) Category 3: family, social, academic dysfunction. The patient must meet the criteria of at least one clause out of clauses (i)-(iv) of this subparagraph.

(i) The patient's social system and significant others are supportive of recovery to the extent that the patient can adhere to a treatment plan and treatment service schedules without substantial risk of reactivating the patient's addiction.
(ii) The patient's family and/or significant others are willing to participate in the outpatient detoxification treatment program.
(iii) The patient may or may not have a primary or social support system to assist with immediate recovery, but has the social skills to obtain such a support system and/or to become involved in a self-help fellowship.
(iv) The patient's living environment should be considered as a factor. An individual living in an environment where licit or illicit mood altering substances are being used may not be a candidate for this level of care.

(D) Category 4: emotional/behavioral status. The patient must meet all the criteria under clauses (i)-(vii) of this subparagraph.

(i) Patient is coherent, rational and oriented for treatment.
(ii) Mental state of the patient does not preclude the patient's ability to:
   (I) comprehend and understand the materials presented; and
(II) participate in outpatient detoxification treatment process.
 (iii) There is documentation that the patient expresses an interest to work toward outpatient detoxification treatment goals.
 (iv) Patient has no neuropsychiatric condition that places the client at imminent risk of harming self or others (e.g. pathological intoxication, alcohol idiosyncratic intoxication, etc.),
 (v) Patient has no neurological, psychological, or uncontrolled behavior that places the individual at imminent risk of harming self or others (depression, anguish, mood fluctuations, overreactions to stress, lower stress tolerance, impaired ability to concentrate, limited attention span, high level of distractibility, negative emotions, anxiety, etc.).
 (vi) Patient has no documented DSM Axis I condition or disorder which, in combination with alcohol and/or drug use, compounds a pre-existing or concurrent emotional or behavioral disorder and presents a major risk to the patient.
 (vii) The patient has no mental confusion and/or fluctuating orientation.
 (E) Category 5: recent chemical substance use. The patient must meet the criteria in at least one clause out of clauses (i) and (ii) of this subparagraph.
 (i) The patient's chemical substance use is excessive, and the patient has attempted to reduce or control it, but has been unable to do so (as long as chemical substances are available).
 (ii) The patient is motivated to stop using alcohol/drugs, and is in need of a supportive structured treatment program to facilitate withdrawal from chemical substances.

Outpatient Detoxification Treatment Services

Continued Stay Criteria

(a) A patient is considered eligible for continued stay in the outpatient detoxification treatment service when the patient meets the diagnostic criteria and the conditions under at least one paragraph out of paragraphs (1) or (2) in subsection (b) of this section.
(b) Factors for continued outpatient detoxification treatment services are listed in paragraphs (1) and (2) of this subsection.
 (1) Chemical substance withdrawal complications. The patient must meet the conditions of subparagraphs (A) or (B) of this paragraph.
       (A) Patient, while physically abstinent from chemical substance use, is exhibiting incomplete stable withdrawal from alcohol/drugs, as evidenced by psychological and physical cravings.
       (B) Patient, while physically abstinent from chemical substance use, is exhibiting incomplete stable withdrawal from alcohol/drugs, as evidenced by significant drug levels.
 (2) Psychiatric or medical complications. Documentation in the record indicates an intervening medical or psychiatric event which was serious enough to interrupt outpatient detoxification treatment, but the patient is again progressing in treatment.

Outpatient Detoxification Treatment Service
Discharge Criteria

The patient is no longer considered eligible for outpatient detoxification treatment service when the patient fails to meet the criteria for continued stay for outpatient detoxification treatment services.

Recommended Length of Stay for Outpatient Detoxification Treatment Service.

The recommended stay period for outpatient treatment services is from 5 to 10 days, with the understanding of the individual's dependency on high doses of sedative hypnotics or has been taking high doses of opiate medications or if individual is pregnant, may require longer than 10 days of outpatient detoxification based on the decision of the treating physician, accompanied by the commencement of appropriate utilization review and discharge planning at the time of admission.

24-hour Residential Rehabilitation/Treatment Services

Pregnant women and/or women with children under their care are priority populations. A diagnosis of Substance Dependence or Substance Abuse shall suffice for hospital or 24 hours residential services for the purpose of physician evaluation, stabilization, chemical dependency evaluation, referral to a specialized program, or remaining at the level of care that was assessed at the commencement of the evaluation. Regardless of the UR Standards listed herein, pregnant women with substance abuse or dependence diagnosis shall be eligible for 3 months of residential treatment at a specialized female service network provider. Thereafter, the intensity of care shall follow the UR standards as indicated. Pregnant women who enter treatment for chemical dependency will be treated throughout the course of their pregnancy at a level of care consist with their needs.

