902 KAR 20:111. Medically managed intensive inpatient withdrawal management.

RELATES TO: KRS 216B.015(13), Chapter 311, 21 U.S.C. Section 823(g)(2)
STATUTORY AUTHORITY: KRS 216B.042, 222.211(1)(c)
CERTIFICATION STATEMENT:

NECESSITY, FUNCTION, AND CONFORMITY: KRS 216B.042 requires the Cabinet for Health and Family Services to promulgate administrative regulations necessary for the proper administration of the licensure function, which includes establishing licensure standards and procedures to ensure safe, adequate, and efficient health facilities and health services. KRS 222.211(1)(c) requires the cabinet to be responsible for assuring that withdrawal management services are provided on a twenty-four (24) hour basis in or near population centers that meet the immediate medical and physical needs of persons intoxicated from the use of alcohol or drugs, or both, including necessary diagnostic and referral services. This administrative regulation establishes standards for medically managed intensive inpatient withdrawal management provided by a chemical dependency treatment program or hospital.

Section 1. Definitions.

(1) "Chemical dependency treatment program" means a freestanding or hospital-based facility licensed in accordance with 902 KAR 20:160.

(2) "Hospital" means a:

(a) General acute care hospital licensed in accordance with 902 KAR 20:009 and 902 KAR 20:016; or

(b) Psychiatric hospital licensed in accordance with 902 KAR 20:170 and 902 KAR 20:180.

Section 2. Services.

(1) Medically managed intensive inpatient services shall:

(a) Be delivered twenty-four (24) hours a day in a permanent facility that is a:

1. Chemical dependency treatment program; or
2. Hospital;

(b) Offer medically directed withdrawal management and treatment designed to alleviate acute emotional, behavioral, cognitive, or biomedical distress resulting from, or co-occurring with a patient's use of alcohol or other drugs;

(c) Be provided by a team of interdisciplinary staff under the direction of a licensed physician;

(d) Be provided in accordance with:

1. Physician-approved policies and physician-monitored procedures; or
2. Clinical protocols; and

(e) Include:

1. Availability of specialized clinical consultation, medical evaluation, and supervision for biomedical, emotional, behavioral, and cognitive problems;
2. Ability to arrange for appropriate laboratory and toxicology tests, including human immunodeficiency virus (HIV), hepatitis, and other tests for communicable diseases;
3. Affiliation with other levels of care; and
4. Availability of emergency life support and treatment, either directly or through transfer of the patient to another:
   a. Service within the facility; or
   b. Health facility equipped to provide emergency care.

(2) Services shall be provided only to patients who meet the:

(a) Diagnostic criteria for substance intoxication or withdrawal disorder as established by the most recent version of the Diagnostic and Statistical Manual of Mental

Disorders (DSM) for alcohol, tobacco, and other drug use; and

(b) Dimensional criteria for medically managed intensive inpatient services as established in the most recent version of The American Society of Addiction Medicine (ASAM) Criteria.

Section 3. Staff Requirements and Responsibilities.

(1) Physician.

(a) There shall be at least one (1) physician who is:

1. Licensed to practice medicine under KRS Chapter 311; and

2. Responsible for diagnosis, treatment, and treatment plan decisions in collaboration with the patient, including:

a. Whether or not to admit the patient;

b. Whether or not to continue the patient in care; and

c. When to transfer or discharge the patient.

(b) If a facility is managing acute opioid withdrawal, there shall be at least one (1) physician with a waiver under 21 U.S.C. Section 823(g)(2) to prescribe drugs approved by the Food and Drug Administration for the treatment of opioid use disorder, as indicated.

(c) The physician shall:

1. Assess the patient within twenty-four (24) hours of admission, or earlier if indicated; and

2. Provide on-site monitoring, medical services, and patient evaluation daily.

(2) Nurse.

(a) There shall be at least one (1) full-time registered nurse.

(b) If the registered nurse is not on duty, a licensed practical nurse shall be responsible for on-site nursing care and a registered nurse shall be on call.

(c) Twenty-four (24) hour nursing services shall include:

1. A comprehensive nursing assessment, conducted at the time of admission; and

2. Monitoring of the patient's progress, which may occur hourly if needed.

(3) Clinical staff. Clinical staff shall:

(a) Be trained and competent to provide physician-directed care and treatment;

(b) Be able to obtain and interpret information regarding the needs of the patients; and

(c) Provide counseling services if authorized under the scope of the clinician's professional license.

(4) There shall be at least one (1) staff person on duty at all times who is trained in cardiopulmonary resuscitation.

Section 4. Medication. A notation shall be made in the patient's record of all medications administered in accordance with physician orders, including:

(1) Date;

(2) Time;

(3) Dosage;

(4) Frequency of administration; and

(5) Name of the individual administering each dose.

Section 5. Therapies. Therapies shall include daily clinical services to assess and address the needs of each patient, including:

(1) Medical services as needed, including stabilization of the patient;

(2) Withdrawal rating scale tables and flow sheets that include tabulation of vital signs, if needed;

(3) Withdrawal support;

(4) A range of cognitive, behavioral, medical, mental health, and other therapy as needed to enhance the patient's understanding of:

(a) Addiction;
(b) Completion of the withdrawal management process; and
(c) Referral to an appropriate level of care for continuing treatment;
(5) Interdisciplinary individualized assessment and treatment;
(6) Health education services; and
(7) Services to family members or significant others.

Section 6. Assessment and Treatment Plan.
(1) Assessment and treatment planning shall include:
(a) An individualized treatment plan developed in collaboration with the patient within twenty-four (24) hours of admission, including:
1. Problem identification in dimensions two (2) through six (6) of the most recent version of The ASAM Criteria;
2. Development of treatment goals and measurable treatment objectives; and
3. Activities designed to meet the treatment objectives and management of withdrawal syndrome;
(b) Daily assessment of:
1. Progress during withdrawal management; and
2. Any treatment changes;
(c) Transfer and discharge planning, beginning at the point of admission; and
(d) Referral and linkage arrangements for:
1. Counseling;
2. Medical care;
3. Medication assisted treatment, as indicated;
4. Psychiatric care; and
5. Continuing care.
(2) Physician and nurse progress notes shall:
(a) Be maintained in the patient record;
(b) Reflect implementation of the treatment plan;
(c) Document the client's response to treatment; and
(d) Include each amendment of the treatment plan.

Section 7. Discharge Criteria.
(1) A patient shall continue to receive medically managed intensive inpatient withdrawal management until the patient's acute withdrawal signs and symptoms are sufficiently resolved so that the patient can safely transition into continuing services or transfer to a less intensive level of care.
(2) A patient's discharge summary shall be completed within twenty-four (24) hours of discharge and include:
(a) The course and progress of the patient with regard to the treatment plan;
(b) General observations of the patient's condition initially, during treatment, and at discharge; and
(c) Recommendations and arrangements for further treatment.

(902 KAR 020:111. 8 Ky.R. 254; eff. 11-5-1981; Am. 10 Ky.R. 37; eff. 8-3-1983; 18 Ky.R. 827; eff. 10-16-1991; 45 Ky.R. 2781, 3416; eff. 7-19-2019; Crt eff. 5-14-2026.)