



Provider Certification Standards  
Recovery Navigation Program  
Services

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## **Introduction and Background**

These certification standards are issued by the State of Rhode Island acting by and through the Executive Office of Health and Human Services (EOHHS). This document provides guidance to interested parties who may choose to apply for certification to become recognized as a provider able to deliver Recovery Navigation Program (RNP) services. EOHHS reserves the right to amend these standards at any time, giving reasonable notice to providers about changes affecting their operations.

Recovery Navigation Program services are delivered in a non-residential (less than 24-hour), community based, recovery-oriented setting that assesses, monitors, provides case management and peer support, and care for individuals who are under the influence of substances. This program aims to provide services within a less-traumatic, less-costly setting than the Emergency Department.

A multi-disciplinary staff will work together to provide patient-centered care that addresses the needs of individuals with substance use disorders. Those receiving RNP services can expect to receive assessments and monitoring, case management, connection to a peer recovery specialist, a meal, shower, and laundry if necessary. The goal of RNP services is to provide care to individuals needing to stabilize and allow them to start their recovery process by connecting them to supportive services and treatment.

### **1. Eligibility Requirements and Target Population**

RNP will provide services to individuals who meet the following criteria:

- a. Are 18 years of age or older
- b. Eligible for Medicaid or a Medicaid beneficiary
- c. Do not reside in an institutional setting
- d. Immediate need at encounter is substance use related

### **2. Provider Requirements**

All providers delivering RNP services must:

1. Be enrolled as a Medicaid provider
2. Enter into an agreement with the state that reflects all requirements for furnishing, claiming, and receiving payment for RNP services. This includes the referral process from emergency responders, the monitoring requirements, tracking performance measures, and reporting to BHDDH and EOHHS as specified below.
3. Ensure the on-site presence of all necessary practitioners to implement RNP services including a Registered Nurse, Case Manager and Peer Recovery Specialist. An On-call physician must be available to the RNP provider for telephonic consultation as needed.

### 3. Scope of Services

RNP services are intended to promote a recovery-oriented approach to care that addresses substance use disorders in adults who meet the criteria, and facilitate access to substance use disorder treatment and recovery supports. RNP services must be delivered at accessible sites in the community that have the capacity to support individuals with substance use disorders. The RNP will assist individuals with gaining access to formal and informal supports necessary to assist them in their recovery. Individuals may access RNP services through a number of different avenues including self-referral.

#### 1. General requirements

- a. On-site RN will use clinical judgment after observation of the individual and review observable (and/or available) clinical information to determine if the level of impairment warrants a transfer to the emergency department (ED).
- b. If the practitioner determines the individual's medical condition requires emergent medical care, the individual will be transported by EMS.
- c. If the clinical staff determines the individual is eligible to receive RNP services, they will conduct a full assessment, determination of the state of intoxication, risk for increased intoxication, and risk for withdrawal using the Clinical Institute Withdrawal Scale (CIWA), Clinical Opiate Withdrawal Scale (COWS), Blood Alcohol Level (BAL), and collecting vitals. These scales can be found in Attachment C and D.
- d. In the event an individual has been transported by an emergency responder, there is to be a screening (See example in Appendix E) of the individual in the field prior to transporting to the RNP provider.
- e. After admission, ongoing clinical monitoring will be conducted by on-site practitioner to ensure stability of the individual.
- f. Practitioner will conduct PHQ-9 to identify any concerns of depression and thoughts of harming oneself.
- g. Any identification of non-emergent mental health issues shall be addressed through referrals.
- h. A person-centered recovery plan will be developed to assist in guiding an individual after they are discharged from RNP services.
- i. Case management services will be provided to connect individuals to treatment, resources, and other services within the community.
- j. Peer support services will be provided by a Peer Recovery Specialist and include group and individual coaching and education on the recovery process.
- k. Practitioner will arrange for the transfer to the following levels of care dependent upon clinical appropriateness of individuals
  - i. Detoxification
  - ii. Outpatient
  - iii. Intensive Outpatient
  - iv. Partial Hospitalization Program
  - v. Inpatient
  - vi. Residential
  - vii. Medication assisted treatment
- l. Clinical staff will complete an assessment at discharge to ensure there is a transfer to the proper level of care.

