

Texas Administrative Code

TITLE 28 INSURANCE
PART 1 TEXAS DEPARTMENT OF INSURANCE
CHAPTER 3 LIFE, ACCIDENT AND HEALTH INSURANCE AND ANNUITIES
SUBCHAPTER HH STANDARDS FOR REASONABLE COST CONTROL AND UTILIZATION REVIEW FOR CHEMICAL DEPENDENCY TREATMENT CENTERS

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RULE §3.8001	Definitions

The following words and terms, when used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise.

- (1) Abusable glue or aerosol paint--Glue or aerosol paint that is:
 - (A) packaged in a container holding a pint or less by volume or less than two pounds by weight; and
 - (B) labeled in accordance with the labeling requirements concerning precautions against inhalation established under the Federal Hazardous Substances Act (15 United States Code §1261, et seq.), and under regulations adopted under that Act.
- (2) Adolescent--A person who is 17 years of age or younger.
- (3) Advanced clinical practitioner--An individual certified as an advanced clinical practitioner by the Texas Department of Human Services.
- (4) Aerosol paint--An aerosol paint product, including a clear or pigmented lacquer or finish.
- (5) Certified social worker--An individual who is certified as a certified social worker by the Texas Department of Human Services.
- (6) Chemical dependency--The abuse of, or the psychological or physical dependence on, or the addiction to, alcohol or a controlled substance.
- (7) Chemical dependency counselor--A person who is licensed by the Texas Commission on Alcohol and Drug Abuse.
- (8) Chemical dependency treatment center--A facility which provides a program for the treatment of chemical dependency pursuant to a written treatment plan approved and monitored by a physician or qualified credentialed counselor and which facility also meets one of the qualifications in subparagraphs (A)-(D) of this paragraph:
 - (A) affiliated with a hospital under a contractual agreement with an established system for

patient referral;

(B) accredited as such a facility by the Joint Commission on Accreditation of Hospitals;

(C) licensed as a chemical dependency treatment program by the Texas Commission on Alcohol and Drug Abuse; or

(D) licensed, certified, or approved as a chemical dependency treatment program or center by any other state agency having legal authority to so license, certify, or approve.

(9) Controlled substance--A toxic inhalant, or a substance designated as a controlled substance in the Texas Controlled Substances Act (the Health and Safety Code, §481.002(5)).

(10) Facility--An individual program, entity, organization, or other provider of chemical dependency treatment services.

(11) Glue--An adhesive substance intended to be used to join two surfaces.

(12) Intensive outpatient services--An organized non-residential service providing structured group and individual therapy, educational services, and life skills training which consists of at least 10 hours per week for four to 12 weeks, but less than 24 hours per day.

(13) Licensed professional counselor--An individual licensed as a professional counselor by the Texas State Board of Examiners of Professional Counselors.

(14) Licensed vocational nurse--A nurse licensed by the Texas State Board of Vocational Nurse Examiners.

(15) Partial hospitalization--The provision of treatment for chemical dependency for persons who require care or support or both in a hospital or chemical dependency treatment center but who do not require 24-hour supervision at least 20 hours per week up to 8 weeks.

(16) Payor--An insurer writing health insurance policies; any preferred provider organization, health maintenance organization, self-insurance plan; or any other person or entity which provides, offers to provide, or administers hospital, outpatient, medical, or other health benefits to persons treated by a health care provider in this state pursuant to any policy, plan or contract.

(17) Physician -- A licensed doctor of medicine or a doctor of osteopathy.

(18) Program--A particular type or level of service that is organizationally distinct within a facility.

(19) Psychiatrist--An individual who is licensed in the State of Texas to practice psychiatry, who is eligible for, or has received, board certification, and who has hospital affiliation and experience in appropriate use of psychotropic drugs.

(20) Psychologist--An individual licensed as a psychologist by the Texas State Board of Examiners of Psychologists.

(21) Qualified credentialed counselor--An individual who:

(A) meets the definition established by the Texas Commission on Alcohol and Drug Abuse; or

(B) is employed outside the State of Texas and licensed, certified, or registered in a profession corresponding to those described in the definition of Qualified Credentialed Counselor established by the Texas Commission on Alcohol and Drug Abuse.

(22) Toxic inhalant--A volatile chemical under this section or under the Health and Safety Code, §484.002, or abusable glue or aerosol paint under this section or under the Health and Safety Code, §485.001.

(23) Treatment provider--Any "chemical dependency treatment center" as defined in this section or in the Insurance Code Article 3.51-9, §2A, and also any certified or licensed practitioner or facility licensed to provide treatment for chemical dependency.

(24) Utilization review--A system for prospective or concurrent review of the appropriateness of health care services being provided or proposed to be provided in this state.

(25) Volatile chemical--A chemical or an isomer of a chemical listed in subparagraphs (A)-(X) of this definition, as follows:

- (A) acetone;
- (B) aliphatic hydrocarbons;
- (C) amyl nitrite;
- (D) butyl nitrite;
- (E) carbon tetrachloride;
- (F) chlorinated hydrocarbons;
- (G) chlorofluorocarbons;
- (H) chloroform;
- (I) cyclohexanone;
- (J) diethyl ether;
- (K) ethyl acetate;
- (L) glycol ether inter solvent;
- (M) glycol ether solvent;
- (N) hexane;
- (O) ketone solvent;
- (P) methanol;
- (Q) methyl cellosolve acetate;
- (R) methyl ethyl ketone;
- (S) methyl isobutyl ketone;
- (T) petroleum distillate;
- (U) toluene;
- (V) trichloroethane;
- (W) trichloroethylene; and
- (X) xylol or xylene.

Source Note: The provisions of this §3.8001 adopted to be effective August 28, 1991, 16 TexReg 4403; amended to be effective February 14, 1999, 24 TexReg 713

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RULE §3.8002	Purpose and General Provisions

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- (a) Purpose. The purpose of this subchapter is to provide:
 - (1) standards for use by payors and chemical dependency treatment providers for the reasonable control of costs necessary for inpatient and outpatient treatment of chemical dependency; and
 - (2) standards for appropriate utilization review and necessary extension of treatment.
 - (b) Applicability of this subchapter to control costs. To reasonably control the costs of inpatient and outpatient treatment of chemical dependency, benefits for each individual should be provided for the appropriate level in accordance with the provisions of this subchapter.
 - (c) Reporting of misuse or abuse of standards. Misuse or abuse of the standards in this

subchapter by qualified credentialed counselors shall be reported to the appropriate credentialing entity. Misuse or abuse of these standards by payors shall be reported to the Texas Department of Insurance and the Texas Commission on Alcohol and Drug Abuse. Misuse of these standards by treatment providers shall be reported to the Texas Commission on Alcohol and Drug Abuse and the Texas Department of Insurance.

(d) Confidentiality of medical records. Payors and providers shall preserve the confidentiality of individual medical records to the extent required by law.