Individuals using drugs intravenously and/or those diagnosed with HIV and chemical dependency are considered special populations that are eligible for placement in intensive levels of care.

Youth treatment is a high priority and efforts must be made to ensure that youth receive comprehensive and full episodes of care when they present with chemical dependency problems.

Admission Criteria
An individual is considered eligible for admission to a residential rehabilitation/treatment service when the individual meets the required conditions of paragraphs (1) and (2) of this section.

(1) Diagnosis. The diagnosis must meet the criteria for the definition of chemical dependence, as detailed in the most current revision of the international classification of diseases, or the most current revision of the diagnostic and statistical manual for professional practitioners, accompanied by evidence that some of the symptoms have persisted for at least one month or have occurred repeatedly over a longer period of time.
(2) Other factors for admission to residential rehabilitation/treatment services. Once the diagnostic criteria for chemical dependency have been met, the patient must meet the conditions of each of the subparagraphs (A)-(D) of this paragraph, in order to be eligible for treatment provided in an adult residential rehabilitation/treatment service program. Once the diagnostic criteria for chemical dependency have been met, the patient must meet the conditions of each of the subparagraphs (A)-(F) of this paragraph in order to be eligible for treatment provided in an adolescent residential rehabilitation/treatment service program.

(A) Category 1: medical functioning. The patient must meet the criteria in clauses (i) and (ii) of this subparagraph.

(i) A documented medical assessment following admission (except in instances in which the patient is being referred from an inpatient service) indicates that the patient is medically stable and not in acute withdrawal.

(ii) The patient is not bed-confined or has no medical complications that would hamper participation in the residential service.

(B) Category 2: family, social, or academic dysfunction and logistic impairments. The patient must meet the criteria in at least one clause out of clauses (i)-(v) in this subparagraph.

(i) The patient manifests severe social isolation or withdrawal from social contacts.

(ii) The patient lives in an environment (social and interpersonal network) in which treatment is unlikely to succeed (e.g., a chaotic family dominated by interpersonal conflict which undermines patient's efforts to change).

(iii) Patient's family and/or significant others are opposed to the patient's treatment efforts and are not willing to participate in the treatment process.

(iv) Family members and/or significant other(s) living with the patient manifest current chemical dependence disorders, and are likely to undermine treatment.

(v) Logistic impairments (e.g., distance from treatment facility, mobility limitations, etc.) preclude participation in a partial hospitalization or outpatient treatment service.

(C) Category 3: emotional/behavioral status. The patient must meet the criteria in all three of the clauses (i)-(iii) of this subparagraph.

(i) Patient is coherent, rational, and oriented for treatment.

(ii) Mental state of the patient does not preclude the patient's ability to:

(I) comprehend and understand the materials presented; and

(II) participate in rehabilitation/treatment process.

(iii) There is documentation that:

(I) with continued treatment the patient will be able to improve and/or internalize the patient's motivation toward recovery within the recommended length of stay time frames (e.g., becoming less defensive, verbalizing, and working on alcohol and/or drug related issues, etc.);

(II) interventions, treatment goals, and/or contracts are in place to help the patient deal with or confront the blocks to treatment (e.g., family intervention, employee counseling confrontation, etc.).

(D) Category 4: recent chemical substance use. The patient must meet the criteria in at least one clause out of clauses (i) and (ii) of this subparagraph.
(i) The patient's chemical substance use is excessive, and the patient has attempted to reduce or control it, but has been unable to do so (as long as chemical substances are available).

(ii) Virtually all of the patient's daily activities revolve around obtaining, using, and/or recuperating from the effects of chemical substances and the patient requires a secured environment to control the patient's access to chemical substances.

(E) Category 5: maturation level. The patient must meet the criteria in both clauses (i) and (ii) of this subparagraph.

(i) The adolescent is assessed as manifesting physical maturation at least in middle adolescent range (i.e., post pubescent; not growth retarded).

(ii) The history of the adolescent reflects cognitive development of at least 11 years of age.

