



Substance Use Disorders Services Policy and Clinical Assumptions Grid

All Providers must adhere to state licensing requirements for their respective level(s) of care. As set forth in the Connecticut Medical Assistance Program (CMAP) provider enrollment agreement, providers must comply with all applicable federal and state statutes, regulation, and other requirements.

Ambulatory Withdrawal Management

	Ambulatory Withdrawal Management (ASAM 1-WM)	Ambulatory Withdrawal Management with Extended Monitoring (ASAM 2-WM)
Brief Service Description	<p>Level 1-WM (up to four hours) is an organized outpatient service, which may be delivered at a certified outpatient, an office setting or a health care or addiction treatment facility by trained staff, who provide medically supervised evaluation, withdrawal management, and referral services.</p> <p>Programs provide opportunities for the individual to be introduced to the potential benefits of medication for addiction treatment (MAT) as a tool to manage their substance use</p>	<p>Level 2-WM with extended monitoring (more than four hours but fewer than 24 hours) is an organized outpatient service, which may be delivered at a certified outpatient, an office setting, a general health care facility, a mental health care facility or addiction treatment facility by trained staff, who provide medically supervised evaluation, withdrawal management, and referral services.</p>

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	<p>disorder(s) and facilitate access to MAT on-site or through referral, as appropriate. Programs do not preclude admission of individuals based on MAT profile and active medication prescriptions. If agency cannot support a medication need internally, they have policies in place to ensure communication with prescribing physician is ongoing.</p> <p>The process of withdrawal management includes not only attenuation of the physiological and psychological features of withdrawal, but also interrupting the momentum of habitual compulsive use in individuals with addiction. Thus, an individual admitted for withdrawal management is also receiving professional services that can serve to interrupt the cycle of use, enable the individual to establish the first day(s) of abstinence and be evaluated for the need for further care. This level of care provides the opportunity to engage an individual in what will hopefully be sustained recovery. Because withdrawal management protocols can relieve withdrawal symptoms quickly and effectively, counseling and therapy focused on initiation or resumption of recovery can be instituted at the same time as withdrawal management, rather than being delayed. Counseling and therapy focused on initiation or resumption of recovery are delivered by licensed outpatient providers at ASAM 1 or programs certified as ASAM 2.1 or 2.5 compliant in addition to ASAM 1-WM.</p> <p>Appointments for services are regularly scheduled. These services are designed to treat the individual's level of clinical severity to achieve safe and comfortable withdrawal from mood-altering chemicals and to effectively facilitate the individual's entry into ongoing treatment and recovery. Withdrawal management is conducted on an outpatient basis for up to four</p>	<p>Programs provide opportunities for the individual to be introduced to the potential benefits of medication for addiction treatment (MAT) as a tool to manage their substance use disorder(s) and facilitate access to MAT on-site or through referral, as appropriate. Programs do not preclude admission of individuals based on MAT profile and active medication prescriptions. If agency cannot support a medication need internally, they have policies in place to ensure communication with prescribing physician is ongoing.</p> <p>The process of withdrawal management includes not only attenuation of the physiological and psychological features of withdrawal, but also interrupting the momentum of habitual compulsive use in individuals with addiction. Thus, an individual admitted for withdrawal management is also receiving professional services that can serve to interrupt the cycle of use, enable the individual to establish the first day(s) of abstinence and be evaluated for the need for further care. This level of care provides the opportunity to engage an individual in what will hopefully be sustained recovery. Because withdrawal management protocols can relieve withdrawal symptoms quickly and effectively, counseling and therapy focused on initiation or resumption of recovery can be instituted at the same time as withdrawal management, rather than being delayed.</p> <p>Withdrawal management is conducted on an outpatient basis. Therapy services are accessed through outpatient services by outpatient ASAM 1 providers or programs certified to provide ASAM 2.1 or 2.5. and billed in addition to ASAM 2-WM.</p> <p>Individuals receiving this level of care receive services for greater than 4 hours and less than 24 hours which can include</p>

