

MEDICALLY-MANAGED DETOXIFICATION

A. The Contractor shall provide medically managed detoxification services to individuals age eighteen (18) and older who are medically indigent and who have a substance use disorder for which medical detoxification is medically necessary. Medically indigent is defined as having no private or public health care coverage that will pay for the services to be provided by the Contractor and no access to, or eligibility for, such coverage. Medically managed detoxification is defined as a medically necessary, inpatient behavioral health service delivered in a private freestanding psychiatric hospital or general hospital that meets and maintains all applicable licensing and certification requirements of federal and state statutes or regulations pertaining to the treatment of substance use disorders, where the individual’s admission is the result of a serious or dangerous condition that requires rapid treatment for a substance use disorder. Medically managed detoxification may be delivered to individuals committed under a Physician’s Emergency Certificate (PEC) pursuant to section 17a-684 of the Connecticut General Statutes. Medically managed detoxification is used when on-site, 24-hour medical and nursing supervision are required to deliver intensive evaluation, medication titration, symptom stabilization and intensive, brief treatment to evaluate substance use disorders and manage withdrawal.

B. Specifically, the Contractor shall:

1. Conduct admissions 24 hours per day, seven (7) days per week;
2. Perform an initial intake evaluation, including screening for a co-occurring psychiatric disorder;
3. Conduct a physical examination, including medical history and laboratory testing;
4. Conduct a diagnostic evaluation and a risk assessment;
5. Complete a bio-psychosocial assessment;
6. Provide psychiatric assessment and management to individuals who have co-occurring disorders;
7. Provide medical management and monitoring of withdrawal from a substance or substances;
8. Provide medical management and monitoring of co-existing medical conditions;
9. Develop, with each individual, a recovery plan;
10. Provide individual and group therapy, and family therapy, when appropriate;
11. Provide appropriate observation and precautions for individuals who may be suicidal;
12. Conduct discharge planning and make confirmed referrals to appropriate aftercare services and supports; and
13. Provide referrals to self-help programs.

C. The services shall be provided at the following location, with the capacities and hours of operation as described below:

Location	Capacity	Hours of Operation

D. The Contractor shall provide services which meet the required utilization rate for medically managed detoxification. The Contractor’s medically managed detoxification utilization rate shall be measured by the number of bed days utilized as reported to the department’s information system. The minimum acceptable utilization rate for days in a medically managed detoxification program funded by the department is 90% of the maximum attainable number of bed days as determined by multiplying the capacity for each funded program as stated in section C. above by 365. Utilization for all funded treatment services shall be computed based on total program capacity.

E. The Contractor shall implement the programs and services described herein to result in the following outcomes on behalf of individuals served. Such outcomes shall be measured in the manner described herein. Outcome results achieved pursuant to these terms and conditions will be monitored by the department through data reported by the Contractor to the Department’s information systems and in

observations through site visits. The Department's outcome indicators for the Contractor's funded services are as follows:

PERFORMANCE OUTCOME MEASURES

MEDICALLY MANAGED RESIDENTIAL DETOXIFICATION

OUTCOMES	MEASURES
1. Contractor will meet reporting requirements in a timely manner.	Department required data will be submitted to the Departments' data collection system no later than the 15 th day of each month.
2. Contractor will meet the expected utilization rate or annual projection of individuals to be served for this level of care.	A utilization rate of at least 90% will be achieved.
3. Individuals will successfully complete treatment.	At least 80% of individuals discharged will have substantially completed the objectives identified on their recovery plans.
4. Individuals will receive follow-up care promptly.	At least 90% of individuals who have successfully completed treatment will have at least one (1) residential admission or two (2) outpatient services within thirty (30) days of discharge.
5. Individuals will avoid readmission to the same or higher level of care.	No more than 15% of individuals who have been discharged will be readmitted to the same or higher level of care within thirty (30) days.