



ADMINISTRATIVE RULES OF MONTANA



37.106.1480 WITHDRAWAL MANAGEMENT PROGRAM REQUIREMENTS

- (1) To be licensed to provide clinically managed residential withdrawal management defined as ASAM 3.2-WM, a provider must be licensed as an inpatient or residential health care facility program pursuant to 50-5-101, MCA, and meet the following:
 - (a) The facility must be equipped for clients who are impaired due to substances and may require safety rails on beds pursuant to ARM Title 37, chapter 106, subchapter 29, handrails on showers, and other related equipment to assure the safety of impaired clients.
 - (b) The SUDF must have physician approved protocols for the monitoring of clients in withdrawal including when and under what circumstances clients should be transferred to another health care facility.
 - (c) The SUDF must have a written agreement with the health care facility or physician providing for emergency services when needed.
 - (d) The SUDF must have written procedures specifying how staff will respond to emergencies and for the transfer of medically unstable clients.
 - (e) The SUDF must have sufficient staff on duty 24 hours a day, seven days a week to supervise, observe, and support clients who are intoxicated or experiencing withdrawals.
 - (f) The SUDF must train staff in physician approved protocols for monitoring clients in withdrawal and in medication management if medication is administered.
 - (g) The SUDF must have licensed addiction counselors (LAC) or mental health professionals in sufficient numbers to provide counseling and therapy services as described in this chapter and in accordance with the client's individualized treatment plan.
 - (h) The initial biopsychosocial assessment indicating this level of care must be reviewed by a licensed physician, nurse practitioner, or physician assistant during the admission process.
 - (i) The SUDF must provide daily clinical skilled treatment services to address the needs of each client. Clinical skilled treatment services may include medical services, individual and group therapy, and withdrawal support as required in the client's individualized treatment plan.
 - (j) The SUDF must ensure regular vital signs are taken and recorded by staff trained to recognize symptoms indicating the client is becoming physically unstable.
 - (k) All progress notes must be completed in a timely manner and before the next session of the same type, or there must be documentation why this did not occur.

- (l) Coordination of necessary services (medical, laboratory, toxicology, psychiatric, psychological, emergency) or other levels of care must be available through direct affiliation or referral processes.
- (2) The facility providing clinically managed residential withdrawal management (ASAM 3.2) must not exceed the number of inpatient or residential beds licensed for pursuant to 50-5-101 MCA.
- (3) To be licensed to provide medically managed inpatient withdrawal, as defined as ASAM Level 3.7-WM, a provider must be licensed as an inpatient substance use disorder facility and meet the requirements under ARM 37.106.1475 and the following:
 - (a) a RN must be on-site 24 hours a day, seven days a week to monitor clients receiving acute intoxication or withdrawal management services and administer services according to physician approved protocols;
 - (b) the facility must be equipped for clients who are impaired due to substances and who require assistive safety devices, as written in the physician approved protocols;
 - (c) all bathtubs and showers must be equipped with a safety handrail; and
 - (d) emergency equipment to include:
 - (i) oxygen;
 - (ii) automatic external defibrillator (AED);
 - (iii) suction machine; and
 - (iv) other emergency equipment according to the physician approved protocols for responding to client health emergencies.

Authorizing statute(s): 50-5-103, 53-24-208, MCA

Implementing statute(s): 50-5-101, 50-5-103, 53-24-208, 53-24-209, 76-2-411, MCA

History: NEW, 2010 MAR p. 2975, Eff. 12/24/10; AMD, 2022 MAR p. 1889, Eff. 9/24/22.