(F) Category 6: developmental status. The adolescent patient must display:

(i) documented history of inability to function within the expected age norms despite normal cognitive and physical maturation (e.g., refusal to interact with family members, overt prostitution, felony, other criminal charges, etc.); and/or

(ii) a recent history of moderate to severe conduct disorder, as defined in the Diagnostic and Statistical Manual, or impulsive disregard for social norms and rights of others; and/or

(iii) documented difficulty in meeting developmental expectations in a major area of functioning (e.g., social, academic, or psychosexual) to an extent which interferes with the capacity to remain behaviorally stable.

24-hour Residential Rehabilitation/Treatment Services

Continued Stay Criteria

(a) Eligibility for continued stay in an inpatient rehabilitation/treatment (hospital or 24-hour residential) program shall be based on the patient's meeting at least one of the conditions in paragraph (1) or (2) of this subsection.

(1) Chemical dependency rehabilitation/treatment complication. The patient must meet the conditions in subparagraph (A) or (B) of this paragraph.

(A) Patient recognizes or identifies with the severity of the alcohol and/or drug problem, but demonstrates minimal insight into the patient's defeating use of alcohol/drugs, but documentation in the record indicates that the patient is progressing in treatment.

(B) Patient:

(i) identifies with the severity of the patient's alcohol and/or drug problem and manifests insight into the patient's personal relationship with mood-altering chemicals, yet does not demonstrate behaviors indicating that the patient is developing problem solving skills necessary to cope with the problem; and

(ii) would predictably relapse if moved to a lesser level of care.

(2) Psychiatric or medical complications. The patient must meet the conditions in subparagraph (A) or (B) of this paragraph.
(A) Documentation in the record indicates an intervening medical or psychiatric event which was serious enough to interrupt rehabilitation/treatment, but the patient is again progressing in treatment.
(B) Documentation in the record indicates that the patient is being held pending an immediate transfer to a psychiatric, acute medical service, or inpatient detoxification alcohol/drug service.

24-hour Residential Rehabilitation/Treatment Services

Discharge Criteria

The patient is no longer considered eligible for inpatient rehabilitation/treatment (hospital or 24-hour residential) services for any particular episode when the patient meets the conditions of any one paragraph out of paragraphs (1)-(4) of this section.

(1) Diagnosis. The patient no longer meets the diagnostic criteria as addressed in Admission Criteria for Inpatient Rehabilitation/Treatment (Hospital or 24-hour Residential) Services).

(2) Psychiatric illness or medical complication. The patient must meet the conditions of subparagraph (A) or (B) of this paragraph, as follows:
   (A) documentation that a psychiatric or medical condition should be treated in another setting; or
   (B) documentation that a psychiatric or medical condition which is interfering with alcohol/drug recovery is not being treated.

(3) Chemical dependency rehabilitation/treatment. The patient must meet all conditions under at least one subparagraph out of subparagraphs (A)-(C) of this paragraph.
   (A) Patient displays behaviors which demonstrate that the patient:
      (i) is medically stable;
      (ii) recognizes or identifies with the severity of chemical substance use;
      (iii) has insight into the patient's defeating relationship with alcohol/drugs;
      (iv) is applying the essential coping skills necessary to maintain sobriety either in a self-help fellowship and/or with post-treatment supportive care.
   (B) The provider and patient have developed an individualized aftercare plan to help the patient maintain the gains made during active treatment.
   (C) In the case of adolescents, the family or adult significant other refuses to participate in treatment (if the discharge plan is to return to the original setting), unless the attending provider can document that the adolescent is making progress toward established treatment goals and can demonstrate that active efforts are being made to involve the family or adult significant other in treatment.

(4) Behavioral factors. The patient must meet the conditions under subparagraphs (A) and (B) of this paragraph.
   (A) Patient is consistently uncooperative, to the degree that no further progress is likely to occur.
   (B) Greater intensity of service or transfer to another treatment provider would not have a positive impact on the problem.
**Recommended Length of Stay for 24-hour Residential Rehabilitation/Treatment Services.**

For adult admissions, the recommended length of stay is between 14 and 35 days, with utilization review points and treatment periods, depending on the condition of the patient, accompanied by the commencement of appropriate utilization review and discharge planning at the time of admission. For adolescent admissions, the recommended length of stay is between 14 and 60 days, depending on the condition of the patient, accompanied by the commencement of appropriate utilization review and discharge planning at the time of admission.

**Partial Hospitalization Services** (A partial hospitalization treatment service is defined as one consisting of at least 20 hours per week.)

**Admission Criteria**

An individual is considered eligible for partial hospitalization admission when the individual meets the conditions of paragraphs (1) and (2) of this section.

