

CHAPTER 75-09.1-02
CLINICALLY MANAGED LOW-INTENSITY RESIDENTIAL CARE -
ADULT ASAM LEVEL III.1

Section

75-09.1-02-01	Definitions
75-09.1-02-02	Provider Criteria
75-09.1-02-03	Program Criteria
75-09.1-02-04	Admission Criteria

75-09.1-02-01. Definitions.

For the purposes of this chapter:

1. "Clinically managed low-intensity residential care" means providing an ongoing therapeutic environment for clients requiring some structured support in which treatment is directed toward applying recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility, and reintegrating the individual into the worlds of work, education, and family life, adaptive skills that may not have been achieved or have been diminished during the client's active addiction. Such programs must offer at least five hours per week of low-intensity treatment the focus of which will be on issues in ASAM dimensions four, five, six, and three, if appropriate mental health services are available onsite or by contractual arrangement. Clinically managed low-intensity residential care is also designed for the client suffering from chronic, long-term alcoholism or drug addiction and affords an extended period of time to establish sound recovery and a solid support system. The residential component of clinically managed low-intensity residential care may be combined with low-intensity outpatient, intensive outpatient, or day treatment.
2. "Program" means a clinically managed low-intensity residential care program.

History: Effective October 26, 2004.

General Authority: NDCC 50-06-16, 50-31

Law Implemented: NDCC 50-31

75-09.1-02-02. Provider criteria.

1. A program shall maintain a safe, comfortable, alcohol-free, and drug-free environment.
2. A program shall provide to clients or help clients gain access to full meal service that meets established nutritional guidelines.
3. A program shall implement written referral procedures and agreements with providers of services to enable clients to receive necessary aftercare, other therapeutic services, vocational rehabilitation, educational instruction, literacy training, and attendance at local support groups.
4. A program shall provide staff twenty-four hours per day.
5. A program shall offer a minimum of five hours a week of professionally directed treatment in addition to other treatment services offered to clients such as partial hospitalization or intensive outpatient treatment. Professionally directed treatment must include two support or group sessions a week for clients.
6. A program shall collaborate with care providers to develop an individual treatment plan for each client with time-specific goals and objectives.
7. A program shall maintain a record of the client's progress and activities in the program.

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75-09.1-02-03. Program criteria.

1. A program shall provide services designed to improve a client's ability to structure and organize the tasks of daily living and recovery.
2. A program shall provide educational and informational programming to enhance client recovery.
3. A program shall provide activities to promote a client's social skill development.
4. A program shall provide support group meetings available onsite or transportation assistance to offsite support group meetings.
5. A program shall provide transportation assistance to enable clients to use offsite rehabilitation services.

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75-09.1-02-04. Admission criteria.

Before a program may admit a client, the client must:

1. Meet diagnostic criteria for a substance dependence disorder of the DSM; and
2. Meet specifications in each of the six ASAM patient placement criteria dimensions. Specifically, the client must:
 - a. Have no signs or symptoms of withdrawal or have withdrawal needs that can be safely managed by the program;
 - b. Not have a physical condition or complication impacting immediate safety and well-being requiring twenty-four-hour medical or nursing interventions and the client is capable of self-administering any prescribed medications;
 - c. Not have an emotional, behavioral, or cognitive condition or complication impacting immediate safety and well-being, requiring twenty-four-hour medical or nursing interventions unless in a dual diagnosis program;
 - d. Be at a stage of readiness to change in which the client requires twenty-four-hour structured milieu, acknowledges the existence of a substance use problem, is capable of self-care, and is sufficiently ready to change or is appropriately placed in a level I outpatient services or level II intensive outpatient services and is receiving clinically managed low-intensity residential care concurrently because of the need for engagement and motivational strategies or requires a twenty-four-hour structured milieu to promote treatment progress and recovery because past motivational strategies on an outpatient treatment have failed or the client is unable to make behavior changes without the support of a structured environment; or has a history of compulsive, relapse-prone chronicity or organic-related difficulties as a result of the client's abuse of alcohol or other drugs;
 - e. Be in imminent danger of relapse with dangerous emotional, behavioral, or cognitive consequences because of limited coping skills to address relapse triggers and cravings;

or because the client is unable to consistently address the substance dependence disorder in spite of understanding it and is at risk in a less structured level of care or without staff support to maintain engagement while transitioning to life in the community; or because of other issues such as postponing immediate gratification and these issues are being addressed concurrently in a level II program; and

- f. Require a twenty-four-hour supportive setting because the client is at moderately high risk of physical, sexual, or emotional abuse; or is assessed as being unable to achieve or maintain sobriety at a less intensive level of care because substance use in the client's recovery environment is so endemic; or lacks social contacts or has inappropriate social contacts that jeopardize recovery; or is unlikely to recover because of continued exposure to school, work, or living environment and insufficient resources and skills to maintain an adequate level of functioning; or is in danger of victimization by another; and is able to cope for limited periods of time outside of the twenty-four-hour structure to pursue clinical, vocational, educational, and community activities.

History: Effective October 26, 2004.

General Authority: NDCC 50-06-16, 50-31

Law Implemented: NDCC 50-31