(e) Severability. If any provision of the sections in this subchapter or its application to any person or circumstance is held to be invalid, such invalidity shall not affect other provisions or applications of sections which can be given effect without the invalid provisions, and to this end, the provisions of each section are declared to be severable.

Source Note: The provisions of this §3.8002 adopted to be effective August 28, 1991, 16 TexReg 4403; amended to be effective February 14, 1999, 24 TexReg 713

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RULE §3.8003	Criteria

In all chemical dependency treatment utilization review decisions respecting coverage providing benefits for necessary care and treatment, each payor and treatment provider shall use the standards and corresponding criteria in this subchapter; on and after June 1, 1992, utilization review decisions shall comply with all applicable requirements of the Insurance Code, Article 21.58A. These decisions include admission to treatment, the appropriate level of chemical dependency treatment, continuing treatment, transferring to different levels of treatment, or discharge from treatment. Each payor and treatment provider shall also use this set of standards and corresponding criteria to guide decisions concerning reasonable periods of treatment at particular levels of treatment in a chemical dependency treatment center, as defined in §3.8001 of this title (relating to Definitions) or in the Insurance Code, Article 3.51-9. These standards and corresponding criteria define the conditions under which benefits shall be provided for the necessary care and treatment of chemical dependency. These standards and corresponding criteria are not intended to, nor are they in any way or manner to be construed to, establish standards of clinical care or appropriate clinical practice. The standards and corresponding criteria set forth in this subchapter include recommended lengths of stay for treatment. These recommended lengths of stay are not intended to, nor are they in any way or manner to be construed to, establish absolute minimum or maximum periods for treatment. Initial and continued eligibility for treatment is to be predicated on the patient meeting the standards and corresponding criteria set forth in this subchapter. Disputes resulting from utilization review decisions respecting necessary care and treatment shall be settled on the basis of the criteria in this subchapter; additionally, on and after June 1, 1992, disputes resulting from utilization review decisions respecting necessary care and treatment shall be settled in accordance with applicable requirements of the Insurance Code, Article 21.58A.

Source Note: The provisions of this §3.8003 adopted to be effective August 28, 1991, 16 TexReg 4403.

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SUBCHAPTER HH

**STANDARDS FOR REASONABLE COST
CONTROL AND UTILIZATION REVIEW
FOR CHEMICAL DEPENDENCY
TREATMENT CENTERS**

RULE §3.8005

Utilization Review

(a) Treatment providers and payors shall provide for utilization review in accordance with the provisions of this subchapter and of Chapter 19, Subchapter R of this title (relating to Utilization Review Agents). Both payor and treatment provider shall make available a qualified credentialed counselor to discuss the appropriateness of treatment, including levels of care, should this become necessary.

(b) Since utilization review as proposed in these standards must be accomplished in a timely manner, information provided telephonically must be supported by documentation in the patient record and available on request for review.

(c) A payor shall not require an individual to have failed an episode of outpatient therapy as a qualification for admission to inpatient therapy if the individual otherwise meets the criteria for admission to inpatient therapy.

Source Note: The provisions of this §3.8005 adopted to be effective August 28, 1991, 16 TexReg 4403; amended to be effective February 14, 1999, 24 TexReg 713

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RULE §3.8009	Discharge Criteria for Inpatient (Hospital or 24-hour Residential) Detoxification Services

The patient is no longer considered eligible for inpatient (hospital or 24-hour residential) detoxification services when the patient fails to meet the criteria for continued stay care for inpatient (hospital or 24-hour residential) detoxification, as addressed in §3.8008 of this title (relating to Continued Stay Criteria for Inpatient (Hospital or 24-hour Residential) Detoxification Services).

Source Note: The provisions of this §3.8009 adopted to be effective August 28, 1991, 16 TexReg 4403.

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RULE §3.8010	Recommended Length of Stay for Inpatient (Hospital or 24-hour Residential) Detoxification Services

The recommended stay period for inpatient (hospital or 24-hour residential) detoxification services is up to 14 days, based on the inpatient detoxification admission criteria in §3.8007 of this title (relating to Admission Criteria for Inpatient (Hospital or 24-hour Residential) Detoxification Services), with utilization review points, based on continued stay criteria in §3.8008 of this title (relating to Continued Stay Criteria for Inpatient (Hospital or 24-hour Residential) Detoxification Services), and recommended treatment periods depending on the condition of the patient, accompanied by the commencement of appropriate utilization review and discharge planning at the time of admission.

Source Note: The provisions of this §3.8010 adopted to be effective August 28, 1991, 16 TexReg 4403.

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RULE §3.8011	Admission Criteria for Inpatient Rehabilitation/Treatment (Hospital or 24-hour Residential) Services

An individual is considered eligible for admission to a residential rehabilitation/treatment service when the individual meets the required conditions of paragraphs (1) and (2) of this section.

(1) **Diagnosis.** The diagnosis must meet the criteria for the definition of chemical dependence, as detailed in the most current revision of the international classification of diseases, or the most current revision of the diagnostic and statistical manual for professional practitioners, accompanied by evidence that some of the symptoms have persisted for at least one month or have occurred repeatedly over a longer period of time.

(2) **Other factors for admission to residential rehabilitation/treatment services.** Once the diagnostic criteria for chemical dependency have been met, the patient must meet the conditions of each of the subparagraphs (A)-(D) of this paragraph, in order to be eligible for treatment provided in an adult residential rehabilitation/treatment service program. Once the diagnostic criteria for chemical dependency have been met, the patient must meet the conditions of each of the subparagraphs (A)-(F) of this paragraph in order to be eligible for treatment provided in an adolescent residential rehabilitation/treatment service program.

(A) **Category 1: medical functioning.** The patient must meet the criteria in clauses (i) and (ii) of this subparagraph.

(i) A documented medical assessment following admission (except in instances in which the patient is being referred from an inpatient service) indicates that the patient is medically stable and not in acute withdrawal.

(ii) The patient is not bed-confined or has no medical complications that would hamper participation in the residential service.

(B) **Category 2: family, social, or academic dysfunction and logistic impairments.** The patient must meet the criteria in at least one clause out of clauses (i)-(v) in this subparagraph.

(i) The patient manifests severe social isolation or withdrawal from social contacts.

(ii) The patient lives in an environment (social and interpersonal network) in which treatment is unlikely to succeed (e.g., a chaotic family dominated by interpersonal conflict which undermines patient's efforts to change).

(iii) Patient's family and/or significant others are opposed to the patient's treatment efforts and are not willing to participate in the treatment process.

(iv) Family members and/or significant other(s) living with the patient manifest current chemical dependence disorders, and are likely to undermine treatment.

(v) Logistic impairments (e.g., distance from treatment facility, mobility limitations, etc.)

preclude participation in a partial hospitalization or outpatient treatment service.