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	hours. Therapy services are accessed through outpatient services by outpatient ASAM 1 providers or programs certified to provide ASAM 2.1 or 2.5. and billed in addition to ASAM 1-WM.	continuous observation, monitoring, and support in a supervised environment for an individual to achieve initial recovery from the effects of alcohol and/or other drugs and to be appropriately transitioned to the most appropriate level of care to continue the recovery process. These programs operate 24 hours a day, seven days a week.
Ages Served	Age 13 and older	Age 13 and older
Individual, Group, Family	<ul style="list-style-type: none"> • Individual • Group 	<ul style="list-style-type: none"> • Individual • Group
Provider Qualifications/ Staffing	<p>Level 1-WM is an organized outpatient service, which may be delivered in an office setting, a health care or addiction treatment facility, or in an individual's home by trained staff who provide medically supervised evaluation, withdrawal management, and referral services according to a predetermined schedule. Services are provided in regularly scheduled sessions and should be delivered under a defined set of policies and procedures or medical protocols. Physicians do not need to be certified as addiction specialist physicians and nurses do not need to be certified as addiction nurses, but training and experience in assessing and managing intoxication and withdrawal states is necessary.</p> <p>The services of counselors, psychologists, and social workers are accessed through outpatient services by outpatient ASAM 1 providers or programs certified to provide ASAM 2.1 or 2.5 and billed in addition to ASAM 1-WM.</p> <p>Staff are able to obtain and interpret information regarding individuals' needs and are knowledgeable about the biopsychosocial dimensions of alcohol and other drug addiction. Such knowledge includes the signs and symptoms of alcohol</p>	<p>Level 2-WM is an organized service which may be delivered in an office setting, a general health care or mental health care facility, or an addiction treatment facility and are staffed by prescribers, although they need not be present at all times, and nurses. A prescriber is defined as medical staff (e.g. physician, APRN, NP, PA) with the appropriate credentials under state law and licensure who acts within their scope of practice. It is important for medical and nursing personnel to be readily available to evaluate and confirm that withdrawal management in the less supervised setting is safe. Physicians do not need to be certified as addiction specialist physicians and nurses do not need to be certified as addiction nurses, but training and experience in assessing and managing intoxication and withdrawal states is necessary.</p> <p>The services of counselors, psychologists, and social workers are accessed through outpatient services by outpatient ASAM 1 providers or programs certified to provide ASAM 2.1 or 2.5 and billed in addition to ASAM 2-WM.</p> <p>Staff are able to obtain and interpret information regarding individuals' needs and are knowledgeable about the</p>

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	<p>and other drug intoxication and withdrawal, as well as the appropriate treatment and monitoring of those conditions and how to facilitate entry into ongoing care.</p> <p>Level 1-WM support systems include:</p> <ol style="list-style-type: none"> 1. Availability of specialized clinical consultation and supervision for biomedical, emotional, behavioral, and cognitive problems. 2. Ability to obtain a comprehensive medical history and physical examination of the individual. 3. Access to psychological and psychiatric consultation. 4. Affiliation with other levels of care, including other levels of specialty addiction treatment, as well as general and psychiatric services for additional problems identified. 5. Ability to conduct and/or arrange for appropriate laboratory and toxicology tests, which can be point-of-care testing. Any laboratory testing, including toxicology, is billed for outside of the rate. 6. 24-hour access to emergency medical consultation services, should such services become indicated. 7. Ability to assist in accessing transportation services for individuals who lack safe transportation. <p>Level 1-WM facilities shall have qualified professional medical, nursing and other support staff necessary to provide services appropriate to the bio-psychosocial needs of individuals being admitted to the program. Level 1-WM programs shall have:</p> <ul style="list-style-type: none"> • A physician designated as medical director available on call at all times as allowed under law. • Telephone or in-person consultation with a designated prescriber and emergency services are available 24 hours a 	<p>biopsychosocial dimensions of alcohol and other drug addiction. Such knowledge includes the signs and symptoms of alcohol and other drug intoxication and withdrawal, as well as the appropriate treatment and monitoring of those conditions and how to facilitate entry into ongoing care.</p> <p>Level 2-WM support systems include:</p> <ol style="list-style-type: none"> 1. Availability of specialized clinical consultation and supervision for biomedical, emotional, behavioral, and cognitive problems. 2. Ability to obtain a comprehensive medical history and physical examination of the individual. 3. Access to psychological and psychiatric consultation. 4. Affiliation with other levels of care, including other levels of specialty addiction treatment, as well as general and psychiatric services for additional problems identified. 5. Ability to conduct and/or arrange for appropriate laboratory and toxicology tests, which can be point-of-care testing. Any laboratory testing, including toxicology, is billed for outside of the rate. 6. 24-hour access to emergency medical consultation services, should such services become indicated. 7. Ability to assist in accessing transportation services for individuals who lack safe transportation. <p>Level 2-WM facilities shall have qualified professional medical, nursing and other support staff necessary to provide services appropriate to the bio-psychosocial needs of individuals being admitted to the program. Level 2-WM programs shall have:</p> <ul style="list-style-type: none"> • A physician designated as medical director available on call at all times as allowed under law.