#### **4. Clinical criteria**

Receiving RNP services is contingent upon the following:

- a. Have no other immediate medical needs other than substance use
- b. Do not have any abnormal vital signs
- c. Do not have any signs of physical trauma, illness, or environmental emergency
- d. Are not a danger to self or others

#### **5. Discharge criteria**

RNP staff will ensure to the best of their ability that individuals not directly connected to substance use treatment will have a discharge plan in place. Reasons for discharging a client from RNP services can include any of the following:

1. The individual has been connected to a level of care that meets the need of their SUD
2. The individual requires a higher level of care for medical or psychological needs
3. At the individual's request
4. Behavioral issue
5. Completion of service delivery
6. Discharge due to daily closure of program

#### **6. Administrative and Financial Systems**

RNP providers must be able to perform the operational functions necessary to oversee and support the delivery of services. Related areas include capacity to manage ongoing operations, including operating an efficient billing system and to maintain positive partnerships with the various involved entities or programs.

This is particularly critical where the RNP involves the joint efforts of more than one party. The RNP providers must demonstrate a sound approach to financial management in areas such as:

1. Demonstrating capacity for timely billing for services
2. Methods for determining future cash requirements and plans for ensuring adequate cash flow
3. Risk management arrangements, with specific attention to general liability, professional liability, directors and officer's liability
4. Policies, procedures, and experience in third party liability and coordination of benefits in relation to Medicaid

The RNP provider shall provide EOHHS a copy of its annual financial audit.

## 7. Staff Competency

It is the responsibility of the RNP provider to conform to EOHHS RNP Certification Standards regarding staff credentials, training, personnel management, and guidelines. The RNP provider must demonstrate that it meets the specific staffing requirements for all individuals delivering RNP services. RNP staff is intended to serve as a source of information, clinical expertise, and a connection to community supports and systems of care. The RNP provider will have policies and procedures in place for all employees consistent with EOHHS approval.

RNP providers are required to ensure that staff maintain and improve upon knowledge and skills needed to provide high quality care and to maintain professional licensure and/or certification. Participation in professional developments shall be tracked in personnel file.

Detailed job descriptions must be developed for each position. Personnel providing RNP services must meet all applicable state requirements. RNP providers must have a process in place by which it assures the competence of all individual service team members. Position job descriptions will address such areas as:

1. Functional tasks and performance expectations
2. Required skills, training, and experience.
3. Knowledge of substance use disorders, public service system, community resources, care coordination
4. Requirements should specify:
  - a. Educational background what aligns with position qualifications
  - b. Relevant training and/or orientation sessions
  - c. Recent employment experience relevant to target population
5. Licensure or certification requirements

### Required Staff:

**Case Manager:** Shall coordinate services for individuals to facilitate substance use treatment and lessen the chance of recidivism utilizing a harm reduction approach.

**Certified Peer Recovery Specialist:** Provide group and individual recovery coaching. Provide education to individuals around the process of recovery. Maintain contact with individuals at their request to provide ongoing recovery support.

**Registered Nurse:** Shall hold a current Rhode Island RN license and have relevant experience with the population to be served. The following duties shall be performed:

1. Screen individuals according to ASAM criteria to determine whether an individual may access RNP services
2. Assess the level of intoxication and potential for increased intoxication and/or risk of withdrawal by checking vital signs and conducting Clinical Institute Withdrawal Assessment (CIWA) and/or Clinical Opiate Withdrawal Scale (COWS)
3. Complete biopsychosocial assessment and collect necessary information to serve individual
4. Frequently monitor individual for change in vitals
5. Provide educational opportunities to address issues raised during the assessment designed to assist the individual in managing the effects of their substance use disorder or co-occurring disorders
6. Correspond with Emergency Responders at time of intake and at any point, if necessary
7. Record all information in client record

RNP providers are required to facilitate and conduct necessary training for their practitioners and staff on the implementation and delivery of RNP services. The state will review the participating provider's curriculum to ensure the

quality and consistency of trainings. The standard trainings that the RNP providers, practitioners, and staff may receive include, but is not limited to, the following, as appropriate to the person's role:

1. Alcohol Use Disorders
2. CPR/First Aid
3. Crisis Intervention
4. Community Resources
5. Ethics and Boundaries
6. Medication Assisted Treatment
7. Motivational Interviewing (MI)
8. Naloxone Administration
9. Screening and Assessments
10. Substance Use Disorders
11. Trauma-informed care

