

Withdrawal Management – Acute Inpatient Substance Use Disorder Withdrawal Management to Clients

Purpose:

To describe withdrawal management services details.

Service:

1. The withdrawal management providers shall maintain the capacity and ability to assess and accept individuals 24 hours a day, 7 days a week unless King County Behavioral Health and Recovery Division (BHRD) approves a different schedule in advance.
2. Substance use disorder (SUD) withdrawal management services shall be provided only in facilities licensed by the Department of Health (DOH).
3. Providers shall guarantee that there will be no denial of services for referrals of priority individuals without a review by designated supervisory staff.
4. Providers shall ensure that no client shall occupy a withdrawal management bed for more than three days for alcohol and other drugs (AOD) withdrawal management or five days for opiate withdrawal management. Any exceptions to this must receive prior approval from King County via an exception to policy (ETP) for withdrawal management services request form provided by King County.
5. Providers shall maintain and implement policies and procedures regarding admissions and transfer of individuals between acute withdrawal management services that ensure utilization of all contracted beds, while ensuring all necessary medical criteria for transfer to interim services.
6. Providers shall maintain protocols for individuals who receive medication-assisted treatment (MAT) who need withdrawal management from other substances.
7. Providers shall conduct screening for mental health (MH) issues and make referrals for alcohol and other drug assessments within 48 hours of admission, using Global Appraisal of Individual Needs – Short Screen (GAIN-SS) and American Society of Addiction Medicine (ASAM) Criteria as per Washington Administrative Code (WAC) 388-877.
8. Providers shall ensure counseling of each individual by a chemical dependency professional (CDP) at least once during the individual's stay and provide motivation to accept referral into a continuum of care for SUD treatment. Any counseling services shall be documented in the individual file.
9. Providers shall actively pursue and shall document appropriate linkages for ongoing SUD or MH treatment or referral.
10. Discharge planning shall include assistance in accessing and maintaining housing, assistance with accessing public transportation, coordination with medical care, coordination with MH or other social services, and accessing SUD treatment and self-help groups.
 - a. Providers shall evaluate each client when developing a discharge plan and provide referrals to the level and type of service that best meets the client's needs.

- b. Providers shall provide each client with a copy of their discharge plan and retain a copy in the client's file.
- c. Providers shall document linkages for SUD or MH treatment or referral to other services.

Eligibility Criteria:

- 1. Individuals must be determined to have a substance use disorder and in need of withdrawal management services using an assessment instrument that incorporates the ASAM Criteria and the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), or their successors.
- 2. Priority admission shall be given to the following adults in King County with Medicaid who are indigent and low-income:
 - a. Women who are pregnant, parenting, or postpartum;
 - b. Individuals who are transitioning from residential care to outpatient care;
 - c. Individuals referred from a drug court; and
 - d. Individuals referred by Screening, Brief Intervention, and Referral to Treatment (SBIRT) programs.