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	<p>day, seven days a week and in order to discharge an individual to a higher level of care, if necessary.</p> <ul style="list-style-type: none"> — In-person consultation is preferred, and at a minimum, shall be utilized when the individual’s presenting concerns require assessment that cannot be effectively conducted through telephone/telemedicine consultation. — A PA, NP, or APRN, licensed as physician extenders, may perform duties designated by a physician within their scope of practice. <ul style="list-style-type: none"> • One nurse (NP, RN, or LPN) available onsite per 15 individuals during hours of operation. Such a nurse shall have experience or training in providing services for individuals with substance use disorders. At least one NP or RN shall be onsite during hours of operations; subsequent nurses may be LPNs. <ul style="list-style-type: none"> — Any requests to waive the above criteria must be submitted to The Departments for review and approval. • One certified peer on-site during hours of operation. Certified Peers may meet with residents individually and/or in group formats to support their ongoing engagement, retention and progress in treatment. <ul style="list-style-type: none"> — Certification must be obtained by one of the state-approved certification boards. • There shall be a pharmacist, currently licensed in the State of Connecticut, who shall be responsible for the supervision of the pharmaceutical services. 	<ul style="list-style-type: none"> • Telephone or in-person consultation with a designated prescriber and emergency services are available 24 hours a day, seven days a week and in order to discharge an individual to a higher level of care, if necessary. <ul style="list-style-type: none"> — In-person consultation is preferred, and at a minimum, shall be utilized when the individual’s presenting concerns require assessment that cannot be effectively conducted through telephone/telemedicine consultation. — A PA, NP, or APRN, licensed as physician extenders, may perform duties designated by a physician within their scope of practice. • One nurse (NP, RN, or LPN) per 15 individuals onsite at all times. Such a nurse shall have experience or training in providing services for individuals with substance use disorders. At least one NP or RN shall be onsite during hours of operations; subsequent nurses may be LPNs. <ul style="list-style-type: none"> — Any requests to waive the above criteria must be submitted to The Departments for review and approval. • One certified peer on-site 24 hours a day, 7 days a week. Certified Peers may meet with residents individually and/or in group formats to support their ongoing engagement, retention and progress in treatment. <ul style="list-style-type: none"> — Certification must be obtained by one of the state-approved certification boards. • There shall be a pharmacist, currently licensed in the State of Connecticut, who shall be responsible for the supervision of the pharmaceutical services.
Admission Criteria	<p>The individual is experiencing at least mild signs and symptoms of withdrawal, or there is evidence (based on history of substance intake; age; gender; previous withdrawal history;</p>	<p>The individual is experiencing signs and symptoms of withdrawal, or there is evidence (based on history of substance intake; age; gender; previous withdrawal history; present symptoms; physical</p>