(C) Category 3: emotional/behavioral status. The patient must meet the criteria in all three of the clauses (i)-(iii) of this subparagraph.

(i) Patient is coherent, rational, and oriented for treatment.

(ii) Mental state of the patient does not preclude the patient's ability to:

(I) comprehend and understand the materials presented; and

(II) participate in rehabilitation/treatment process.

(iii) There is documentation that:

(I) with continued treatment the patient will be able to improve and/or internalize the patient's motivation toward recovery within the recommended length of stay time frames (e.g., becoming less defensive, verbalizing, and working on alcohol and/or drug related issues, etc.);

(II) interventions, treatment goals, and/or contracts are in place to help the patient deal with or confront the blocks to treatment (e.g., family intervention, employee counseling confrontation, etc.).

(D) Category 4: recent chemical substance use. The patient must meet the criteria in at least one clause out of clauses (i) and (ii) of this subparagraph.

(i) The patient's chemical substance use is excessive, and the patient has attempted to reduce or control it, but has been unable to do so (as long as chemical substances are available).

(ii) Virtually all of the patient's daily activities revolve around obtaining, using, and/or recuperating from the effects of chemical substances and the patient requires a secured environment to control the patient's access to chemical substances.

(E) Category 5: maturation level. The patient must meet the criteria in both clauses (i) and (ii) of this subparagraph.

(i) The adolescent is assessed as manifesting physical maturation at least in middle adolescent range (i.e., post pubescent; not growth retarded).

(ii) The history of the adolescent reflects cognitive development of at least 11 years of age.

(F) Category 6: developmental status. The adolescent patient must display:

(i) documented history of inability to function within the expected age norms despite normal cognitive and physical maturation (e.g., refusal to interact with family members, overt prostitution, felony, other criminal charges, etc.); and/or

(ii) a recent history of moderate to severe conduct disorder, as defined in the Diagnostic and Statistical Manual, or impulsive disregard for social norms and rights of others; and/or

(iii) documented difficulty in meeting developmental expectations in a major area of functioning (e.g., social, academic, or psychosexual) to an extent which interferes with the capacity to remain behaviorally stable.

Source Note: The provisions of this §3.8011 adopted to be effective August 28, 1991, 16 TexReg 4403.

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RULE §3.8012	Continued Stay Criteria for Inpatient Rehabilitation/Treatment (Hospital or 24-hour Residential) Services

(a) Eligibility for continued stay in an inpatient rehabilitation/treatment (hospital or 24-hour residential) program shall be based on the patient's meeting at least one of the conditions in paragraph (1) or (2) of this subsection.

(1) Chemical dependency rehabilitation/treatment complication. The patient must meet the conditions in subparagraph (A) or (B) of this paragraph.

(A) Patient recognizes or identifies with the severity of the alcohol and/or drug problem, but demonstrates minimal insight into the patient's defeating use of alcohol/drugs, but documentation in the record indicates that the patient is progressing in treatment.

(B) Patient:

(i) identifies with the severity of the patient's alcohol and/or drug problem and manifests insight into the patient's personal relationship with mood-altering chemicals, yet does not demonstrate behaviors indicating that the patient is developing problem solving skills necessary to cope with the problem; and

(ii) would predictably relapse if moved to a lesser level of care.

(2) Psychiatric or medical complications. The patient must meet the conditions in subparagraph (A) or (B) of this paragraph.

(A) Documentation in the record indicates an intervening medical or psychiatric event which was serious enough to interrupt rehabilitation/treatment, but the patient is again progressing in treatment.

(B) Documentation in the record indicates that the patient is being held pending an immediate transfer to a psychiatric, acute medical service, or inpatient detoxification alcohol/drug service.

(b) In determining the utilization review points discussed in §3.8014 of this title (relating to Recommended Length of Stay for Inpatient Rehabilitation/Treatment (Hospital or 24-hour Residential) Services), the criteria in subsection (a)(1) and (2) of this section shall be considered.

Source Note: The provisions of this §3.8012 adopted to be effective August 28, 1991, 16 TexReg 4403.

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RULE §3.8013	Discharge Criteria for Inpatient Rehabilitation/Treatment (Hospital or 24-hour Residential) Services

The patient is no longer considered eligible for inpatient rehabilitation/treatment (hospital or 24-hour residential) services for any particular episode when the patient meets the conditions of any one paragraph out of paragraphs (1)-(4) of this section.

(1) Diagnosis. The patient no longer meets the diagnostic criteria as addressed in §3.8011(1) of this title (relating to Admission Criteria for Inpatient Rehabilitation/Treatment (Hospital or 24-hour Residential) Services).

(2) Psychiatric illness or medical complication. The patient must meet the conditions of subparagraph (A) or (B) of this paragraph, as follows:

(A) documentation that a psychiatric or medical condition should be treated in another setting; or
(B) documentation that a psychiatric or medical condition which is interfering with alcohol/drug recovery is not being treated.

(3) Chemical dependency rehabilitation/treatment. The patient must meet all conditions under at least one subparagraph out of subparagraphs (A)-(C) of this paragraph.

(A) Patient displays behaviors which demonstrate that the patient:

(i) is medically stable;

(ii) recognizes or identifies with the severity of chemical substance use;

(iii) has insight into the patient's defeating relationship with alcohol/drugs;

(iv) is applying the essential coping skills necessary to maintain sobriety either in a self-help fellowship and/or with post-treatment supportive care.

(B) The provider and patient have developed an individualized aftercare plan to help the patient maintain the gains made during active treatment.

(C) In the case of adolescents, the family or adult significant other refuses to participate in treatment (if the discharge plan is to return to the original setting), unless the attending provider can document that the adolescent is making progress toward established treatment goals and can demonstrate that active efforts are being made to involve the family or adult significant other in treatment.

(4) Behavioral factors. The patient must meet the conditions under subparagraphs (A) and (B) of this paragraph.

(A) Patient is consistently uncooperative, to the degree that no further progress is likely to occur.

(B) Greater intensity of service or transfer to another treatment provider would not have a positive impact on the problem.

Source Note: The provisions of this §3.8013 adopted to be effective August 28, 1991, 16 TexReg 4403.

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RULE §3.8007	Admission Criteria for Inpatient (Hospital or 24-hour Residential) Detoxification Services

An individual is considered eligible for inpatient (hospital or 24-hour residential) admission for detoxification services when the individual either meets the conditions of paragraphs (1) and (2) of this section or fails two previous treatment episodes of outpatient detoxifications.

(1) Diagnosis. The diagnosis must meet the criteria for the definition of chemical dependence, as detailed in either the most current revision of the international classification of diseases, or the most current revision of the diagnostic and statistical manual for professional practitioners.

