

Adult Withdrawal Management Services

Overview

Withdrawal management services are provided to help people safely withdraw from the physical effects of psychoactive substances. The need for withdrawal management services is determined by patient assessment using the American Society of Addiction Medicine (ASAM).

There are three levels of facilities recognized in Washington. Assessment of severity, medical complications, and specific drug or alcohol withdrawal risk determines placement within each level of service.

ASAM 3.2-WM—(Clinically-managed) residential withdrawal management:

Clinically managed residential facilities are considered sub-acute withdrawal management treatment. They have limited coverage by medical staff, counselors who monitor patients, and generally, any treatment medications are self-administered. Program and facility licensure are regulated by the Department of Health (DOH)

ASAM 3.7-WM – (Medically-monitored) residential withdrawal management:

Medically monitored inpatient programs are considered acute withdrawal management treatment. They have medical coverage by nurses with physician's on-call 24/7 for consultation. They have "standing orders" and available medications to help with withdrawal symptoms. As they are not hospitals they have referral relationships for higher levels of care. These facilities are regulated by DOH.

ASAM 4.0-WM – acute hospital withdrawal management:

Medically managed intensive inpatient are considered acute hospital withdrawal management services. They have medical coverage by nurses with doctors available 24/7. There is full access to medical acute care, including ICU if needed. Doctors, nurses, and counselors work as a part of an interdisciplinary team who medically manage the care of the patient.

These facilities are regulated by DOH and hospital license.

Eligibility requirements

Adults (18 or older) who meet clinical criteria for withdrawal management services and are low-income or Medicaid-eligible.

Authority

RCW 71.24.520; WAC 246-341-1100 through WAC 246-341-1106

Budget

The Medicaid funding for SUD treatment services is included in the per-member-per-month (PMPM) payment for the Behavioral Health-Administrative Services Organizations (BH-ASOs). Since moving to managed care, there is no longer a separate budget for these services. In addition to the PMPM for Medicaid clients, Medicaid and low-income clients can access non-Medicaid services through BHOs using the Substance Abuse Block Grant (SABG) and the General Funds-State funding sources.

Key partners

The Health Care Authority (HCA) manages contracts with Behavioral Health-Administrative Services Organizations (BH-ASO) with Great Rivers, Greater Columbia, King, North Central, North Sound, , Salish, Spokane, and Thurston Mason, Beacon Southwest, Beacon North Central, and Beacon Pierce to provide non-Medicaid crisis services and non-Medicaid services to low-income and Medicaid eligible individuals. The Health Care Authority contracts with Managed Care Organizations to provide Medicaid services. HCA DBHR also collaborates with counties, treatment providers, drug courts, tribes, and other state partners to ensure referral to the SUD service delivery system.

Oversight

HCA DBHR contract managers provide oversight for contracted services.

For more information

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