



Substance Abuse Comprehensive Outpatient Treatment Program (SACOT)

Service Type Setting

SACOT is a periodic service that is a time-limited, multi-faceted approach treatment service for adults who require structure and support to achieve and sustain recovery. Service emphasizes reduction in use and abuse of substances and/or continued abstinence, the negative consequences of substance abuse, development of social support network and necessary lifestyle changes; educational skills, vocational skills leading to work activity by reducing substance abuse as a barrier to employment, social and interpersonal skills, improved family functioning, the understanding of addictive disease, and the continued commitment to a recovery and maintenance program.

Services are provided during day and evening hours to enable individuals to maintain residence in their community, continue to work or go to school, and to be part of their family life. Facility must be licensed under 10A NCAC 27G .4500.

Program/Clinical Requirement

The following are included in the SACOT program:

1. Individual counseling and support;
2. Group counseling and support;
3. Family counseling, training or support;
4. Biochemical assays to identify recent drug use (e.g. urine drug screens);
5. Strategies for relapse prevention to include community and social support systems in treatment;
6. Life skills;
7. Crisis contingency planning;
8. Disease Management; **and**
9. Treatment support activities that have been adapted or specifically designed for persons with physical disabilities, or persons with co-occurring disorders of mental illness and substance abuse/dependence or mental retardation/developmental disability and substance abuse/dependence.

SACOT operate at least 20 hours per week and offer a minimum of 4 hours of scheduled services per day, with availability at least 5 days per week with no more than 2 consecutive days without services available.

The PCP is developed through a Person-Centered Planning process, begins with the initial contact, is ongoing and continues during the entire treatment period. Person-centered planning is a process of determining real-life outcomes with individuals and developing strategies to achieve those outcomes. The process supports strengths and recovery and applies to everyone supported



and served in the system. Person-centered planning provides for the individual with the disability to assume an informed and in-command role for life planning, and treatment, service and support options.

Case managers have the capacity to carry out first responder for their recipients on a face to face basis and also telephonically at all times (24/7/365), with capacity for face-to-face emergency response within 2 hours.

In case of a crisis, all recipients are directed to call the office during the usual business hours from 8:30 to 5:00 Monday through Friday. Recipients are directed to call the crisis phone after the usual business hours (before 8:30 a.m. and after 5:00 p.m. M-F), on holidays and weekends.

Entrance Criteria

The beneficiary is eligible for this service when:

- A. There is an Axis I diagnosis of a Substance Abuse disorder diagnosis.

AND

- B. Meets ASAM Level II.5 criteria.

Continued Stay Criteria

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the beneficiary's PCP or the beneficiary continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following applies:

1. Beneficiary has achieved initial PCP goals and continued service at this level is needed to meet additional goals.
2. Beneficiary is making satisfactory progress toward meeting goals.
3. Beneficiary is making some progress, but the PCP (specific interventions) needs to be modified so
4. that greater gains, which are consistent with the beneficiary's premorbid level of functioning, are possible or can be achieved.
5. Beneficiary is not making progress; the PCP must be modified to identify more effective interventions.



6. Beneficiary is regressing; the PCP must be modified to identify more effective interventions.

AND

Utilization review must be conducted every 30 days and is so documented in the PCP and the service record.

A documented discharge plan will be discussed with the recipient and included in the record.

The following discharge Criteria

Beneficiary's level of functioning has improved with respect to the goals outlined in the PCP, inclusive of a transition plan to step down, or no longer benefits, or has the ability to function at this level of care and any of the following apply:

1. Beneficiary has achieved positive life outcomes that support stable and ongoing recovery.
2. Beneficiary is not making progress, or is regressing and all realistic treatment options have been exhausted indicating a need for more intensive services.
3. Beneficiary or family no longer wishes to receive SACOT services.