(2) Other factors for admission to inpatient (hospital or 24-hour residential) treatment for detoxification. Once the diagnostic criteria for chemical dependency have been met, the conditions of at least one subparagraph out of subparagraphs (A)-(C) of this paragraph must also be met. Determination of whether treatment should be provided for an individual patient in a hospital or in an other-treatment-center-based program shall depend on the category or categories of dysfunction explained in subparagraphs (A)-(C) of this paragraph.

(A) Category 1: chemical substance withdrawal. The individual must meet the conditions in one of the clauses (i)-(vi) of this subparagraph, as follows:

(i) impaired neurological functions as evidenced by:

(I) extreme depression (e.g., suicidal); and/or

(II) altered mental state with or without delirium as manifested by:

(-a-) disorientation to self;

(-b-) alcoholic hallucinosis;

(-c-) toxic psychosis;

(-d-) altered level of consciousness, as manifested by clinically significant obtundation, stupor, or coma; and/or

(III) history of recent seizures or past history of seizures on withdrawal; and/or

(IV) presence of any presumed new asymmetric and/or focal findings (i.e., limb weakness, clonus, spasticity, unequal pupils, facial asymmetry, eye ocular movement paresis, papilledema, or localized cerebellar dysfunction, as reflected in asymmetrical limb incoordination);

(ii) unstable vital signs combined with a history of past acute withdrawal syndromes, that are interpreted by a physician to be indication of acute alcohol/drug withdrawal;

(iii) evidence of coexisting serious injury or systemic illness, newly discovered or progressive;

(iv) clinical condition (e.g., agitation, intoxication, or confusion) which prevents satisfactory assessment of items cited in clauses (i)-(iii) of this subparagraph, indicating placement in an inpatient service may be justified;

(v) neuropsychiatric changes of a severity and nature that place the patient at imminent risk of harming self or others (e.g., pathological intoxication or alcohol idiosyncratic intoxication, etc.);
(vi) serious disulfiram-alcohol (Antabuse) reaction with hypothermia, chest pains arrhythmia, or hypotension.

(B) Category 2: medical complications. The individual must present a documented condition or disorder which, in combination with alcohol and/or drug use, presents a physician-determined health risk (e.g., GI bleeding; gastritis; anemia, severe; diabetes mellitus, uncontrolled; hepatitis; malnutrition; cardiac disease, hypertension, etc.).

(C) Category 3: major psychiatric illness. The individual must meet the conditions of at least one clause out of clauses (i)-(v) of this subparagraph, as follows:

(i) a documented DSM III-R AXIS I condition or disorder which, in combination with alcohol and/or drug use, compounds a pre-existing or concurrent emotional or behavioral disorder and presents a major risk to the individual;

(ii) severe neurological and psychological symptoms: (e.g., anguish; mood fluctuations; overreactions to stress, lowered stress tolerance; impaired ability to concentrate; limited attention span; high level of distractibility; extreme negative emotions; extreme anxiety);

(iii) danger to others and/or homicidal;

(iv) uncontrolled behavior endangering self or others, or documented neuropsychiatric changes of a severity and nature that place the individual at imminent risk of harming self or others;

(v) mental confusion and/or fluctuating orientation.

Source Note: The provisions of this §3.8007 adopted to be effective August 28, 1991, 16 TexReg 4403; amended to be effective February 14, 1999, 24 TexReg 713

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RULE §3.8008	Continued Stay Criteria for Inpatient (Hospital or 24-hour Residential) Detoxification Services

(a) Eligibility for continued stay for inpatient (hospital or 24-hour residential) detoxification services shall be based on the patient meeting at least one of the criteria in paragraphs (1)-(3) of this subsection.

(1) Chemical substance withdrawal complication. The patient must meet the criteria in one of the subparagraphs (A)-(C) of this paragraph, as follows:

(A) incomplete medically stable withdrawal from alcohol/drugs, as evidenced by documentation of:

(i) unstable vital signs;

(ii) continued disorientation;

(iii) abnormal laboratory findings related to chemical dependency;

(B) continued cognitive deficit related to withdrawal with the deficit affecting the patient's ability to recognize alcohol/drug use as a problem; or

(C) laboratory finding which, in the judgment of a physician, indicate that a drug has not sufficiently cleared the patient's system.

(2) Major medical complications. Documentation must indicate that a medical condition or disorder (e.g., diabetes mellitus, uncontrolled) continues to present a health risk and is actively being treated.

(3) Major psychiatric complication. The patient must meet the criteria in subparagraph (A) or (B) of this paragraph, as follows:

(A) documentation that a DSM III-R AXIS I psychiatric condition or disorder, which, in combination with alcohol/drug use, continues to present a major health risk, is actively being treated; or

(B) documentation that severe neurological and/or psychological symptoms have not been satisfactorily reduced but are actively being treated.

(b) The criteria in subsection (a)(1)-(3) of this section shall be considered in determining utilization review points referred to in §3.8010 of this title (relating to Recommended Length of Stay for Inpatient (Hospital or 24-hour Residential) Detoxification Services).

Source Note: The provisions of this §3.8008 adopted to be effective August 28, 1991, 16 TexReg 4403.

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RULE §3.8015	Admission Criteria for Partial Hospitalization Services

An individual is considered eligible for partial hospitalization admission when the individual meets the conditions of paragraphs (1) and (2) of this section.

(1) Criteria for the definition of chemical dependence. The diagnosis must meet the criteria for the definition of chemical dependence, as detailed in the most current revision of the international classification of diseases, or the most current revision of the diagnostic and statistical manual for professional practitioners, accompanied by evidence that some of the symptoms have persisted for at least one month or have occurred repeatedly over a longer period of time.

(2) Other factors for admission to adult and/or adolescent partial hospitalization service. The individual has met the diagnostic criteria for chemical dependency in paragraph (1) of this section and must meet the conditions of all four subparagraphs (A)-(D) of this paragraph.

(A) Category 1: medical functioning. All the conditions in clauses (i)-(iii) of this subparagraph must be met, as follows:

(i) a documented medical assessment (except in instances in which the patient is being referred from an inpatient service) which indicates that the patient is medically stable and not in acute withdrawal; and

(ii) the absence of any medical or physical complications that would hamper the patient's participation in the partial hospitalization program; and

(iii) logistic impairments (e.g., distance from treatment facility, mobility limitations, etc.) that would preclude participation in an outpatient treatment service.

(B) Category 2: family, social, academic dysfunction. The individual must meet the conditions in at least one clause out of clauses (i) and (ii) of this subparagraph.

(i) Patient's social system and significant others are supportive of recovery to the extent that the patient can adhere to a treatment plan and treatment service schedules without substantial risk of reactivating the patient's addiction.

(ii) Patient's family and/or significant others are willing to participate in the partial hospitalization program.

(C) Category 3: emotional/behavioral status. The individual must meet the conditions of all three clauses of clauses (i)-(iii) of this subparagraph.

(i) Patient is coherent, rational, and oriented for treatment.