## **8. Environment of Care**

1. The RNP provider shall plan for and provide a safe, accessible, effective and efficient environment consistent with its mission, population, services, and applicable federal, state, and local laws, codes, rules, and regulations. The provider shall have processes for:
  - a. Ensuring there are no risks to individuals served, staff, and public safety by evaluating the buildings, grounds, equipment, occupants, and internal physical systems where services are to be delivered;
  - b. Reporting and investigating all incidents to include property damage or injury that affects individuals served, staff, or visitors;
  - c. The examining of safety issues by necessary organizational representatives;
  - d. Ensuring the safety of staff and individuals served by having policies and procedures which shall be distributed, practiced, and enforced;
  - e. Maintaining First Aid equipment and supplies in a designated location and readily available to personnel during all hours of operation;
  - f. Ensuring the premises where RNP services are to be delivered shall be sanitary, in good repair, free from accumulation of combustible debris and waste material and free from offensive odors;
  - g. Prohibiting smoking in all buildings where RNP services are delivered;
  - h. Managing hazardous materials and wastes that is consistent with applicable law and regulation;
  - i. Developing and implementing a fire prevention plan that is consistent with all laws and regulations;
  - j. Maintaining equipment necessary for fire detection and suppression;

- k. Fire safety approval for a building in which the provider delivers services. If this approval is withdrawn or restricted, the provider shall notify EOHHS/BHDDH orally within twenty-four (24) hours and in writing within forty-eight (48) hours of the withdrawal or restriction;
  - l. Structurally renovated or altered buildings after the initial fire safety approval is issued. The organization shall submit, from the fire safety authority, the new fire safety approval or written certification that a new fire safety approval is not required;
  - m. Developing and implementing a plan to monitor, test and inspect all utilities and equipment, including medical equipment;
  - n. Establishing an environment that meets the needs of individuals served (including capacity), promotes their rights, and respects their human dignity;
  - o. Ensuring waiting or reception areas shall be comfortable and adequately accommodate visitors and individuals served;
  - p. Ensuring restrooms shall be available and accessible for staff and individuals served;
  - q. Hours of operation meet the needs of the target population.
2. The RNP provider shall display the Rights of Persons Served and the Concern and Complaint Resolution Procedure, specified in these Regulations, in conspicuous places, such as waiting rooms and common areas, in all buildings where services are provided. Information about how to obtain copies shall be included in the posted material.
3. The RNP provider shall develop and implement an emergency management plan that:
- a. Identifies specific procedures in response to a variety of disasters
  - b. Has procedures if the environment of care cannot support adequate care and treatment.
  - c. Records all drills and documents any necessary corrective action taken.
  - d. Provides an orientation and education program for personnel who participate in implementing the emergency management plan.
  - e. Communicates emergency plans to all personnel and to persons served, as necessary.
4. The organization shall have a process for identifying and implementing violence prevention measures.



## **9. Collaboration and System Development**

The RNP provider shall actively engage community-based organizations to ensure access to an array of services to meet the needs of individuals. The RNP staff should foster these relationships to assist with referrals to and from those providers. The RNP must ensure they are able to identify, facilitate access to, and support the attainment of community services that individuals will need to utilize to support their recovery.

## **10. Program Monitoring**

1. The RNP provider shall allow EOHHS access to information needed to monitor compliance and quality improvement.
2. The RNP provider shall submit an outcome-oriented progress report quarterly in addition to meeting the reporting requirements detailed herein.
3. The RNP provider shall meet with EOHHS and BHDDH personnel to discuss operational and policy matters related to any services provided under the RNP provider agreement including, but not limited to, performance on issues of access, continuity of care, and development and implementation of RNP services.
4. Any requested amendments to the RNP participating provider agreement, and any contracts related to the provider's participation in the RNP must be submitted in writing to EOHHS and BHDDH for review and approval prior to implementation. EOHHS must submit requested changes to the permissible RNP services to CMS and must receive CMS approval prior to any such changes are implemented within the RNP service.
5. Prior to an individual's completion of service, RNP staff must attempt to collect client feedback to help ensure quality of services in the form of a consumer satisfaction survey.
6. The RNP provider must maintain a detailed, comprehensive record of all services provided under the program.
7. Any case managers and Peer Recovery Specialists that interface with individuals receiving RNP services are to receive at least two hours per month of supervision administered by a licensed healthcare professional. The RNP provider must adhere to all applicable Rhode Island General Laws and Code of Regulations regarding supervision of any other licensed practitioners delivering RNP services.