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	<p>present symptoms; physical condition; and/or emotional, behavioral, or cognitive condition) that withdrawal is imminent.</p> <p>The individual is assessed as being at minimal risk of severe withdrawal syndrome and can be safely managed at this level.</p>	<p>condition; and/or emotional, behavioral, or cognitive condition) that withdrawal is imminent.</p> <p>The individual is assessed as being at moderate risk of severe withdrawal syndrome outside the program setting; is free of severe physical and psychiatric complications; and would safely respond to several hours of monitoring, medication, and treatment.</p>
Interventions	<p>While ASAM views addiction as a unitary condition, withdrawal syndromes are separate from each other depending on the pharmacological class of the substance the individual may be withdrawing from, and interventions differ accordingly.</p> <ul style="list-style-type: none"> • Each individual whose substance of choice is other than alcohol shall be required to have an initial drug-screening urinalysis upon admission. <ul style="list-style-type: none"> ○ The facility shall have a provision for regular monitoring of chemical levels in urine specimens. ○ Note: DSS will establish upper limit on number of lab tests that can be sent out. Refer to associated lab policy for additional guidance. • Each client shall receive during the treatment episode or within 24 hours of admission, whichever occurs sooner, a medical history and physical examination, by a physician (or PA/NP). Any physical examination that is performed by a PA or NP shall be dated and countersigned by a physician during the treatment episode or within 72 hours, whichever occurs sooner, signifying their review of and concurrence with the findings. <ul style="list-style-type: none"> ○ Each client shall receive during the treatment episode or within 72 hours of admission, whichever 	<p>While ASAM views addiction as a unitary condition, withdrawal syndromes are separate from each other depending on the pharmacological class of the substance the individual may be withdrawing from, and interventions differ accordingly.</p> <ul style="list-style-type: none"> • Each individual whose substance of choice is other than alcohol shall be required to have an initial drug-screening urinalysis upon admission. <ul style="list-style-type: none"> ○ The facility shall have a provision for regular monitoring of chemical levels in urine specimens. ○ Note: DSS will establish upper limit on number of lab tests that can be sent out. Refer to associated lab policy for additional guidance. • Each client shall receive during the treatment episode or within 24 hours of admission, whichever occurs sooner, a medical history and physical examination, by a physician (or PA/NP). Any physical examination that is performed by a PA or NP shall be dated and countersigned by a physician during the treatment episode or within 72 hours, whichever occurs sooner, signifying their review of and concurrence with the findings. <ul style="list-style-type: none"> ○ Each client shall receive during the treatment episode or within 72 hours of admission, whichever

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	<p>occurs sooner, diagnostic tests as determined by the physician.</p> <ul style="list-style-type: none"> ○ When a person is readmitted within six months to a facility the decision determining the physical examination, laboratory, and diagnostic tests to be performed shall be made by the program physician. <p>In Level 1-WM withdrawal management programs, elements of the assessment and treatment plan review include:</p> <ol style="list-style-type: none"> 1. An addiction-focused history, obtained as part of the initial assessment and conducted by or reviewed by a physician (or NP/PA) during the admission process. 2. Sufficient biopsychosocial screening assessments to determine the level of care in which the person should be placed and for the individualized care plan to address treatment priorities identified in Dimensions 2 through 6. 3. An individualized treatment plan, including problem identification in Dimensions 2 through 6 and development of treatment goals and measurable treatment objectives, as well as activities designed to meet those objectives as they apply to the management of the withdrawal syndrome. 4. Daily assessment of progress during withdrawal management and any treatment changes (or less frequent, if the severity of withdrawal is sufficiently mild or stable). 5. Discharge/transfer planning, beginning at admission. 6. Referral and linking arrangements for counseling, medical, psychiatric, and continuing care. 	<p>occurs sooner, diagnostic tests as determined by the physician.</p> <ul style="list-style-type: none"> ○ When a person is readmitted within six months to a facility the decision determining the physical examination, laboratory, and diagnostic tests to be performed shall be made by the program physician. <p>In Level 2-WM withdrawal management services, elements of the assessment and treatment plan review include:</p> <ol style="list-style-type: none"> 1. An addiction-focused history, obtained as part of the initial assessment and reviewed by a physician (or NP/PA) during the admission process. 2. Sufficient biopsychosocial screening assessments to determine the level of care in which the individual should be placed for the individualized care plan to address treatment priorities identified in Dimensions 2 through 6. 3. An individualized treatment plan, including problem identification in Dimensions 2 through 6 and development of treatment goals and measurable treatment objectives and activities designed to meet those objectives as they apply to the management of the withdrawal syndrome. 4. Daily assessment of progress during withdrawal management and any treatment changes during the 23-hour stay. 5. Discharge/transfer planning, beginning at admission. 6. Referral and linking arrangements for counseling, medical, psychiatric, and continuing care. 7. Serial medical assessments, using appropriate measures of withdrawal. Such assessments shall minimally be completed at the times of intake and discharge, with additional assessments completed as medically indicated.