(1) Criteria for the definition of chemical dependence. The diagnosis must meet the criteria for the definition of chemical dependence, as detailed in the most current revision of the international classification of diseases, or the most current revision of the diagnostic and statistical manual for professional practitioners, accompanied by evidence that some of the symptoms have persisted for at least one month or have occurred repeatedly over a longer period of time.

(2) Other factors for admission to adult and/or adolescent partial hospitalization service. The individual has met the diagnostic criteria for chemical dependency in paragraph (1) of this section and must meet the conditions of all four subparagraphs (A)-(D) of this paragraph.

(A) Category 1: medical functioning. All the conditions in clauses (i)-(iii) of this subparagraph must be met, as follows:

(i) a documented medical assessment (except in instances in which the patient is being referred from an inpatient service) which indicates that the patient is medically stable and not in acute withdrawal; and

(ii) the absence of any medical or physical complications that would hamper the patient's participation in the partial hospitalization program; and

(iii) logistic impairments (e.g., distance from treatment facility, mobility limitations, etc.) that would preclude participation in an outpatient treatment service.

(B) Category 2: family, social, academic dysfunction. The individual must meet the conditions in at least one clause out of clauses (i) and (ii) of this subparagraph.

(i) Patient's social system and significant others are supportive of recovery to the extent that the patient can adhere to a treatment plan and treatment service schedules without substantial risk of reactivating the patient's addiction.

(ii) Patient's family and/or significant others are willing to participate in the partial hospitalization program.

(C) Category 3: emotional/behavioral status. The individual must meet the conditions of all three clauses of clauses (i)-(iii) of this subparagraph.

(i) Patient is coherent, rational, and oriented for treatment.
(ii) Mental state of the patient does not preclude the patient's ability to:
   (I) comprehend and understand the materials presented; and
   (II) participate in rehabilitation/treatment process.
(iii) There is documentation that:
   (I) with continued treatment the patient will be able to improve and/or internalize the
       patient's motivation toward recovery within the recommended length of stay time frames
       (e.g., becoming less defensive, verbalizing, and working on alcohol and/or drug related
       issues, etc.); and
   (II) interventions, treatment goals, and/or contracts are in place to help the patient
       deal with or confront the blocks to treatment (e.g., family intervention, employee
       counseling confrontation, etc.).
(D) Category 4: recent alcohol/drug chemical substance use. The individual must meet
the conditions in at least one clause out of clauses (i) and (ii) of this subparagraph.
   (i) The patient's chemical substance use is excessive, and the patient has attempted to
       reduce or control it, but has been unable to do so (as long as chemical substances are
       available).
   (ii) Virtually all of the patient's daily activities revolve around obtaining, using,
       and/or recuperating from the effects of chemical substances.

Partial Hospitalization Services

Continued Stay Criteria

(a) Eligibility for continued stay in a residential rehabilitation/treatment program shall be
    based on the patient's meeting at least one of the conditions in paragraph (1) or (2) of this
    subsection.
   (1) Chemical dependency rehabilitation/treatment complication. The patient must meet
       the conditions in subparagraph (A) or (B) of this paragraph.
       (A) Patient recognizes or identifies with the severity of the alcohol and/or drug
           problem, but demonstrates minimal insight into the patient's defeating use of
           alcohol/drugs, but documentation in the record indicates that the patient is progressing in
           treatment.
       (B) Patient identifies with the severity of the patient's alcohol and/or drug problem and
           manifests insight into the patient's personal relationship with mood-altering chemicals,
           yet does not demonstrate behaviors that indicate that the patient is developing problem
           solving skills necessary to cope with the problem.
   (2) Psychiatric or medical complications. The patient must meet the conditions in
       subparagraph (A) or (B) of this paragraph.
       (A) Documentation in the record indicates an intervening medical or psychiatric event
           which was serious enough to interrupt rehabilitation/treatment, but the patient is again
           progressing in treatment.
       (B) Documentation in the record indicates that the patient is being held pending an
           immediate transfer to a psychiatric, acute medical service, or inpatient detoxification
           alcohol/drug service.
(b) In determining utilization review points relating to Recommended Length of Stay for Partial Hospitalization Services, the criteria in subsection (a)(1) and (2) of this section shall be considered.

Partial Hospitalization Services

Discharge Criteria

The patient is no longer considered eligible for partial hospitalization services for any particular episode when the patient meets the conditions under any one paragraph out of paragraphs (1)-(4) of this section.