## **11. Complaint Procedures**

RNP providers will have written policies and procedures to inform individuals of their rights and process to make a formal complaint to the RNP provider and/or to EOHHS. A well-publicized complaint process shall be established. Providers shall have established policies and procedures and related records to track all complaints to ensure a focus on customer service, individual input, documentation and response to complaints, and prompt complaint resolution.

## **12. Quality Improvement**

RNP providers are required to have policies, procedures, and activities for quality review and improvement acceptable to EOHHS. This Quality Improvement Plan must be reviewed, updated, and submitted to EOHHS annually by a date agreed upon by the provider and EOHHS. Components will include but are not limited to:

1. Audit of client records for completeness and accuracy
2. Evaluation of staff performance
3. Outcome analysis

RNP Quality Improvement plan shall include time frames for plan objectives and systematic review by the governing board of the agency. The RNP provider will also be required to respond to periodic and annual report requests by EOHHS and BHDDH to address Quality Improvement issues.

## **13. Reporting Requirements**

RNP participating providers are required to submit data at monthly intervals to EOHHS via secure electronic files of client-level records for all individuals receiving RNP services. These reports shall be submitted by the 15<sup>th</sup> of each month. If a more streamlined on-line option is developed, reporting will be conducted via data entry into that system (i.e. BHOLD\_2.0).

The monthly reporting will include the minimum requirements below and submitted in the format required by the State:

1. Date and time of entry
2. Number of unduplicated clients served
3. Number of Medicaid beneficiaries assessed for RNP services
4. Number of individuals eligible for Medicaid but not an enrolled Medicaid beneficiary at the time of RNP service
5. Number of clients with self-reported mental health issue or co-occurring disorder
6. Number of clients with self-reported medical condition
7. Patient demographics and tracking information (SSN, age, name, ethnicity, city of residency, etc.)
8. Historical and current substances used
9. Number of clients referred for additional services, including detoxification or crisis stabilization unit (reporting shall be done per referral service)
10. Number of clients that continue to work with the peer recovery support team 3, 6, and 12 months after referral
11. Number of clients sent to the ED after admission per clinical determination of an RNP practitioner
12. Source of referral
13. Number of clients referred for application to other social/health/ human service benefit program, such as Low-Income Heat Energy Assistance (LIHEAP), Medicaid (if not an enrolled beneficiary), RI Rite Care, Women Infants and Children Program (WIC), Supplemental Nutrition Assistance Program (SNAP), Unemployment, RI Works
14. Quarterly progress report narratives including any obstacles to successful implementation of the service and steps taken or planned to address such obstacles.

## **14. Record keeping requirements**

The RNP provider shall maintain confidential individual records arranged in a systematic manner which will provide easy access for use by staff and ease in review by the State Medicaid agency. All records must be maintained for the period of time dictated by State or Federal record retention policy.

Documentation of program monitoring activities shall be recorded in the participant case record and should contain results of all interactions with the individuals receiving RNP services. RNP providers must comply with the most current Federal and State laws pertaining to privacy and security of all Personal Health Information (PHI). Providers must have policies for sharing information about individuals with direct treatment providers, primary care providers, community resources, and others as necessary.

## **15. Performance Measures**

RNP providers and EOHHS will work together to identify performance measures and targets through a collaborative process.

## **16. Linguistic and Cultural Competency**

The RNP provider must be able to demonstrate how it will be able to provide services to persons for whom English is not a primary language and how it will work effectively to be respectful and responsive to the health beliefs and practices of diverse population groups.

## **17. Application for Certification Guide**

An applicant for certification must demonstrate that it brings a sound combination of management skills, experience, and the capability to reliably support the provision of RNP services. Applicants are to demonstrate their approach to meeting these requirements in writing.

Providers must have established standards for screenings, assessments, staff supervision and evaluation. They must be able to demonstrate a capacity to use health information technology and facilitate communication between staff members. All information must be submitted to EOHHS for approval.

Certified RNP providers will be expected to accept all referrals of clients enrolled in Medicaid who are determined to be eligible for RNP services. Consistent refusal of referrals will result in comprehensive review of the certification status.