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	<p>7. Serial medical assessments, using appropriate measures of withdrawal. Such assessments shall minimally be completed at the times of intake and discharge, with additional assessments completed as medically indicated.</p>	
Treatment Services	<p>Therapies offered by Level 1-WM programs include individual assessment, medication or non-medication methods of withdrawal management, patient education, non-pharmacological clinical support, involvement of family members or significant others in the withdrawal management process, and discharge or transfer planning, including referral for counseling and involvement in community recovery support groups.</p> <p>Therapies also include physician and/or nurse monitoring, assessment, and management of signs and symptoms of intoxication and withdrawal. Counseling and therapy focused on initiation or resumption of recovery are delivered by licensed outpatient providers at ASAM 1 or programs certified as ASAM 2.1 or 2.5 compliant and billed in addition to ASAM 1-WM.</p> <p>The individual continues in Level 1-WM withdrawal management services until:</p> <ul style="list-style-type: none"> • Withdrawal signs and symptoms are sufficiently resolved that the individual can participate in self-directed recovery or ongoing treatment without the need for further medical or nursing withdrawal management monitoring; or, • The individual's signs and symptoms of withdrawal have failed to respond to treatment, and have intensified (as confirmed by higher scores on standardized withdrawal 	<p>Therapies offered by Level 2-WM programs include individual assessment, medication or non-medication methods of withdrawal management, patient education, non-pharmacological clinical support, involvement of family members or significant others in the withdrawal management process, and discharge or transfer planning, including referral for counseling and involvement in community recovery support groups.</p> <p>Therapies also include physician and/or nurse monitoring, assessment, and management of signs and symptoms of intoxication and withdrawal. Counseling and therapy focused on initiation or resumption of recovery are delivered by licensed outpatient providers at ASAM 1 or programs certified as ASAM 2.1 or 2.5 compliant and billed in addition to ASAM 2-WM.</p> <p>The individual continues in Level 2-WM withdrawal management services until:</p> <ul style="list-style-type: none"> • Withdrawal signs and symptoms are sufficiently resolved that the individual can be safely managed at a less intensive level of care; or, • The individual's signs and symptoms of withdrawal have failed to respond to treatment and have intensified (as confirmed by higher scores on standardized withdrawal assessment tool), such that transfer to a more intensive level of withdrawal management service is indicated; or,

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	<p>assessment tool) such that transfer to a more intensive level of withdrawal management service is indicated; or,</p> <ul style="list-style-type: none"> The individual is unable to complete withdrawal management at Level 1-WM, despite an adequate trial. For example, they are experiencing intense craving and have insufficient coping skills to prevent continued alcohol, tobacco, and/or other drug use concurrent with the withdrawal management medication, indicating a need for more intensive services (such as addition of a supportive living environment). <p>Individuals may receive consecutive days of treatment at this level of care so long as they continue to meet admission criteria. Services provided on any given day must be less than 4 hours.</p>	<ul style="list-style-type: none"> The individual is unable to complete withdrawal management at Level 2-WM, despite an adequate trial. For example, they are experiencing intense craving and have insufficient coping skills to prevent continued alcohol or other drug use, indicating a need for more intensive services. <p>Individuals may receive consecutive days of treatment at this level of care so long as they continue to meet admission criteria. Services provided on any given day must be greater than 4 hours and less than 24 hours.</p>
Documentation	<p>Programs will maintain individualized records which shall include:</p> <ul style="list-style-type: none"> The individual's Medicaid eligibility status An initial assessment, inclusive of: <ul style="list-style-type: none"> An addiction-focused history reviewed by a physician (or NP/PA) A physical examination by a physician (or NP/PA) Credentials of the completing practitioner must be documented on the assessment. Bio-psychosocial screening assessment which includes assessment in each of the ASAM six dimensions; this assessment must be compliant with the most recent edition of ASAM. Individualized treatment plan, which involves problem formulation, needs, strengths, skills, and articulation of short-term, measurable treatment goals, and activities 	<p>Programs will maintain individualized records which shall include:</p> <ul style="list-style-type: none"> The individual's Medicaid eligibility status An initial assessment, inclusive of: <ul style="list-style-type: none"> An addiction-focused history reviewed by a physician (or NP/PA) A physical examination by a physician (or NP/PA) Credentials of the completing practitioner must be documented on the assessment. Bio-psychosocial screening assessment which includes assessment in each of the ASAM six dimensions; this assessment must be compliant with the most recent edition of ASAM. Individualized treatment plan, which involves problem formulation, needs, strengths, skills, and articulation of short-term, measurable treatment goals, and activities designed to