(ii) Mental state of the patient does not preclude the patient's ability to:

(I) comprehend and understand the materials presented; and

(II) participate in rehabilitation/treatment process.

(iii) There is documentation that:

(I) with continued treatment the patient will be able to improve and/or internalize the patient's motivation toward recovery within the recommended length of stay time frames (e.g., becoming less defensive, verbalizing, and working on alcohol and/or drug related issues, etc.); and

(II) interventions, treatment goals, and/or contracts are in place to help the patient deal with or confront the blocks to treatment (e.g., family intervention, employee counseling confrontation, etc.).

(D) Category 4: recent alcohol/drug chemical substance use. The individual must meet the conditions in at least one clause out of clauses (i) and (ii) of this subparagraph.

(i) The patient's chemical substance use is excessive, and the patient has attempted to reduce or control it, but has been unable to do so (as long as chemical substances are available).

(ii) Virtually all of the patient's daily activities revolve around obtaining, using, and/or recuperating from the effects of chemical substances.

Source Note: The provisions of this §3.8015 adopted to be effective August 28, 1991, 16 TexReg 4403.

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CHAPTER 3	LIFE, ACCIDENT AND HEALTH INSURANCE AND ANNUITIES
SUBCHAPTER HH	STANDARDS FOR REASONABLE COST CONTROL AND UTILIZATION REVIEW FOR CHEMICAL DEPENDENCY TREATMENT CENTERS
RULE §3.8016	Continued Stay Criteria for Partial Hospitalization Services

- (a) Eligibility for continued stay in a residential rehabilitation/treatment program shall be based on the patient's meeting at least one of the conditions in paragraph (1) or (2) of this subsection.
- (1) Chemical dependency rehabilitation/treatment complication. The patient must meet the conditions in subparagraph (A) or (B) of this paragraph.
- (A) Patient recognizes or identifies with the severity of the alcohol and/or drug problem, but demonstrates minimal insight into the patient's defeating use of alcohol/drugs, but documentation in the record indicates that the patient is progressing in treatment.
- (B) Patient identifies with the severity of the patient's alcohol and/or drug problem and manifests insight into the patient's personal relationship with mood-altering chemicals, yet does not demonstrate behaviors that indicate that the patient is developing problem solving skills necessary to cope with the problem.
- (2) Psychiatric or medical complications. The patient must meet the conditions in subparagraph (A) or (B) of this paragraph.
- (A) Documentation in the record indicates an intervening medical or psychiatric event which was serious enough to interrupt rehabilitation/treatment, but the patient is again progressing in treatment.
- (B) Documentation in the record indicates that the patient is being held pending an immediate transfer to a psychiatric, acute medical service, or inpatient detoxification alcohol/drug service.
- (b) In determining utilization review points discussed in §3.8018 of this title (relating to Recommended Length of Stay for Partial Hospitalization Services), the criteria in subsection (a)(1) and (2) of this section shall be considered.
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Source Note: The provisions of this §3.8016 adopted to be effective August 28, 1991, 16 TexReg 4403.

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CHAPTER 3 LIFE, ACCIDENT AND HEALTH INSURANCE AND ANNUITIES

SUBCHAPTER HH STANDARDS FOR REASONABLE COST CONTROL AND UTILIZATION REVIEW FOR CHEMICAL DEPENDENCY TREATMENT CENTERS

RULE §3.8017 Discharge Criteria for Partial Hospitalization Services

The patient is no longer considered eligible for partial hospitalization services for any particular episode when the patient meets the conditions under any one paragraph out of paragraphs (1)-(4) of this section.

(1) Diagnosis. The patient no longer meets the diagnostic criteria as addressed in §3.8015(1) of this title (relating to Admission Criteria for Partial Hospitalization Services).

(2) Psychiatric illness or medical complication. The patient must meet the conditions under subparagraph (A) or (B) of this paragraph, as follows:

(A) documentation that a psychiatric or medical condition should be treated in another setting; or

(B) documentation that a psychiatric or medical condition which is interfering with alcohol/drug recovery is not being treated.

(3) Chemical dependency rehabilitation/treatment. The patient must meet all conditions under at least one subparagraph out of subparagraphs (A)-(C) of this paragraph.

(A) Patient displays behaviors which demonstrate that the patient:

(i) is medically stable;

(ii) recognizes or identifies with the severity of chemical substance use;

(iii) has insight into the patient's defeating relationship with alcohol/drugs;

(iv) is applying the essential coping skills necessary to maintain sobriety either in a self-help fellowship and/or with post-treatment supportive care.

(B) The provider and patient had developed an individualized aftercare plan to help the patient maintain the gains made during active treatment.

(C) In the case of adolescents, the family or adult significant other refuses to participate in treatment, if the discharge plan is to return to the original setting.

(4) Behavioral factors. The patient must meet the conditions under subparagraphs (A) and (B) of this paragraph.

(A) Patient is consistently uncooperative, to the degree that no further progress is likely to occur.

(B) Greater intensity of service or transfer to another treatment provider would not have a positive impact on the problem.

Source Note: The provisions of this §3.8017 adopted to be effective August 28, 1991, 16 TexReg 4403.

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SUBCHAPTER HH	STANDARDS FOR REASONABLE COST CONTROL AND UTILIZATION REVIEW FOR CHEMICAL DEPENDENCY TREATMENT CENTERS
RULE §3.8018	Recommended Length of Stay for Partial Hospitalization Services

For adult admissions, the recommended length of stay for partial hospitalization service is between 14 and 35 days, with utilization review points and treatment periods, depending on the condition of the patient, accompanied by the commencement of appropriate utilization review and discharge planning at the time of admission. For adolescent admissions, the recommended length of stay is between 14 and 60 days, with utilization review points and treatment periods, depending on the condition of the patient, accompanied by the commencement of appropriate utilization review and discharge planning at the time of admission. The utilization review points referred to in this section shall be based on criteria addressed in §3.8016 of this title (relating to Continued Stay Criteria for Partial Hospitalization Services).

Source Note: The provisions of this §3.8018 adopted to be effective August 28, 1991, 16 TexReg 4403.

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SUBCHAPTER HH	STANDARDS FOR REASONABLE COST CONTROL AND UTILIZATION REVIEW FOR CHEMICAL DEPENDENCY TREATMENT CENTERS
RULE §3.8019	Admission Criteria for Intensive Outpatient Rehabilitation/Treatment Service

(a) An intensive outpatient rehabilitation/treatment service is defined as one consisting of at least 10 hours per week for four to 12 weeks, but less than 24 hours per day.

(b) An individual is considered eligible for treatment in an outpatient service when the individual meets the conditions of paragraph (3) of this subsection, as well as the conditions of paragraph (1) or (2) of this subsection.

(1) The diagnosis must meet the criteria for the definition of chemical dependence, as detailed in the most current revision of the international classification of diseases, or the most current revision of the diagnostic and statistical manual for professional practitioners, accompanied by evidence that some of the symptoms have persisted for at least one month or have occurred repeatedly over a longer period of time.