Potential conflicts of interest must be disclosed and an organizational chart must be provided at the time of application.

Applications for certification must include written policies, procedures, and documents addressing protocols for:

- Roles and responsibilities
- Maintaining confidentiality of all records and information
- Compliance with all State and Federal laws regarding the Health Insurance Portability Accountability Act (HIPAA) and 42 CFR Part 2
- Target population, days/hours of operation, and how days/hours of operation meet the needs of this population
- How will the provider ensure clients who are receiving services during the final hours of operation, are not referred to ED upon closure

EOHHS will contract with entities that express interest in providing RNP services and can successfully demonstrate the ability to meet the certification standards. All applications will be evaluated on the basis of written materials submitted in accordance with these certification standards. EOHHS reserves the right to conduct on-site reviews and to seek additional documentation for clarification prior to final scoring.

Potential applicants may submit applications for certification to EOHHS any time after the issuance of these standards. Application reviews will be scheduled periodically based on the receipt of application. Agencies will be notified of their certification status when the review is complete. Applicants should anticipate a minimum of four weeks for the review process, once the application has been received by EOHHS.

Applicants are advised that all materials submitted to the State for consideration in response to these certification standards may be considered public record as defined in Title 38 Chapter 2 of the Rhode Island General Law.

Interested parties are encouraged to contact EOHHS for further information and clarification. Letters of interest are strongly encouraged to ensure EOHHS can keep interested parties up to date regarding scheduled meetings or updates that may be needed. Inquiries and applications should be directed to:

Clinical Operations and Oversight Administrator  
Executive Office of Health and Human Services  
Virks Building  
3 West Road  
Cranston, RI 02920

## **I. Application Scoring**

Prior to technical review, submitted applications will be reviewed for completeness and for compliance with core expectations. Incomplete applications will be returned without further review. Amended applications may be resubmitted at a later date.

The certification standards provide an overall description of the RNP services and outline the terms and conditions that will govern operation and oversight. Below are the application components along with the relative weighting in the overall scoring of each application.

The application scoring guide is found in **Attachment B**.

Once a provider is certified, they will need to enroll in the Medicaid Program as a Recovery Navigation Program provider. The application can be found on the [Healthcare Portal](#). Applicants must include a copy of the Certification approval with the Medicaid Application.

## **II. Certification Review Outcomes**

Certification applications will be reviewed and scored based on the degree to which an applicant demonstrates a program that complies with the requirements set forth herein.

Two basic outcomes are possible as a result of the application review process:

1. Certification—no conditions
2. Certification denied—Review team determines an applicant does not meet the requirements and certification will not be offered to the provider. Deficiencies will be identified and done without prejudice, applicants will be allowed to submit an amended application.

## **III. Certification**

In accordance to the standards, certification as a RNP provider is required to be reimbursed by Medicaid for RNP services. Certification requires that RNP providers abide by these standards and performance expectations. EOHHS and BHDDH will monitor the performance of certified RNP providers and their continued compliance with certification requirements. Certified providers are required to notify EOHHS of any material changes or program operations.

Certification status may be modified based on identified deficiencies during ongoing monitoring and review of service delivery by EOHHS.

**Attachment A**

**Application for Certification**

Certification as a Recovery Navigation Program provider is achieved through State approval of a written application and possibly an on-site review. All sections should be completed fully to sufficiently describe the applicant’s approach to meeting the Certification Standards. Additional materials may be included/appended as necessary.

**a. Letter of Transmittal**

Each application must include a letter of transmittal signed by an owner, officer or authorized agent of the applicant. The letter shall acknowledge that by submitting the application, the applicant agrees to comply with the program requirements and certification standards as issued or amended. The applicant further understands that as a provider within the Medicaid program, it is obligated to comply with all State and Federal laws, rules and regulations that apply to Medicaid providers.

**b. Executive Summary**

A brief Executive Summary is intended to highlight the contents of the application and provide the review team with a broad understanding of the applicant’s organizational structure and intent.

