

MEDICALLY-MONITORED RESIDENTIAL DETOXIFICATION

A. The Contractor shall provide medically monitored residential detoxification services to individuals age eighteen (18) and older who are medically indigent and who have a substance use disorder for which medically monitored 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. Individuals referred from the Court Support Services Division (CSSD) of the State of Connecticut Judicial Department, or from the Department of Corrections (DOC) do not have to be medically indigent. Medically monitored residential detoxification is defined as a medically necessary, behavioral health service delivered in a facility that meets and maintains all applicable licensing and certification requirements of federal and state statutes or regulations pertaining to residential detoxification and evaluation. Medically monitored residential detoxification shall be used when 24-hour medical and nursing supervision are required for substance use evaluation and withdrawal management.

B. Specifically, the Contractor shall:

1. Perform an initial evaluation by a registered nurse, including screening for a co-occurring psychiatric disorder;
2. Provide medical supervision and management of withdrawal from a substance or substances, as indicated by a licensed physician and inclusive of laboratory assessments;
3. Conduct a bio-psychosocial assessment;
4. Develop, with each individual, a recovery plan;
5. Provide individual, group and, when indicated, family therapy;
6. Provide psycho-educational programming;
7. Provide referrals to self-help programs;
8. Conduct discharge planning and make confirmed referrals to appropriate aftercare services and supports; and
9. Provide the following for all individuals referred from CSSD or DOC:
 - i. Evaluations for referrals at sites that may include courts, probation offices and correctional facilities within two (2) weeks of the date of the referral.
 - ii. Letters to the referral source within two (2) business days of the evaluation informing them of the individual's appropriateness or inappropriateness for individual substance abuse treatment services and, when possible, a date a bed will be available.
 - iii. Transportation for individuals to and from court appearances, off-site evaluations and community programs.
 - iv. Use of security procedures that include regular and random searches of individuals served and their personal possessions, as well as visitation policies that require screening of visitors and searches of any packages they may attempt to bring into the individual facility.
 - v. Random urinalysis testing on participants at least once per week; immediately notify the referral source of any positive results.
 - vi. Intervention plans and sanctions in consultation with the referral source.
 - vii. Access to medical services including access to emergency medical care on a 24-hour basis.
 - viii. Discharge planning and confirmed referrals to appropriate aftercare services in collaboration with the referral agent based on individual's needs.
 - ix. Immediate telephone notification to the referral source when an individual leaves services against medical advice and written notice within 24 hours.
 - x. Reports, including but not limited to, monthly reports and letters to the appropriate referral sources and the court regarding an individual's status and progress; and routine statistical reports regarding admissions, discharges, services provided, utilization management and wait list management information.
 - xi. At the request of the referral source, appearances at court proceedings.

C. The services shall be provided at the following locations, with the client 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 monitored detoxification. The Contractor’s 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 bed days in a medically monitored 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

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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.