(1) Diagnosis. The patient no longer meets the diagnostic criteria as addressed in §3.8015(1) of this title (relating to Admission Criteria for Partial Hospitalization Services).

(2) Psychiatric illness or medical complication. The patient must meet the conditions under subparagraph (A) or (B) of this paragraph, as follows:
   (A) documentation that a psychiatric or medical condition should be treated in another setting; or
   (B) documentation that a psychiatric or medical condition which is interfering with alcohol/drug recovery is not being treated.

(3) Chemical dependency rehabilitation/treatment. The patient must meet all conditions under at least one subparagraph out of subparagraphs (A)-(C) of this paragraph.
   (A) Patient displays behaviors which demonstrate that the patient:
      (i) is medically stable;
      (ii) recognizes or identifies with the severity of chemical substance use;
      (iii) has insight into the patient's defeating relationship with alcohol/drugs;
      (iv) is applying the essential coping skills necessary to maintain sobriety either in a self-help fellowship and/or with post-treatment supportive care.
   (B) The provider and patient had developed an individualized aftercare plan to help the patient maintain the gains made during active treatment.
   (C) In the case of adolescents, the family or adult significant other refuses to participate in treatment, if the discharge plan is to return to the original setting.

(4) Behavioral factors. The patient must meet the conditions under subparagraphs (A) and (B) of this paragraph.
   (A) Patient is consistently uncooperative, to the degree that no further progress is likely to occur.
   (B) Greater intensity of service or transfer to another treatment provider would not have a positive impact on the problem.

Recommended Length of Stay for Partial Hospitalization Services

For adult admissions, the recommended length of stay for partial hospitalization service is between 14 and 35 days, depending on the condition of the patient, accompanied by the commencement of appropriate utilization review and discharge planning at the time of admission. For adolescent admissions, the recommended length of stay is between 14 and
60 days, depending on the condition of the patient, accompanied by the commencement of appropriate utilization review and discharge planning at the time of admission.

**Intensive Outpatient Rehabilitation Treatment Services**

An intensive outpatient rehabilitation/treatment service is defined as one consisting of at least 10 hours per week for four to 12 weeks, but less than 24 hours per day.

**Admission Criteria**

An individual is considered eligible for treatment in an outpatient service when the individual meets the conditions of paragraph (3) of this subsection, as well as the conditions of paragraph (1) or (2) of this subsection.

1. The diagnosis must meet the criteria for the definition of chemical dependence, as detailed in the most current revision of the international classification of diseases, or the most current revision of the diagnostic and statistical manual for professional practitioners, accompanied by evidence that some of the symptoms have persisted for at least one month or have occurred repeatedly over a longer period of time.

2. Concerning diagnosis of alcohol/drug abuse, the individual must meet the criteria for the definition of chemical substance abuse, as detailed in either the most current revision of the international classification of diseases, or the most current revision of the diagnostic and statistical manual for professional practitioners.

3. Concerning factors for admission to an intensive outpatient rehabilitation/treatment service, the patient must have met the diagnostic criteria for chemical dependency under paragraph (1) of this subsection or for abuse under paragraph (2) of this subsection, and must meet the conditions of all four of the subparagraphs (A)-(D) of this paragraph.

(A) Category 1: medical functioning. The patient must meet the following criterion: the patient is not bed-confined or has no medical complications that would hamper the patient's participation in the outpatient service.

(B) Category 2: family, social, academic dysfunction. The patient must meet the criteria of at least one clause out of clauses (i) and (ii) of this subparagraph.

(i) Patient's social system and significant others are supportive of recovery to the extent that the patient can adhere to a treatment plan and treatment service schedules without substantial risk of reactivating the patient's addiction.

(ii) Patient has no primary or social support system to assist with immediate recovery, but has the social skills to obtain such a support system or to become involved in a self-help fellowship.

(C) Category 3: emotional/behavioral status. The patient must meet the criteria under all three clauses (i)-(iii) of this subparagraph.

(i) Patient is coherent, rational, and oriented for treatment.

(ii) Mental state of the patient does not preclude the patient's ability to:

(I) comprehend and understand the materials presented; and

(II) participate in rehabilitation/treatment process.

(iii) There is documentation that the patient expresses an interest to work toward rehabilitation/treatment goals.
(D) Category 4: recent chemical substance use. The patient must meet the following criterion: the patient's chemical substance use is excessive and maladaptive.