**c. Cover Sheet**

Name of Corporation Submitting Application: \_\_\_\_\_

Name and Title of Person Authorized to Conduct Business on Behalf of Corporation:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Contact Person for Questions on Application: \_\_\_\_\_

Address (street): \_\_\_\_\_

City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Employee Identification Number: \_\_\_\_\_

Medicaid Provider Number: \_\_\_\_\_

Date of Application Submission: \_\_\_\_\_

#### **d. Background on Applicant**

Please provide a brief introduction to the application to provide the review team with an understanding of the materials in the application. This might, for example, describe some of the background considerations leading to submission of the application and/or the structure of the organizational partnerships and affiliations represented. Formal affiliations should be identified.

#### **e. Body of Application**

The main body of the application should be organized as delineated below. Any changes, amendments or clarifications to the *Certification Standards* will be distributed to all entities. The bold areas require an attestation to comply only. All other areas require an essay describing organizational understanding and approach.

#### **Organizational Structure/Capability**

1. Linguistic and Cultural Competency
- 2. Organizational Capability**
- 3. Administrative and Financial Systems**
- 4. Data Collection**

#### **Strength of Program Approach**

1. Staff Competency
2. Environment of Care
3. Community Collaboration and System Development
4. Scope of Services

#### **Quality Improvement**

1. Process of Program Monitoring
2. Recordkeeping
- 3. Privacy and Security of Records**
4. Reporting Requirements
- 5. Staff Credentialing**
6. Professional Development
- 7. Complaint Procedures**
8. Quality Improvement Plan

#### **f. Readiness**

It is expected that RNP applications submitted to the State will describe a structure and approach to service delivery which is substantially complete at the time of submission. Applicants will be expected to be able to provide services in accordance with these standards not later than fifteen (15) days following notification of the approval of their application. Part of the certification review involves assessment of readiness.

Information must be provided that will enable the State to make informed assessments regarding readiness. The State recognizes that in some cases certain aspects of the application may describe intentions of the RNP applicant rather than capacity in place. The applicant should clearly identify the points at which the application describes currently existing versus planned activities and capacity. This section of the application should provide specific detail as to any outstanding tasks and associated time lines for completion.

Additionally, it is anticipated that applications may represent the combined efforts of more than one entity. Application submissions should include copies of all executed contracts and/or affiliation and partnership agreements which detail respective responsibilities, authorities, and related financial arrangements. This shall include pertinent incorporation documents or filings.



## Attachment B

### Scoring

Criterion	Weighting	Meets Expectations	Below Expectations (Describe areas)	Score
1. Organizational Structure/Capability	15%			
<ul style="list-style-type: none"> <li>• Cultural and Linguistic Competency</li> <li>• <b>Organizational Capability</b></li> <li>• <b>Administrative and Financial Systems</b></li> <li>• <b>Data Collection</b></li> </ul>				
2. Strength of Program Approach	60%			
<ul style="list-style-type: none"> <li>• Staff Competency</li> <li>• Environment of Care</li> <li>• Community Collaboration/System Development</li> <li>• Scope of Services</li> </ul>				
3. Quality Improvement	25%			
<ul style="list-style-type: none"> <li>• Process of Program Monitoring</li> <li>• Recordkeeping</li> <li>• <b>Privacy and Security of Records</b></li> <li>• Reporting Requirements</li> <li>• <b>Staff Credentialing</b></li> <li>• Professional Development</li> <li>• <b>Complaint Procedures</b></li> <li>• Quality Improvement Plan</li> </ul>				
4. Provider Requirements	Pass/Fail	Provided Evidence	No Evidence Provided	
<ul style="list-style-type: none"> <li>• Medicaid Provider</li> <li>• Will only bill for Medicaid beneficiaries</li> <li>• Will only serve individuals 18 years and older</li> </ul>				

*\*Bold areas require attestation only.*

## Attachment C

### Clinical Institute Withdrawal Assessment of Alcohol Scale, Revised (CIWA-Ar)

Patient: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ (24 hour clock, midnight = 00:00)

Pulse or heart rate, taken for one minute: \_\_\_\_\_ Blood pressure: \_\_\_\_\_

**NAUSEA AND VOMITING** -- Ask "Do you feel sick to your stomach? Have you vomited?" Observation.

- 0 no nausea and no vomiting
- 1 mild nausea with no vomiting
- 2
- 3
- 4 intermittent nausea with dry heaves
- 5
- 6
- 7 constant nausea, frequent dry heaves and vomiting

**TACTILE DISTURBANCES** -- Ask "Have you any itching, pins and needles sensations, any burning, any numbness, or do you feel bugs crawling on or under your skin?" Observation.