(2) Concerning diagnosis of alcohol/drug abuse, the individual must meet the criteria for the definition of chemical substance abuse, as detailed in either the most current revision of the international classification of diseases, or the most current revision of the diagnostic and statistical manual for professional practitioners.

(3) Concerning factors for admission to an intensive outpatient rehabilitation/treatment service, the patient must have met the diagnostic criteria for chemical dependency under paragraph (1) of this subsection or for abuse under paragraph (2) of this subsection, and must meet the conditions of all four of the subparagraphs (A)-(D) of this paragraph.

(A) Category 1: medical functioning. The patient must meet the following criterion: the patient is not bed-confined or has no medical complications that would hamper the patient's participation in the outpatient service.

(B) Category 2: family, social, academic dysfunction. The patient must meet the criteria of at least one clause out of clauses (i) and (ii) of this subparagraph.

(i) Patient's social system and significant others are supportive of recovery to the extent that the patient can adhere to a treatment plan and treatment service schedules without substantial risk of reactivating the patient's addiction.

(ii) Patient has no primary or social support system to assist with immediate recovery, but has the social skills to obtain such a support system or to become involved in a self-help fellowship.

(C) Category 3: emotional/behavioral status. The patient must meet the criteria under all three clauses (i)-(iii) of this subparagraph.

(i) Patient is coherent, rational, and oriented for treatment.

(ii) Mental state of the patient does not preclude the patient's ability to:

(I) comprehend and understand the materials presented; and

(II) participate in rehabilitation/treatment process.

(iii) There is documentation that the patient expresses an interest to work toward rehabilitation/treatment goals.

(D) Category 4: recent chemical substance use. The patient must meet the following criterion: the patient's chemical substance use is excessive and maladaptive.

Source Note: The provisions of this §3.8019 adopted to be effective August 28, 1991, 16 TexReg 4403; amended to be effective February 14, 1999, 24 TexReg 713

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SUBCHAPTER HH	STANDARDS FOR REASONABLE COST CONTROL AND UTILIZATION REVIEW FOR CHEMICAL DEPENDENCY TREATMENT CENTERS
RULE §3.8020	Continued Stay Criteria for Intensive Outpatient Rehabilitation/Treatment Service

(a) A patient is considered eligible for continued stay in the intensive outpatient rehabilitation/treatment service when the patient meets the diagnostic criteria and the conditions under at least one paragraph out of subsection (b)(1) and (2) of this section.

(b) Factors for continued intensive outpatient rehabilitation/treatment services are listed in paragraphs (1) and (2) of this subsection.

(1) Alcohol/drug rehabilitation/treatment complication. The patient must meet the conditions of subparagraph (A) or (B) of this paragraph.

(A) Patient demonstrates an insight and understanding into the patient's personal relationship with mood-altering chemicals, yet is not effectively addressing the life functions of work, social, or primary relationships without the use of mood-altering chemicals.

(B) Patient, while physically abstinent from chemical substance use, remains mentally preoccupied with such use to the extent that the patient is unable to adequately address primary relationships, or social or work tasks, but there are indications that, with continued treatment, the patient will effectively address these issues.

(2) Psychiatric or medical complications. Documentation in the record indicates an intervening medical or psychiatric event which was serious enough to interrupt rehabilitation/treatment, but the patient is again progressing in treatment.

Source Note: The provisions of this §3.8020 adopted to be effective August 28, 1991, 16 TexReg 4403.

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SUBCHAPTER HH STANDARDS FOR REASONABLE COST CONTROL AND UTILIZATION REVIEW FOR CHEMICAL DEPENDENCY TREATMENT CENTERS
RULE §3.8021 **Discharge Criteria for Intensive Outpatient Rehabilitation/Treatment Service**

The patient is considered eligible for discharge from the outpatient service when the patient meets the conditions for discharge as stated in any one paragraph out of paragraphs (1)-(3) of this section.

- (1) Psychiatric illness or medical complication. The patient must meet the conditions in subparagraph (A) or (B) of this paragraph, as follows:
- (A) documentation that a psychiatric or medical condition should be treated in another setting; or
 - (B) documentation that a psychiatric or medical condition which is interfering with alcohol/drug recovery is not being treated.
- (2) Alcohol/drug rehabilitation/treatment. The patient must meet all the conditions in subparagraph (A) or (B) of this paragraph.
- (A) Patient displays behaviors which demonstrate that the patient:
- (i) recognizes or identifies with the severity of chemical substance use;
 - (ii) has insight into the patient's defeating relationship with alcohol/drugs; and
 - (iii) is applying the essential coping skills necessary to cope with the alcohol and/or drug problem and to maintain abstinence.
- (B) Patient is functioning adequately in assessed deficiencies in the life tasks areas of work, social functioning, or primary relationships.
- (3) Behavioral factors. The patient must meet all the conditions in subparagraphs (A) and (B) of this paragraph.
- (A) Patient is consistently uncooperative, to the degree that no further progress is likely to occur.
 - (B) Greater intensity of service or transfer to another treatment provider would not have a positive impact on the problem.

Source Note: The provisions of this §3.8021 adopted to be effective August 28, 1991, 16 TexReg 4403.

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SUBCHAPTER HH	STANDARDS FOR REASONABLE COST CONTROL AND UTILIZATION REVIEW FOR CHEMICAL DEPENDENCY TREATMENT CENTERS
RULE §3.8022	Recommended Length of Stay for Intensive Outpatient Rehabilitation Treatment Service

The recommended stay period for intensive outpatient rehabilitation/treatment services is from four to 12 weeks, meeting at least 10 hours per week, based on the criteria in §3.8019 of this title (relating to Admission Criteria for Intensive Outpatient Rehabilitation/Treatment Service), with utilization review points, based on the criteria in §3.8020 of this title (relating to Continued Stay Criteria for Intensive Outpatient Rehabilitation/Treatment Service), and recommended treatment periods depending on the condition of the patient, accompanied by the commencement of appropriate utilization review and discharge planning at the time of admission.

Source Note: The provisions of this §3.8022 adopted to be effective August 28, 1991, 16 TexReg 4403; amended to be effective February 14, 1999, 24 TexReg 713

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SUBCHAPTER HH	STANDARDS FOR REASONABLE COST CONTROL AND UTILIZATION REVIEW FOR CHEMICAL DEPENDENCY TREATMENT CENTERS
RULE §3.8023	Admission Criteria for Outpatient Treatment Service

(a) An outpatient treatment service is defined as one consisting of at least one to two hours per week.

(b) An individual is considered eligible for treatment in an outpatient treatment service when the individual meets the conditions of paragraphs (1) through (3) of this subsection.

