

APA-2

Alabama Department of Mental Health
Mental Health and Substance Abuse

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Department of Mental Health

RULE NO. & TITLE: 580-9-44-.16 Level I-D Ambulatory
Detoxification Without Extended On-Site Monitoring
INTENDED ACTION: Amend

SUBSTANCE OF PROPOSED ACTION: We have created Chapter 580-2-20-.08 to eventually combine the current rules for Mental Illness in Chapter 580-2-9 and Substance Abuse in Chapter 580-9-44.

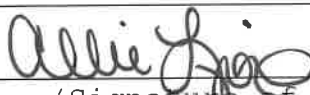
TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested persons may submit data, views, or arguments in writing to Altorvise (Allie) Ligon, Director, Office of Certification Administration, Alabama Department of Mental Health, 100 North Union Street, Suite 540, Montgomery, Alabama 36130 by mail or in person between the hours of 8:00AM and 5:00Pm, Monday through Friday, or by electronic means to contactoca.dmh@mh.alabama.gov until and including December 5, 2022. Persons wishing to submit data, views or arguments orally should contact Ms. Ligon by telephone at (334)353-2069 during this period to arrange for appointment.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:
December 5, 2022

CONTACT PERSON AT AGENCY:

Persons wishing a copy of the proposal may contact:
Altorvise (Allie) Ligon
Department of Mental Health
100 North Union Street, Suite 540
Montgomery, Alabama 36130
(334)353-2069

A copy of the proposed change is available on the department's website at <https://mh.alabama.gov/division-of-administration/certification-administration/>



(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

580-9-44-.16 Level I-D: Ambulatory Detoxification Without Extended On-Site Monitoring.

(1) Rule Compliance. Each Level I-D Detoxification Program shall comply with the following rules and the rules specified in this chapter.

(a) Program Description: The entity shall develop, maintain and implement a written program description that defines the Level I-D Ambulatory Detoxification without Extended On-site Monitoring Program it provides to include the following specifications:

1. Location: The entity shall specifically identify and describe the setting in which Level I-D Ambulatory Detoxification without Extended On-Site Monitoring Services shall be provided. Services may be provided in any appropriate setting that protects the client's right to privacy, confidentiality, safety and including but not limited to, a general healthcare facility, a physician's office or an addiction or mental health treatment facility as pre-authorized by DMH.

2. Admission Criteria: The entity shall develop, maintain and document implementation of written criteria for admission to its Level I-D Ambulatory Detoxification without Extended On-Site Monitoring Program and the following specifications:

(i) The entity's admission criteria shall specify the target population for the Level I-D Program, which shall include, at a minimum, individuals:

(I) Experiencing mild withdrawal or at risk of experiencing withdrawal from alcohol and/or other drugs at a level of assessed severity appropriate for outpatient care.

(II) Who have adequate systems in place to support outpatient detoxification process.

(ii) The entity shall provide written documentation in individual case records that each client admitted to receive Level I-D Ambulatory Detoxification without Extended On-Site Monitoring Services meets:

(I) The diagnostic criteria for a Substance Induced Disorder as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders.

(II) The dimensional criteria for admission to this level of care as defined in the ASAM PPC-2R.

3. Core Services: Each Level I-D Detoxification Program shall demonstrate the capacity to provide a basic level of skilled treatment services appropriate to the needs of its clientele.

(i) At a minimum, the Level I-D Ambulatory Detoxification Program shall document the capacity to provide the following core services:

- (I) Placement assessment.
- (II) Individual counseling.
- (III) Psychoeducation.
- (IV) Family counseling.
- (V) Peer support.
- (VI) Medication administration.
- (VII) Medication monitoring.
- (VIII) Alcohol and/or drug screening/testing.
- (IX) Case management:
 - I. Case planning.
 - II. Linkage.
 - III. Advocacy.
 - IV. Monitoring.

4. Therapeutic Component Implementation. The entity shall document implementation of medical and other clinical services organized to enhance the client's understanding of addiction, support completion of the detoxification process and initiate transfer to an appropriate level of care for continued treatment.

(i) Service strategies for each Level I-D Detoxification Program shall include, at a minimum:

- (I) Implementation of individualized counseling plan strategies.
- (II) Completion of a comprehensive medical history and physical examination of the client at admission.
- (III) Protocols and/or standing orders, established by

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the entity's medical director for management of detoxification from each major drug category of abused drugs that are consistent with guidelines published by nationally recognized organizations, including but not limited to, Substance Abuse and Mental Health Services Administration (SAMHSA), American Society of Addiction Medicine (ASAM), the American Psychiatric Association, and the American Academy of Addiction Psychology.