- 0 none
- 1 very mild itching, pins and needles, burning or numbness
- 2 mild itching, pins and needles, burning or numbness
- 3 moderate itching, pins and needles, burning or numbness
- 4 moderately severe hallucinations
- 5 severe hallucinations
- 6 extremely severe hallucinations
- 7 continuous hallucinations

**TREMOR** -- Arms extended and fingers spread apart. Observation.

- 0 no tremor
- 1 not visible, but can be felt fingertip to fingertip
- 2
- 3
- 4 moderate, with patient's arms extended
- 5
- 6
- 7 severe, even with arms not extended

**AUDITORY DISTURBANCES** -- Ask "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there?" Observation.

- 0 not present
- 1 very mild harshness or ability to frighten
- 2 mild harshness or ability to frighten
- 3 moderate harshness or ability to frighten
- 4 moderately severe hallucinations
- 5 severe hallucinations
- 6 extremely severe hallucinations
- 7 continuous hallucinations

**PAROXYSMAL SWEATS** -- Observation.

- 0 no sweat visible
- 1 barely perceptible sweating, palms moist
- 2
- 3
- 4 beads of sweat obvious on forehead
- 5
- 6
- 7 drenching sweats

**VISUAL DISTURBANCES** -- Ask "Does the light appear to be too bright? Is its color different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?" Observation.

- 0 not present
- 1 very mild sensitivity
- 2 mild sensitivity
- 3 moderate sensitivity
- 4 moderately severe hallucinations
- 5 severe hallucinations
- 6 extremely severe hallucinations
- 7 continuous hallucinations

**ANXIETY** -- Ask "Do you feel nervous?" Observation.

- 0 no anxiety, at ease
- 1 mild anxious
- 2
- 3
- 4 moderately anxious, or guarded, so anxiety is inferred
- 5
- 6
- 7 equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions

**HEADACHE, FULLNESS IN HEAD** -- Ask "Does your head feel different? Does it feel like there is a band around your head?" Do not rate for dizziness or lightheadedness. Otherwise, rate severity.

- 0 not present
- 1 very mild
- 2 mild
- 3 moderate
- 4 moderately severe
- 5 severe
- 6 very severe
- 7 extremely severe

---

**AGITATION** -- Observation.

- 0 normal activity
- 1 somewhat more than normal activity
- 2
- 3
- 4 moderately fidgety and restless
- 5
- 6
- 7 paces back and forth during most of the interview, or constantly thrashes about

---

**ORIENTATION AND CLOUDING OF SENSORIUM** -- Ask

- "What day is this? Where are you? Who am I?"
- 0 oriented and can do serial additions
  - 1 cannot do serial additions or is uncertain about date
  - 2 disoriented for date by no more than 2 calendar days
  - 3 disoriented for date by more than 2 calendar days
  - 4 disoriented for place/or person

Total **CIWA-Ar** Score \_\_\_\_\_  
Rater's Initials \_\_\_\_\_  
Maximum Possible Score 67

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*The CIWA-Ar is not copyrighted and may be reproduced freely. This assessment for monitoring withdrawal symptoms requires approximately 5 minutes to administer. The maximum score is 67 (see instrument). Patients scoring less than 10 do not usually need additional medication for withdrawal.*

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Sullivan, J.T.; Sykora, K.; Schneiderman, J.; Naranjo, C.A.; and Sellers, E.M. Assessment of alcohol withdrawal: The revised Clinical Institute Withdrawal Assessment for Alcohol scale (**CIWA-Ar**). *British Journal of Addiction* 84:1353-1357, 1989.