**Intensive Outpatient Rehabilitation/Treatment Service**

**Continued Stay Criteria**

(a) A patient is considered eligible for continued stay in the intensive outpatient rehabilitation/treatment service when the patient meets the diagnostic criteria and the conditions under at least one paragraph out of subsection (b)(1) and (2) of this section.

(b) Factors for continued intensive outpatient rehabilitation/treatment services are listed in paragraphs (1) and (2) of this subsection.

(1) Alcohol/drug rehabilitation/treatment complication. The patient must meet the conditions of subparagraph (A) or (B) of this paragraph.

   (A) Patient demonstrates an insight and understanding into the patient's personal relationship with mood-altering chemicals, yet is not effectively addressing the life functions of work, social, or primary relationships without the use of mood-altering chemicals.

   (B) Patient, while physically abstinent from chemical substance use, remains mentally preoccupied with such use to the extent that the patient is unable to adequately address primary relationships, or social or work tasks, but there are indications that, with continued treatment, the patient will effectively address these issues.

(2) Psychiatric or medical complications. Documentation in the record indicates an intervening medical or psychiatric event which was serious enough to interrupt rehabilitation/treatment, but the patient is again progressing in treatment.

**Intensive Outpatient Rehabilitation/Treatment Service**

**Discharge Criteria**

The patient is considered eligible for discharge from the outpatient service when the patient meets the conditions for discharge as stated in any one paragraph out of paragraphs (1)-(3) of this section.

(1) Psychiatric illness or medical complication. The patient must meet the conditions in subparagraph (A) or (B) of this paragraph, as follows:

   (A) documentation that a psychiatric or medical condition should be treated in another setting; or

   (B) documentation that a psychiatric or medical condition which is interfering with alcohol/drug recovery is not being treated.

(2) Alcohol/drug rehabilitation/treatment. The patient must meet all the conditions in subparagraph (A) or (B) of this paragraph.

   (A) Patient displays behaviors which demonstrate that the patient:

      (i) recognizes or identifies with the severity of chemical substance use;

      (ii) has insight into the patient's defeating relationship with alcohol/drugs; and

      (iii) is applying the essential coping skills necessary to cope with the alcohol and/or drug problem and to maintain abstinence.
(B) Patient is functioning adequately in assessed deficiencies in the life tasks areas of work, social functioning, or primary relationships.

(3) Behavioral factors. The patient must meet all the conditions in subparagraphs (A) and (B) of this paragraph.
   (A) Patient is consistently uncooperative, to the degree that no further progress is likely to occur.
   (B) Greater intensity of service or transfer to another treatment provider would not have a positive impact on the problem.

**Recommended Length of Stay for Intensive Outpatient Rehabilitation Treatment Service**

The recommended stay period for intensive outpatient rehabilitation/treatment services is from four to 12 weeks, meeting at least 10 hours per week accompanied by the commencement of appropriate utilization review and discharge planning at the time of admission.

**Outpatient Treatment Program**

An outpatient treatment service is defined as one consisting of at least one to two hours per week.

**Admission Criteria**

An individual is considered eligible for treatment in an outpatient treatment service when the individual meets the conditions of paragraphs (1) through (3) of this subsection.
   (1) The diagnosis must meet the criteria for the definition of chemical dependence, as detailed in the most current revision of the International Classification of Diseases, or the most current revision of the diagnostic and statistical manual for professional practitioners, accompanied by evidence that some of the symptoms have persisted for at least one month or have occurred repeatedly over a longer period of time.
   (2) Concerning the diagnosis of alcohol/drug abuse, the individual must meet the criteria for the definition of chemical substance abuse, as detailed in either the most current revision of the International Classification of Diseases, or the most current revision of the diagnostic and statistical manual for professional practitioners.
   (3) Concerning the factors for admission to an outpatient treatment service, the patient must have met the diagnostic criteria for chemical dependency under paragraph (1) of this subsection or for abuse under paragraph (2) of this subsection, and must meet the conditions of all three subparagraphs (A)-(C) of this paragraph.
      (A) Category 1: medical functioning. The patient has no medical complications that would hamper the patient's participation in the outpatient treatment service.
      (B) Category 2: family, social, academic dysfunction. The patient must meet the criteria of at least one clause out of clauses (i) or (ii) of this subparagraph. The patient's living environment should be considered as a factor. An individual living in an environment where licit or illicit mood altering substances are being used may not be a
candidate for this level of care early in episode of care (early considered the first 30
days).