I. Level I-D Ambulatory Detoxification Programs that utilize Benzodiazepines in the detoxification protocol:

A. Shall have written protocols and procedures to show that all doses or amounts of benzodiazepines are carefully monitored and are slowly reduced as appropriate.

B. Shall have written longer-term detoxification protocols and procedures that adhere to general principles of management including clear indications of benzodiazepine dependence, clear intermediate treatment goals and strategies, regular review and methods to prevent diversion from the plan.

(IV) Individual ongoing assessment services, including, but not limited to:

I. Physical examination by a physician, physician assistant or nurse practitioner.

II. Human services needs assessment by a case manager.

(V) Medication administration and monitoring services including specific procedures for pregnant women.

(VI) Motivational enhancement therapy.

(VII) Direct affiliation with other levels of care.

5. Documentation: In addition to meeting the requirements an individualized progress note shall be recorded for each respective service provided in Level I-D:

(i) Daily assessment of progress, including response to medication, which also notes any treatment regimen changes.

(ii) Regular and frequent monitoring of vital signs.

(iii) The use of detoxification rating scale tables and flow sheets.

(iv) Physician review of all services.

6. Support Systems. The Level I-D Ambulatory Detoxification Program shall develop, maintain and document implementation of written policies and procedures utilized to

provide client access to support services on site or through consultation or referral, which shall minimally include:

- (i) Specialized clinical consultation for biomedical, emotional, behavioral and cognitive problems.
- (ii) Appropriate laboratory and toxicology testing.
- (iii) Psychological and psychiatric services.
- (iv) Twenty-four (24) hour access to emergency services.
- (v) Transportation.

7. Program Personnel. Each Level I-D Detoxification Program shall employ an adequate number of qualified individuals to provide personalized care for its clientele and to meet the program's goals and objectives.

~~(i) Program Coordinator: Each Level I-D Ambulatory Detoxification Program shall be coordinated by a full-time employee who is an Alabama licensed Registered Nurse, Nurse Practitioner, Physician or Physician's Assistant with two (2) years direct care experience treating persons with substance induced disorders.~~

(ii) Medical Director: The Level I-D Detoxification Program shall have a medical director who is a physician licensed to practice in the State of Alabama, with a minimum of one (1) year experience treating persons with substance use disorders. The medical director shall be responsible for admission, diagnosis, medication management and client care.

(iii) Nursing Services Director: The Level I-D Program shall have a nursing services director who shall be a Registered Nurse licensed according to Alabama law with training and work experience in behavioral health.

(iv) Nursing Personnel: The entity shall have an adequate number of Alabama licensed nurses to assure that the administration of medications during Level I-D Services complies with applicable state and federal regulations.

(v) Case Manager Coordinator: The entity shall have a case manager coordinator who shall be available to the Level I-D Program on at least a 50% Full-time Equivalent (FTE) basis and shall, at a minimum:

(I) Have a Bachelor's Degree in a behavioral science, at least two (2) years case management experience relative to substance use disorders, and completed DMH/Mental Illness and

Substance Abuse Services Division approved case management training.

(II) Supervise and delegate responsibilities to case managers working in the Level I-D Program.

(III) Ensure the availability of person centered case management services to facilitate Level I-D clients' transition into ongoing treatment and recovery.

(IV) Each client shall be assigned to a case manager for care management.

(V) All direct care personnel shall have the qualifications, as a qualified paraprofessional, to provide the specific services delineated in the entity's program description for this level of care.

8. Training. The entity shall provide written documentation that all Level I-D Program personnel satisfy the competency and training requirements as specified in Rule 580-9-44-.02(3).

9. Service Intensity. The entity shall document in the clinical record that Level I-D Services are provided in regularly scheduled sessions and that the frequency and amount of these services are established on the basis of the unique needs of each client served.

10. Length of Service. The entity shall provide written documentation in the clinical record that the duration of treatment in a Level I-D Program shall vary as determined by the client's assessed needs and that the client continues in treatment until:

(i) Withdrawal signs and symptoms are sufficiently resolved; or

(ii) Withdrawal signs and symptoms have failed to respond to treatment and have intensified warranting a transfer to a more intense level of care; or

(iii) The client is otherwise unable to complete detoxification at this level of care.

11. Service Availability: The entity shall provide written documentation describing the process utilized to establish the hours of service availability for its Level I-D Ambulatory Detoxification Programs. At a minimum, this process shall:

(i) Include consideration of the needs of the target population, including work, school and parenting responsibilities.

(ii) Include consideration of transportation accessibility.

(iii) Not be based solely on standard eight (8) to five (5), Monday through Friday office hours.

Author: Substance Abuse Services Division

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed January 26, 2012; effective March 1, 2012. **Amended:** Filed October 19, 2022.