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	<p>designed to achieve those goals and update as needed based on the individual's progress in treatment.</p> <ul style="list-style-type: none"> — Plan shall be initiated at the time of admission and reviewed and modified as needed until the individual is discharged. — Credentials of the completing practitioner must be documented on the treatment plan. <ul style="list-style-type: none"> • Individualized progress notes that clearly reflect implementation of the treatment plan and the individual's response to therapeutic interventions for all disorders treated, as well as subsequent amendments to the plan. Notes also reflect a daily assessment of progress during withdrawal management and any treatment changes. <ul style="list-style-type: none"> — Credentials of the completing practitioner must be documented on the progress note. • Administration of toxicology screens and the test results. • Discharge summary which has been ideally written the day of discharge and no later than 72 hours of the individual leaving the program. This summary shall: <ul style="list-style-type: none"> — Address original reason for referral. — Indicate the individual's progress towards the established plan. — Describe the type, frequency and duration of treatment or services. — Summarizes the results of the withdrawal tables and flow sheets completed during the episode of care and at the time of discharge. — Specify reason(s) for discharge — Indicate the individual's participation in discharge planning. 	<p>achieve those goals and update as needed based on the individual's progress in treatment.</p> <ul style="list-style-type: none"> — Plan shall be initiated at the time of admission and reviewed and modified as needed until the individual is discharged. — Credentials of the completing practitioner must be documented on the treatment plan. <ul style="list-style-type: none"> • Individualized progress notes that clearly reflect implementation of the treatment plan and the individual's response to therapeutic interventions for all disorders treated, as well as subsequent amendments to the plan. Notes also reflect a daily assessment of progress during withdrawal management and any treatment changes. <ul style="list-style-type: none"> — Credentials of the completing practitioner must be documented on the progress note. • Administration of toxicology screens and the test results. • Discharge summary which has been ideally written the day of discharge and no later than 72 hours of the individual leaving the program. This summary shall: <ul style="list-style-type: none"> — Address original reason for referral. — Indicate the individual's progress towards the established plan. — Describe the type, frequency and duration of treatment or services. — Summarizes the results of the withdrawal tables and flow sheets completed during the episode of care and at the time of discharge. — Specify reason(s) for discharge — Indicate the individual's participation in discharge planning.

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	<ul style="list-style-type: none"> — Include information regarding release(s) of information obtained and aftercare services referred to. — Credentials of the completing practitioner must be documented on the discharge summary. • Withdrawal rating scale tables and flow sheets (which may include tabulation of vital signs). 	<ul style="list-style-type: none"> — Include information regarding release(s) of information obtained and aftercare services referred to. — Credentials of the completing practitioner must be documented on the discharge summary. • Withdrawal rating scale tables and flow sheets (which may include tabulation of vital signs).
Supervisor Qualifications	Supervisors must be RNs who are working under the direct supervision of a licensed prescriber.	Supervisors must be RNs who are working under the direct supervision of a licensed prescriber.