(i) The patient's social system and significant others are supportive of recovery to the
extent that the patient can adhere to a treatment plan and treatment service schedules
without substantial risk of reactivating the patient's addiction.

(ii) The patient has no primary or social support system to assist with immediate
recovery, but has the social skills to obtain such a support system or to become involved
in a self-help fellowship.

(C) Category 3: emotional/behavioral status. The patient must meet the criteria under
all three clauses (i)-(iii) of this subparagraph.

(i) Patient is coherent, rational and oriented for treatment.

(ii) Mental state of the patient does not preclude the patient's ability to:

(I) comprehend and understand the materials presented; and

(II) participate in rehabilitation/treatment process

(iii) There is documentation that the patient expresses an interest to work toward
rehabilitation/treatment goals.

Outpatient Treatment Program

Continued Stay Criteria

(a) A patient is considered eligible for continued stay in the outpatient treatment service
when the patient meets the diagnostic criteria and the conditions under at least one
paragraph out of paragraphs (1) or (2) in subsection (b) of this section.

(b) Factors for continued outpatient treatment services are listed in paragraphs (1) and (2)
of this subsection.

(1) Alcohol/drug rehabilitation/treatment complications. The patient must meet the
conditions of subparagraphs (A) or (B) of this paragraph.

(A) Patient demonstrates an insight and understanding into the patient's personal
relationship with mood-altering chemicals, yet is not effectively addressing the life
functions of work, social or primary relationships without the use of mood altering
chemicals.

(B) Patient, while physically abstinent from chemical substance use, remains mentally
preoccupied with such use to the extent that the patient is unable to adequately address
primary relationships, social or work tasks, but there are indications that with continued
treatment, the patient will effectively address these issues.

(2) Psychiatric or medical complications. Documentation in the record indicates an
intervening medical or psychiatric event which was serious enough to interrupt
rehabilitation/treatment, but the patient is again progressing in treatment.
Outpatient Treatment Program

Discharge Criteria

The patient is considered eligible for discharge from the outpatient treatment service when he or she meets the conditions for discharge as stated in any one of paragraphs (1)-(4) of this section.

(1) A documented assessment which supports that the patient does not meet the diagnostic criteria for alcohol/drug dependence or abuse.

(2) Psychiatric illness or medical complication. The patient must meet the conditions in subparagraphs (A) or (B) of this paragraph, as follows:
   (A) documentation that a psychiatric or medical condition should be treated in another setting; or
   (B) documentation that a psychiatric or medical condition which is interfering with alcohol/drug recovery is not being treated.

(3) Alcohol/drug rehabilitation/treatment. The patient must meet all the conditions in subparagraphs (A) or (B) of this paragraph.
   (A) Patient displays behaviors which demonstrate that the patient:
      (i) recognizes or identifies with the severity of chemical substance use;
      (ii) has insight into the patient's defeating relationship with alcohol/drugs; and
      (iii) is applying the essential coping skills necessary to cope with the alcohol and/or drug problem and to maintain abstinence.
   (B) Patient is functioning adequately in assessed deficiencies in the life task areas of work, social functioning, or primary relationships.

(4) Behavioral factors. The patient must meet all the conditions in subparagraphs (A) and (B) of this paragraph.
   (A) Patient is consistently uncooperative, to the degree that no further progress is likely to occur.
   (B) Greater intensity of service or transfer to another treatment provider would not have a positive impact on the problem.

Recommended Length of Stay for Outpatient Treatment Program

The recommended stay period for outpatient treatment services is up to 6 months, meeting one to two hours per week, accompanied by the commencement of appropriate utilization review and discharge planning at the time of admission.

Outpatient Services

Outpatient service is defined as one consisting of at least one hour of individual counseling over a two week period.

Admission Criteria

An individual is considered eligible for treatment in an outpatient service when the individual meets the conditions of paragraphs (1) through (4) of this subsection.
(1) The diagnosis must meet the criteria for the definition of chemical dependence, as
detailed in the most current revision of the International Classification of Diseases, or the
most current revision of the diagnostic and statistical manual for professional
practitioners, accompanied by evidence that some of the symptoms have persisted for at
least one month or have occurred repeatedly over a longer period of time.

(2) Concerning the diagnosis of alcohol/drug abuse, the individual must meet the criteria
for the definition of chemical substance abuse, as detailed in either the most current
revision of the International Classification of Diseases, or the most current revision of the
diagnostic and statistical manual for professional practitioners.