(1) The diagnosis must meet the criteria for the definition of chemical dependence, as detailed in the most current revision of the International Classification of Diseases, or the most current revision of the diagnostic and statistical manual for professional practitioners, accompanied by evidence that some of the symptoms have persisted for at least one month or have occurred repeatedly over a longer period of time.

(2) Concerning the diagnosis of alcohol/drug abuse, the individual must meet the criteria for the definition of chemical substance abuse, as detailed in either the most current revision of the International Classification of Diseases, or the most current revision of the diagnostic and statistical manual for professional practitioners.

(3) Concerning the factors for admission to an outpatient treatment service, the patient must have met the diagnostic criteria for chemical dependency under paragraph (1) of this subsection or for abuse under paragraph (2) of this subsection, and must meet the conditions of all three subparagraphs (A)-(C) of this paragraph.

(A) Category 1: medical functioning. The patient has no medical complications that would hamper the patient's participation in the outpatient treatment service.

(B) Category 2: family, social, academic dysfunction. The patient must meet the criteria of at least one clause out of clauses (i) or (ii) of this subparagraph. The patient's living environment should be considered as a factor. An individual living in an environment where licit or illicit mood altering substances are being used may not be a candidate for this level of care early in episode of care (early considered the first 30 days).

(i) The patient's social system and significant others are supportive of recovery to the extent that the patient can adhere to a treatment plan and treatment service schedules without substantial risk of reactivating the patient's addiction.

(ii) The patient has no primary or social support system to assist with immediate recovery, but has the social skills to obtain such a support system or to become involved in a self-help fellowship.

(C) Category 3: emotional/behavioral status. The patient must meet the criteria under all three clauses (i)-(iii) of this subparagraph.

(i) Patient is coherent, rational and oriented for treatment.

(ii) Mental state of the patient does not preclude the patient's ability to :

- (I) comprehend and understand the materials presented; and
- (II) participate in rehabilitation/treatment process
- (iii) There is documentation that the patient expresses an interest to work toward rehabilitation/treatment goals.

Source Note: The provisions of this §3.8023 adopted to be effective February 14, 1999, 24 TexReg 713

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SUBCHAPTER HH	STANDARDS FOR REASONABLE COST CONTROL AND UTILIZATION REVIEW FOR CHEMICAL DEPENDENCY TREATMENT CENTERS
RULE §3.8024	Continued Stay Criteria for Outpatient Treatment Services

(a) A patient is considered eligible for continued stay in the outpatient treatment service when the patient meets the diagnostic criteria and the conditions under at least one paragraph out of paragraphs (1) or (2) in subsection (b) of this section.

(b) Factors for continued outpatient treatment services are listed in paragraphs (1) and (2) of this subsection.

(1) Alcohol/drug rehabilitation/treatment complications. The patient must meet the conditions of subparagraphs (A) or (B) of this paragraph.

(A) Patient demonstrates an insight and understanding into the patient's personal relationship with mood-altering chemicals, yet is not effectively addressing the life functions of work, social or primary relationships without the use of mood altering chemicals.

(B) Patient, while physically abstinent from chemical substance use, remains mentally preoccupied with such use to the extent that the patient is unable to adequately address primary relationships, social or work tasks, but there are indications that with continued treatment, the patient will effectively address these issues.

(2) Psychiatric or medical complications. Documentation in the record indicates an intervening medical or psychiatric event which was serious enough to interrupt rehabilitation/treatment, but the patient is again progressing in treatment.

Source Note: The provisions of this §3.8024 adopted to be effective February 14, 1999, 24 TexReg 713

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SUBCHAPTER HH	STANDARDS FOR REASONABLE COST CONTROL AND UTILIZATION REVIEW FOR CHEMICAL DEPENDENCY TREATMENT CENTERS
RULE §3.8025	Discharge Criteria for Outpatient Treatment Service

The patient is considered eligible for discharge from the outpatient treatment service when he or she meets the conditions for discharge as stated in any one of paragraphs (1)-(4) of this section.

- (1) A documented assessment which supports that the patient does not meet the diagnostic criteria for alcohol/drug dependence or abuse.
- (2) Psychiatric illness or medical complication. The patient must meet the conditions in subparagraphs (A) or (B) of this paragraph, as follows:
 - (A) documentation that a psychiatric or medical condition should be treated in another setting; or
 - (B) documentation that a psychiatric or medical condition which is interfering with alcohol/drug recovery is not being treated.
- (3) Alcohol/drug rehabilitation/treatment. The patient must meet all the conditions in subparagraphs (A) or (B) of this paragraph.
 - (A) Patient displays behaviors which demonstrate that the patient:
 - (i) recognizes or identifies with the severity of chemical substance use;
 - (ii) has insight into the patient's defeating relationship with alcohol/drugs: and
 - (iii) is applying the essential coping skills necessary to cope with the alcohol and/or drug problem and to maintain abstinence.
 - (B) Patient is functioning adequately in assessed deficiencies in the life task areas of work, social functioning, or primary relationships.
- (4) Behavioral factors. The patient must meet all the conditions in subparagraphs (A) and (B) of this paragraph.
 - (A) Patient is consistently uncooperative, to the degree that no further progress is likely to occur.
 - (B) Greater intensity of service or transfer to another treatment provider would not have a positive impact on the problem.

Source Note: The provisions of this §3.8025 adopted to be effective February 14, 1999, 24 TexReg 713

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SUBCHAPTER HH	STANDARDS FOR REASONABLE COST CONTROL AND UTILIZATION REVIEW FOR CHEMICAL DEPENDENCY TREATMENT CENTERS
RULE §3.8026	Recommended Length of Stay for Outpatient Treatment Service

The recommended stay period for outpatient treatment services is up to 6 months, meeting at least one hour every two weeks based on the criteria in §3.8023 of this title (relating to Admission Criteria for Outpatient Treatment Service); with utilization review, based on the criteria in §3.8024 of this title (relating to Continued Stay Criteria for Outpatient Treatment Service), and recommended treatment periods depending on the condition of the patient, accompanied by the commencement of appropriate utilization review and discharge planning at the time of admission.

Source Note: The provisions of this §3.8026 adopted to be effective February 14, 1999, 24 TexReg 713

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SUBCHAPTER HH	STANDARDS FOR REASONABLE COST CONTROL AND UTILIZATION REVIEW FOR CHEMICAL DEPENDENCY TREATMENT CENTERS
RULE §3.8027	Admission Criteria for Outpatient Detoxification Treatment Service

An individual is considered eligible for treatment in an outpatient detoxification treatment service when the individual meets the conditions of paragraphs (1) and (2) of this subsection.

(1) The diagnosis must meet the criteria for the definition of substance (chemical) dependence, as detailed in the most current revision of the international classification of diseases, or the most current revision of the diagnostic and statistical manual for professional practitioners, accompanied by evidence that some of the symptoms have persisted for at least one month or have occurred repeatedly over a longer period of time.

