

Adult voluntary withdrawal management

Overview

Withdrawal management services provide supervised medical support for individuals who have problematic substance and alcohol use. These services address the negative physical and psychological effects that accompany discontinued use of controlled substances. The clinical need for withdrawal management services is determined by a substance use disorder (SUD) assessment using the American Society of Addiction Medicine (ASAM) criteria.

There are three levels of withdrawal management facilities recognized in Washington State. Assessment of severity, medical complications, and specific drug or alcohol withdrawal risk determines placement within each level of service. All programs and facilities are licensed and regulated by the Washington State Department of Health

Levels of care

ASAM 3.2-WM—(Clinically-managed) residential withdrawal management

Clinically managed residential facilities are considered sub-acute withdrawal management treatment. They have limited medical coverage by staff and counselors who monitor patients, and treatment medications are self-administered.

ASAM 3.7-WM – (Medically-monitored) residential withdrawal management

Medically monitored inpatient programs are considered acute withdrawal management treatment. They have medical coverage by nurses with physician's on-call 24/7 for consultation. They have "standing orders" and available medications to help with withdrawal symptoms. They are not hospitals but have referral relationships for higher levels of care.

ASAM 4.0-WM – acute hospital withdrawal management

Medically managed intensive inpatients are considered acute hospital withdrawal management services. They have medical coverage by nurses with doctors available 24/7. There is full access to medical acute care, including ICU if needed.

Doctors, nurses, and counselors work as a part of an interdisciplinary team who medically manage the care of the patient. These facilities are regulated by DOH and the hospital.

Secure Withdrawal Management

Provides care to voluntary individuals and individuals involuntarily detained and committed under Revised Code of Washington (RCW) 71.05, or RCW 71.34 (Additional Information provided on separate FACT sheet)

Eligibility

Adults and youth who meet clinical criteria for withdrawal management services and meet Medicaid-eligibility requirements or have private insurance.

Authority

RCW 71.24.520

WAC 246-341-1100

Budget

The Medicaid funding for SUD treatment services is included in the per-member-per-month (PMPM) payment for managed care organizations (MCO). In addition to the PMPM for Medicaid clients, Medicaid and low-income clients can access non-Medicaid services through Behavioral Health Administrative Services Organizations (BH-ASO) using the Substance Use Disorder Block Grant (SABG) and the GF-State funding sources.

- \$33,783,611 GF-F/GF-S Fiscal year 2024
- \$33,783,611 GF-F/GF-S Fiscal year 2025

Avg statewide bed day cost of subacute & acute detox = approximately \$587/bed day

People served

Data is sourced from the Washington RDA Integrated Client Databases and HCA Behavioral Health Data Store.

People Served with Managed Care and Fee for Service (not including Secure Withdrawal Management):

- FY 2022: 4,216
- FY 2023 (through March 2023): 3,821

Key partners

The Washington Health Care Authority (HCA) manages contracts with Behavioral Health-Administrative Services Organizations (BH-ASO) with Great Rivers, Greater Columbia, King, North Central, North Sound, Salish, Spokane, Thurston Mason, Beacon Southwest, Beacon North Central, and Beacon Pierce to provide non-Medicaid crisis services and non-Medicaid services to low-income and Medicaid-eligible individuals.

HCA contracts with MCOs to provide Medicaid services. HCA's Division of Behavioral Health and Recovery also collaborates with counties, treatment providers, drug courts, tribes, and other state partners to ensure referral to the SUD service delivery system.

Oversight

DBHR contract managers provide oversight for contracted services. DOH building and program certification is required.

More information

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