## Attachment D

<p style="text-align: center;">_____</p> <p>Reason for this assessment: _____</p>	
<p>Resting Pulse Rate: _____ beats/minute                  Measured after patient is sitting or lying for one minute</p> <p>0 pulse rate 80 or below                  1 pulse rate 81 - 100                  2 pulse rate 101 - 120                  4 rate than 120</p>	<p>GI Upset: over last 1/2 hour</p> <p>0 no GI symptoms                  1 stomach cramps                  2 nausea or loose stool                  3 vomiting or diarrhea                  5 <b>multiple episodes of diarrhea or vomiting</b></p>
<p>Sweating: over past 1/2 hour not accounted for by room temperature or patient activity.</p> <p>0 no report of chills or flushing                  1 subjective report of chills or flushing                  2 flushed or observable moistness on face                  3 beads of sweat on brow or face                  4 sweat <b>streaming</b> off face</p>	<p>Tremor observation of outstretched hands</p> <p>0 no tremor                  1 tremor can be felt, but not observed                  2 slight tremor observable                  4 gross tremor or muscle twitching</p>
<p>Restlessness Observation during assessment</p> <p>0 able to sit still                  1 reports difficulty sitting still, but is able to do so                  3 frequent shifting or extraneous movements of legs/arms                  5 <b>unable to sit still for more than a few seconds</b></p>	<p>Yawning Observation during assessment</p> <p>0 no yawning                  1 yawning once or twice during assessment                  2 yawning three or more times during assessment                  4 <b>yawning several times/minute</b></p>
<p>Pupil size</p> <p>0 pupils pinned or normal size for room light                  1 pupils possibly larger than normal for room light                  2 pupils moderately dilated                  5 pupils so dilated that only the rim of the iris is visible</p>	<p>Anxiety or Irritability</p> <p>0 none                  1 patient reports increasing irritability or anxiousness                  2 patient obviously irritable or anxious                  4 patient so irritable or anxious that participation in the assessment is difficult</p>
<p>Bone or Joint aches if patient was having pain previously, only the additional component attributed to opiates withdrawal is scored</p> <p>0 not present                  1 mild diffuse discomfort                  2 patient reports severe diffuse aching of joints/muscles                  4 patient is rubbing joints or muscles and is unable to sit still because of discomfort</p>	<p>Gooseflesh skin</p> <p>0 skin is smooth                  3 piloerection of skin can be felt or hairs standing up on arms                  5 prominent piloerection</p>
<p>Runny nose or tearing Not accounted for by cold -symptoms or allergies</p> <p>0 not present                  1 nasal stuffiness or unusually moist eyes                  2 nose running or tearing                  4 nose constantly running or tears streaming down cheeks</p>	<p style="text-align: right;">Total Score _____</p> <p style="text-align: center;">The total score is the sum of all 11 items</p> <p>Initials of person completing assessment: _____</p>

Score: 5-12 = mild; 13-24 = moderate; 25-36 = moderately severe; more than 36 = severe withdrawal This version may be copied and used clinically.

Journal of Psychoactive Drugs Volume 35 (2), April - June 2003

Source: Wesson, D. R., & Ling, W. (2003). The Clinical Opiate Withdrawal Scale (COWS). *J Psychoactive Drugs*, 35(2), 253-9.

**Attachment E**

Recovery Navigation Program

EMS Protocol

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Language: \_\_\_\_\_

**Vitals:**

- BP: \_\_\_\_\_
- Pulse/Ox: \_\_\_\_\_
- Glucose: \_\_\_\_\_
- Temperature: \_\_\_\_\_
- RR: \_\_\_\_\_

Can they ambulate?  Yes  No

Gait: \_\_\_\_\_

Consciousness: \_\_\_\_\_

Head Trauma/Wound bleeding:  Yes  No

Behavioral Presentation:  
\_\_\_\_\_  
\_\_\_\_\_

Neuro Check: \_\_\_\_\_

Hallucinations:  Yes  No

Tremors:  Yes  No

Orientation: \_\_\_\_\_

Narcan Administration:  Yes Responsiveness \_\_\_\_\_

No

**Attachment F**

RNP Concern/Complaint Form

**Please complete and return to:**

EOHHS  
Virks Building  
3 West Road  
Cranston, RI 02920  
ATTN: Clinical Operations and Oversight Admin.  
Fax # (401) 462-3677

PERSON FILING COMPLAINT:

\_\_\_\_\_

First name	Last name	Date of birth
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ADDRESS:

\_\_\_\_\_

Street	City/Town	Zip Code	State
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DAYTIME TELEPHONE: \_\_\_\_\_

State the nature of the complaint and include specific dates and instances of the problem. Additional space is available on back of this form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the RNP provider been made aware of this complaint? YES\_\_\_ NO\_\_\_

If yes: Date of notification \_\_\_\_\_ Person notified \_\_\_\_\_

How was person notified: Verbal \_\_\_\_\_ In writing \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PERSON COMPLETING THE FORM

\_\_\_\_\_  
Date