(3) Concerning the factors for admission to an outpatient treatment service, the patient
must have met the diagnostic criteria for chemical dependency under paragraph (1) of
this subsection or for abuse under paragraph (2) of this subsection, and must meet the
conditions of all three subparagraphs (A)-(C) of this paragraph.

(A) Category 1: medical functioning. The patient has no medical complications that
would hamper the patient's participation in the outpatient treatment service.

(B) Category 2: family, social, academic dysfunction. The patient must meet the
criteria of at least one clause out of clauses (i) or (ii) of this subparagraph. The patient's
living environment should be considered as a factor. An individual living in an
environment where licit or illicit mood altering substances are being used may not be a
candidate for this level of care early in episode of care (early considered the first 30
days).

(i) The patient's social system and significant others are supportive of recovery to the
extent that the patient can adhere to a treatment plan and treatment service schedules
without substantial risk of reactivating the patient's addiction.

(ii) The patient has no primary or social support system to assist with immediate
recovery, but has the social skills to obtain such a support system or to become involved
in a self-help fellowship.

(C) Category 3: emotional/behavioral status. The patient must meet the criteria under
all three clauses (i)-(iii) of this subparagraph.

(i) Patient is coherent, rational and oriented for treatment.

(ii) Mental state of the patient does not preclude the patient's ability to:
(1) comprehend and understand the materials presented; and
(2) participate in rehabilitation/treatment process

(iii) There is documentation that the patient expresses an interest to work toward
rehabilitation/treatment goals.

(4) The patient must have successfully completed an outpatient treatment program within
the previous 21 days or is an enrollee who is readmitted and had successfully completed
an outpatient treatment program within 90 days. Successful completion of an outpatient
program is determined by the QCC who discharged the patient.
Outpatient Services

Continued Stay Criteria

(a) A patient is considered eligible for continued stay in the outpatient treatment service when the patient meets the diagnostic criteria and the conditions under at least one paragraph out of paragraphs (1) or (2) in subsection (b) of this section.

(b) Factors for continued outpatient treatment services are listed in paragraphs (1) and (2) of this subsection.

(1) Alcohol/drug rehabilitation/treatment complications. The patient must meet the conditions of subparagraphs (A) or (B) of this paragraph.

(A) Patient demonstrates an insight and understanding into the patient's personal relationship with mood-altering chemicals, yet is not effectively addressing the life functions of work, social or primary relationships without the use of mood altering chemicals.

(B) Patient, while physically abstinent from chemical substance use, remains mentally preoccupied with such use to the extent that the patient is unable to adequately address primary relationships, social or work tasks, but there are indications that with continued treatment, the patient will effectively address these issues.

(2) Psychiatric or medical complications. Documentation in the record indicates an intervening medical or psychiatric event which was serious enough to interrupt rehabilitation/treatment, but the patient is again progressing in treatment.

Outpatient Services

Discharge Criteria

The patient is considered eligible for discharge from the outpatient treatment service when he or she meets the conditions for discharge as stated in any one of paragraphs (1)-(4) of this section.

(1) A documented assessment which supports that the patient does not meet the diagnostic criteria for alcohol/drug dependence or abuse.

(2) Psychiatric illness or medical complication. The patient must meet the conditions in subparagraphs (A) or (B) of this paragraph, as follows:

(A) documentation that a psychiatric or medical condition should be treated in another setting; or

(B) documentation that a psychiatric or medical condition which is interfering with alcohol/drug recovery is not being treated.

(3) Alcohol/drug rehabilitation/treatment. The patient must meet all the conditions in subparagraphs (A) or (B) of this paragraph.

(A) Patient displays behaviors which demonstrate that the patient:

(i) recognizes or identifies with the severity of chemical substance use;

(ii) has insight into the patient's defeating relationship with alcohol/drugs: and

(iii) is applying the essential coping skills necessary to cope with the alcohol and/or drug problem and to maintain abstinence.
(B) Patient is functioning adequately in assessed deficiencies in the life task areas of work, social functioning, or primary relationships.

(4) Behavioral factors. The patient must meet all the conditions in subparagraphs (A) and (B) of this paragraph.

(A) Patient is consistently uncooperative, to the degree that no further progress is likely to occur.

(B) Greater intensity of service or transfer to another treatment provider would not have a positive impact on the problem.

**Recommended Length of Stay for Outpatient Services**

The recommended stay period for outpatient services is up to 6 months, meeting at least one hour every two weeks, accompanied by the commencement of appropriate utilization review and discharge planning at the time of admission.