(2) Once the diagnostic criteria for substance (chemical) dependency as described in subsection (1) have been met, the conditions of all subparagraphs (A)-(D) of this paragraph must also be met.

(A) Category 1: chemical substance withdrawal. The individual is expected to have a stable withdrawal from alcohol/drugs.

(B) Category 2: medical functioning. The patient must meet all the criteria in clauses (i)-(viii) of this subparagraph.

(i) No history of recent seizures or past history of seizures on withdrawal,

(ii) Lack clinical evidence of altered mental state as manifested by:

(I) disorientation to self,

(II) alcoholic hallucinations,

(III) toxic psychosis,

(IV) altered level of consciousness, as manifested by clinical significant obtundation, stupor, or coma.

(iii) The symptoms are not due to a general medical condition.

(iv) Absence of any presumed new asymmetric and/or focal findings (i.e., limb weakness, clonus, spasticity, unequal pupils, facial asymmetry, eye ocular movement paresis, papilledema, or localized cerebellar dysfunction, as reflected in asymmetrical limb coordination).

(v) The patient must have vital signs interpreted by a physician to be stable, without a previous history of complications from acute chemical substance withdrawal, and judged to be free of a physician-determined health risk.

(vi) The patient has no evidence of a coexisting serious injury or systemic illness, newly discovered or progressive in nature.

(vii) Absence of serious disulfiram-alcohol (Antabuse) reaction with hypothermia, chest pains, arrhythmia or hypotension.

(viii) The patient's clinical condition allows for a comprehensive and satisfactory assessment of items cited in clauses (i)-(vii) of this subparagraph and paragraphs (A)-(D).

(C) Category 3: family, social, academic dysfunction. The patient must meet the criteria of at least one clause out of clauses (i)-(iv) of this subparagraph.

(i) The patient's social system and significant others are supportive of recovery to the extent that the patient can adhere to a treatment plan and treatment service schedules without substantial risk of reactivating the patient's addiction.

(ii) The patient's family and/or significant others are willing to participate in the outpatient detoxification treatment program.

(iii) The patient may or may not have a primary or social support system to assist with immediate recovery, but has the social skills to obtain such a support system and/or to become involved in a self-help fellowship.

(iv) The patient's living environment should be considered as a factor. An individual living in an environment where licit or illicit mood altering substances are being used may not be a candidate for this level of care.

(D) Category 4: emotional/behavioral status. The patient must meet all the criteria under clauses (i)-(vii) of this subparagraph.

(i) Patient is coherent, rational and oriented for treatment.

(ii) Mental state of the patient does not preclude the patient's ability to :

(I) comprehend and understand the materials presented; and

(II) participate in outpatient detoxification treatment process.

(iii) There is documentation that the patient expresses an interest to work toward outpatient detoxification treatment goals.

(iv) Patient has no neuropsychiatric condition that places the client at imminent risk of harming self or others (e.g. pathological intoxication, alcohol idiosyncratic intoxication, etc.),

(v) Patient has no neurological, psychological, or uncontrolled behavior that places the individual at imminent risk of harming self or others (depression, anguish, mood fluctuations, overreactions to stress, lower stress tolerance, impaired ability to concentrate, limited attention span, high level of distractibility, negative emotions, anxiety, etc.).

(vi) Patient has no documented DSM-IV axis I condition or disorder which, in combination with alcohol and/or drug use, compounds a pre-existing or concurrent emotional or behavioral disorder and presents a major risk to the patient.

(vii) The patient has no mental confusion and/or fluctuating orientation.

(E) Category 5: recent chemical substance use. The patient must meet the criteria in at least one clause out of clauses (i) and (ii) of this subparagraph.

(i) The patient's chemical substance use is excessive, and the patient has attempted to reduce or control it, but has been unable to do so (as long as chemical substances are available).

(ii) The patient is motivated to stop using alcohol/drugs, and is in need of a supportive structured treatment program to facilitate withdrawal from chemical substances.

Source Note: The provisions of this §3.8027 adopted to be effective February 14, 1999, 24 TexReg 713

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SUBCHAPTER HH	STANDARDS FOR REASONABLE COST CONTROL AND UTILIZATION REVIEW FOR CHEMICAL DEPENDENCY TREATMENT CENTERS
RULE §3.8028	Continued Stay Criteria for Outpatient Detoxification Treatment Services

(a) A patient is considered eligible for continued stay in the outpatient detoxification treatment service when the patient meets the diagnostic criteria and the conditions under at least one paragraph out of paragraphs (1) or (2) in subsection (b) of this section.

(b) Factors for continued outpatient detoxification treatment services are listed in paragraphs (1) and (2) of this subsection.

(1) Chemical substance withdrawal complications. The patient must meet the conditions of subparagraphs (A) or (B) of this paragraph.

(A) Patient, while physically abstinent from chemical substance use, is exhibiting incomplete stable withdrawal from alcohol/drugs, as evidenced by psychological and physical cravings.

(B) Patient, while physically abstinent from chemical substance use, is exhibiting incomplete stable withdrawal from alcohol/drugs, as evidenced by significant drug levels.

(2) Psychiatric or medical complications. Documentation in the record indicates an intervening medical or psychiatric event which was serious enough to interrupt outpatient detoxification treatment, but the patient is again progressing in treatment.

Source Note: The provisions of this §3.8028 adopted to be effective February 14, 1999, 24 TexReg 713

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RULE §3.8029	Discharge Criteria for Outpatient Treatment Service

The patient is no longer considered eligible for outpatient detoxification treatment service when the patient fails to meet the criteria for continued stay for outpatient detoxification treatment services, as addressed in §3.8028 of this title (relating to Continued Stay Criteria for Outpatient Detoxification Treatment Service).

Source Note: The provisions of this §3.8029 adopted to be effective February 14, 1999, 24 TexReg 713

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SUBCHAPTER HH	STANDARDS FOR REASONABLE COST CONTROL AND UTILIZATION REVIEW FOR CHEMICAL DEPENDENCY TREATMENT CENTERS
RULE §3.8030	Recommended Length of Stay for Outpatient Detoxification Treatment Service

The recommended stay period for outpatient treatment services is from 5 to 10 days, with the understanding of the individual's dependency on high doses of sedative hypnotics or has been taking high doses of opiate medications or if individual is pregnant, may require longer than 10 days of outpatient detoxification based on the decision of the treating physician and based on the admission criteria for outpatient detoxification treatment services in §3.8027 of this title (relating to Admission Criteria for Outpatient Detoxification Treatment Services) with utilization review points, based on continued stay criteria in §3.8028 of this title (relating to Continued Stay Criteria for Outpatient Detoxification Treatment Service), and recommended treatment periods depending on the condition of the patient, accompanied by the commencement of appropriate utilization review and discharge planning at the time of admission.

Source Note: The provisions of this §3.8030 adopted to be effective February 14, 1999, 24 TexReg 713