

Withdrawal Management Standards

Topic	Timelines/Forms	Process
<p>Admit/Assessment – First Face to Face contact with the client. This starts the timeline requirements.</p>	<p>Completed with SUD Counselor and/or LPHA within 24 Hours of admission:</p> <ul style="list-style-type: none"> • Initial LOC Assessment • Risk Assessment • Health Questionnaire • TB Screening Form 	<ul style="list-style-type: none"> • Review all acknowledgements, financial info, releases and consents. • Complete Initial LOC Assessment with Risk Assessment, Health Questionnaire, and TB Screening to determine level of care (LOC). • Face to Face interaction between SUD Counselor and LPHA.
<p>Other WM Admission Procedures</p>	<p>At Admission must provide withdrawal management interventions and complete for initial 24 hours:</p> <ul style="list-style-type: none"> • WM Observation Log (Observation - The process of monitoring the client’s course of withdrawal. It is to be conducted as frequently as deemed appropriate for the client and the level of care the client is receiving. This may include but is not limited to observation of the client’s health status.) 	<ul style="list-style-type: none"> • Complete substance(s) specific withdrawal management scoring tool at admit and as required thereafter. (Program decides appropriate tools to use depending on substance used) • Closely observe client for withdrawal symptoms as clinically appropriate 24-48 hours from admission. • Complete Withdrawal Management Observation Log for at least the initial 24 hours.
<p>Withdrawal Management (WM) Treatment Plan, Diagnosis and Medical Necessity (use of ASAM LOC, DSM 5 Dx)</p>	<p>These 2 forms are be completed within 72 hours of admission:</p> <ul style="list-style-type: none"> • DDN • WM Treatment plan <p>-----</p> <p>This form is completed prior to a planned discharge and/or at maximum of 7 days from admission to withdrawal management:</p> <ul style="list-style-type: none"> • ASAM LOC Recommendation 	<ul style="list-style-type: none"> • LPHA establishes medical necessity criteria via DSM 5 and ASAM LOC. • LPHA must document the criteria met specific to the substance use disorder diagnosis. • Complete individualized WM Treatment Plan by SUD Counselor and/or LPHA • Tx Plan signed by client as soon as clinically appropriate (or document why client did not sign) • Client offered MAT services whenever appropriate.

Withdrawal Management Standards

Incidental Medical Services (IMS) (Recommended but not required)	Complete within 72 hours from admission: <ul style="list-style-type: none"> • DHCS 4026 Form (IMS Certification) (See DHCS Info Notice 18-031 for IMS guidelines)	<ul style="list-style-type: none"> • Face to Face assessment by Medical Doctor or Healthcare Practitioner (must be within scope of practice)
Drug Toxicology Testing and Screening	Upon admission and per program policies complete: <ul style="list-style-type: none"> • Drug Test and Results Log 	<ul style="list-style-type: none"> • Breathalyzer • Urine Screening • Blood Testing • Document results and reporting
Centrally Stored Medications	Throughout the client’s stay complete: <ul style="list-style-type: none"> • Centrally Stored Medication and Destruction Record 	<ul style="list-style-type: none"> • Medication storage requirements within Federal, State and local regulations. • Proper storage and handling of Schedule 2-4 Medications • Diversion Control Policy and staff
Disposal of Client Medications	Within 30 Days of discharge	<ul style="list-style-type: none"> • Disposal of unclaimed medications • Policy and Procedure in place for a disposal plan that follows Federal, State and local regulations.
Medication Self-Administration	Admission throughout client stay	<ul style="list-style-type: none"> • Inventory of prescribed and over the counter medication with required information upon admission. • Medication times logged/monitored
Naloxone	Permitted at all residential and AOD treatment programs	<ul style="list-style-type: none"> • Recorded, stored and destroyed in same manner as Rx medications. • Administering staff competency per AOD standards. • Stocking doses • Policies, procedures and protocols.
Summary of Clinical Services	Daily documentation and evidence of clinical services (e.g., Groups have sign-in sheets): <ul style="list-style-type: none"> • WM Daily Progress Note, or • SUD Treatment Progress Note 	<ul style="list-style-type: none"> • Clinical services to be documented using observation logs, WM Daily PN or SUD Treatment PN and group sign-in sheets.

Withdrawal Management Standards

<p>Discharge Plan</p>	<p>Completed prior to planned client discharges</p>	<ul style="list-style-type: none"> • Assist client in preparing for triggers for relapse and how to avoid them, along with support plan that includes referrals for ongoing care and resources. • Must be signed and dated by counselor and client with a copy offered to the client and original placed in the client record. • Reminder, ASAM LOC Recommendation form is completed prior to a planned discharge.
<p>Discharge Summary</p>	<p>Completed within 72 hours after last service</p>	<ul style="list-style-type: none"> • Written summary of the treatment episode including duration of treatment, reason for discharge, whether voluntary or involuntary, discharge prognosis and disposition. • Complete CalOMS Discharge in SanWITS. • Use CalOMS Administrative Discharge, if client has left treatment and cannot be interviewed.
<p>Staffing plan that includes Nursing (Recommended but not required)</p>	<p>Admission throughout client stay</p>	<ul style="list-style-type: none"> • When 24/7 nursing staff is not used/available, providers are expected to implement policies and procedures that have been developed with the Medical Director that includes, at a minimum, working collaboratively with emergency departments and primary care physicians to assure that the client is safe to receive treatment at the WM program.