Patient Admission, Readmission, and Eligibility Criteria Intensive Outpatient Substance Abuse

Policy and Procedure

Subject	Number	Date Issued		Date Revised	Date Effective
Patient Admission, Readmission, and Eligibility Criteria	T0015_SUD	4-1-2016		4-1-2016	4-15-2016
Originated By:			Approved By:		
Lois Zsarnay			Jonathan Ciampi		

Purpose: The Patient Admission, Readmission, and Intake Eligibility Criteria outlines the criteria to determine patient eligibility of patients for treatment or referral.

Policy: For each individual participant, including family members or significant others, involvement with alcohol and/or other drugs, or alcohol and/or other drug-related problems, shall be the primary criterion for participation.

For individuals to be admitted to the program, Bright Heart Health will:

- 1. Identify the alcohol and illicit drugs used;
- 2. Assess the patient's social, psychological, physical and/or behavioral problems related to alcohol and/or other drugs; and
- 3. Will not deny treatment services based on ethnic group identification, religion, age, sex, color, or disability.

Bright Heart Health will address the needs of special populations including, the disabilities, cultural, racial, linguistic and sexual differences among such populations. Whenever the non-disability-related needs of any applicant cannot be reasonably accommodated, efforts shall be made to make referral to appropriate programs.

All participants shall be physically and mentally able to comply with the program rules and regulations.

No individual shall be admitted who, on the basis of staff judgement:

- 1. Exhibits behavior dangerous to staff, self, or others; or
- 2. Requires an immediate medical evaluation, or medical or nursing care.

All individuals must meet the ASAM guidelines for Level II.1: Intensive Outpatient Treatment:

- Dimension 1: Acute intoxication or withdrawal potential. Patients who are not experiencing or at risk of acute withdrawal (e.g. experiencing only sleep disturbances) can be managed in Level I.1 provided that their mild intoxication or withdrawal does not interfere with treatment. Patients should be able to tolerate mild withdrawal, make a commitment to follow treatment recommendations, and make use of external supports (e.g. family).
- Dimension 2: Biomedical conditions or complications. Patients with serious or chronic medical conditions can be managed as long as the Patients are stable and the problems do not distract from the substance abuse treatment.
- Dimension 3: Emotional, behavioral, or cognitive conditions or complications. These problems are not a prerequisite for admission. If any of these problems are present, our staff are trained in assessment and treatment of both substance use and mental disorders in our Dual Diagnosis Capable program. Patients with mental disorders of mild-to-moderate severity where the co-occurring disorder has the potential to distract Patients from recovery without ongoing monitoring. Refer to Clinical Director for evaluation.
- Dimension 4: Readiness to change. Patients who agree to participate in but are ambivalent about or engaged tenuously in treatment. They may be unable to make or sustain behavioral changes without repeated motivational reinforcement and support several times a week.
- Dimension 5: Relapse, continued use, or continued problem potential. Despite prior involvement in less intensive care, the Patient's substance-related problems are intensifying and level of functioning deteriorating.
- Dimension 6: Recovery environment. Patients whose recovery environment is not supportive and who have limited contacts with non-substance-abusing peers and family members.

All individuals must also meet the following APA guidelines:

- 1. Patient meets the APA criteria for Intensive Outpatient Treatment
 - a. Medical Status: Medically stable to the extent that more extensive medical monitoring is not required, including:
 - b. Suicidality: If suicidality is present, inpatient monitoring and treatment may be needed depending on the estimated level of risk. Refer to Medical Director for evaluation.
 - c. Motivation to recover, including cooperativeness, insight, and ability to control obsessive thoughts: Fair motivation
 - d. Co-occurring disorders (eating disorders, depression, anxiety): Presence of comorbid condition may influence choice of level of care. Refer to Clinical Director for evaluation.
 - e. Do not require the structure of 24 hour residential care or partial hospitalization.
 - f. Require more structure and treatment than an outpatient or individual therapist may provide.
 - g. Environmental stress: Others able to provide adequate emotional and practical support and structure.
 - h. Patient is over the age of 18 and has accessibility to treatment program.
 - i. Patient schedule allows for patient to attend treatment.