TUFTS Health Plan

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Clinical Stabilization Services (CSS) for Substance Use Disorders: ASAM Level 3.5 Clinically Managed High Intensity Residential Services Performance Specifications

These performance specifications apply to the following Tufts Health Plan products:

- ☐ Tufts Health Plan Commercial[1]
- ☐ Tufts Medicare Preferred HMO (a Medicare Advantage product)
- ☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)

These performance specifications apply to the following Tufts Health Public Plans products:

- ☐ Tufts Health Direct (a Massachusetts Qualified Health Plan (QHP) (a commercial product)
- ☒ Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plan)
- ☐ Tufts Health RITogether (a RI Medicaid Plan)
- ☒ Tufts Health One Care (a dual-eligible product)

Providers contracted for this level of care or service are expected to comply with all requirements of these service-specific performance specifications. The requirements outlined within these service-specific performance specifications take precedence over previous performance specifications. Additionally, providers must meet all BSAS contractual and regulatory requirements, in addition to the General Behavioral Health Performance Specifications. All Performance specifications are found in the Provider Resource Center.

The performance specifications contained within pertain to Clinical Stabilization Services (CSS) for Substance Use Disorders (ASAM Level 3.5 Clinically Managed High Intensity Residential Services)

DEFINITION

Clinical Stabilization Services (CSS) for Substance Use Disorders (ASAM Clinically Managed High Intensity Residential Services) consist of 24-hour, seven-day-per-week, clinically managed high-intensity residential services offered in community settings. Services are delivered by nursing, case management, clinical, and recovery support staff under the direction of a licensed medical provider (Physician, Nurse Practitioner, Physician Assistant) in collaboration with the multidisciplinary team.

Services include a bio-psychosocial, multidimensional assessment; individual counseling; psychoeducational group counseling; case management; recovery support services; medication monitoring; and discharge planning.

Clinical Stabilization Services are provided to Members whose symptoms of withdrawal do not require the intensity of ATS (ASAM Medically Monitored Intensive Inpatient Services), are largely resolved or minimal, and whose multidimensional needs cannot be managed in a less intensive level of care. Admission to CSS (ASAM Clinically Managed High Intensity Residential Services) is appropriate for Members who meet the diagnostic and dimensional criteria specified in accordance with The ASAM Criteria (American Society of Addiction Medicine Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions).

Exclusion criteria must be based on clinical presentation and not include automatic exclusions based on stable medical conditions, homelessness, medications prescribed including MOUD, compliance with medications, lack of prescription refills, or previous unsuccessful treatment attempts.

COMPONENTS OF SERVICE

1. At minimum, the provider complies with all requirements of the Department of Public Health (DPH) Bureau of Substance Addiction Services (BSAS) 105 CMR 164, including DPH reporting requirements.
2. The provider accepts admissions 24 hours per day, 7 days per week, 365 days per year.

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[1] Commercial products include HMO, POS, PPO, and CareLink℠ when Tufts Health Plan is the primary administrator.

a) A thorough physical examination, which conforms to principles established by the American Society of Addiction Medicine, is completed for all patients as part of the admission process.
b) Medical and nursing care based on a comprehensive biopsychosocial assessment that was performed within 24 hours of patient's admission.

3. Therapeutic programming is provided 7 days per week, including weekends and holidays, with sufficient professional staff to maintain and appropriate milieu and conduct the services below based on individualized Member needs. The scope of required service components provided in this level of care includes, but is not limited to, the following:
   a) Medical monitoring of the individual's progress and medication administration as needed.
   b) Capacity to facilitate induction onto FDA-approved medications for addiction treatment (MAT)/Medication for Opioid Use Disorder (MOUD) as clinically indicated and appropriate with referral for ongoing MAT/MOUD at discharge.
   c) Psychiatric crisis evaluation and clinical services based on the mental health assessment.
   d) HIV, Hepatitis C, TB, tobacco use and other health related education programs:
   e) HIV and Viral Hepatitis risk assessments are integrated as a part of each Member's medical/nursing assessment.
   f) HIV and Hepatitis C education/risk reduction education is provided for all Members.
   g) Referral to HIV antibody counseling and testing sites and on-site HIV antibody counseling.
   h) Education about the benefits and risks of medication approved for addiction treatment.
   i) Opioid overdose risk and prevention.
   j) Access to appropriate laboratory and toxicology tests.
   k) Routine medications.
   l) Counseling and case management which incorporates evidence-based practices, including individual, group, and family therapy.
   m) Behavioral/health/medication education and planning.
   n) Psycho-educational groups.
   o) Peer support and/or other recovery-oriented services.
   p) Development and/or updating of crisis prevention plans, or safety plans as part of Crisis Planning Tools for youth, and/or relapse prevention plans, as applicable
   q) Introduction to self-help groups and the continuum of substance use disorder (SUD) and mental health treatment.
   r) Direct operational affiliations with other services especially Acute Treatment Services, Transitional Support Services (TSS), Residential Rehabilitation Services (RRS), Opioid Treatment Programs, Office Based Opioid Treatment, Community Behavioral Health Centers (CBHCs) and psychiatric services.
   s) Case management that directly connects (warm handoff) to appropriate providers.
   t) Health services including basic medical care, which includes addressing non-SUD illnesses with updates with primary care providers (with consent); and
   u) Support services and referrals for family members and significant others.
4. The provider ensures that all patients have access to prescribers specializing in addiction medicine and are educated on their options for MAT/MOUD.
5. Co-occurring psychiatric services, medication evaluation and management, and related laboratory services are offered either directly or via QSOA. Such services are available virtually, or on-site within 8 hours, or referred to an off-site provider within 24 hours, as appropriate to the severity and urgency of the Member's mental health condition.
6. The program admits and has the capacity to treat Members currently maintained on MAT/MOUD for the treatment of OUD. Such capacity may take the form of documented, active Affiliation Agreements with providers licensed to provide such treatments.
7. The provider is responsible for ensuring that each Member has access to medications prescribed for physical and behavioral health conditions, and documents so in the Member's health record.
8. For adults who give consent, the provider makes documented attempts to contact the parent/guardian/caregiver, family members, and/or significant others within 48 hours of admission, unless clinically or legally contraindicated. The provider provides them with all relevant information related to maintaining contact with the program and the Member, including names and phone numbers of key nursing staff, primary treatment staff, social worker/case manager/discharge planner, etc. If contact is not made, the Member's health record documents the rationale.
9. Prior to medication dispensing, the provider engages in a medication reconciliation process in order to avoid inadvertent inconsistencies in medication prescribing that may occur in transition of a Member from one care setting to another. The provider does this by reviewing the Member's complete medication regimen at the time of admission (e.g., transfer and/or discharge from another setting or prescriber) and comparing it with the regimen being considered in the CSS. The provider engages in the process of comparing the Member's medication orders newly issued by the CSS prescriber to all the medications that he/she has been taking in order to avoid medication errors. This involves:

a) Developing a list of current medications, i.e., those the Member was prescribed prior to admission to the CSS
b) Reviewing Massachusetts Prescription Awareness Tool (MassPAT)
c) Developing a list of medications to be prescribed in the CSS
d) Making clinical decisions based on the comparison and, when indicated, in coordination with the Member's primary care clinician (PCC); and
e) Communicating the new list to the Member and, with consent, to appropriate caregivers, the Member's PCC, and other treatment providers. All activities are documented in the Member's health record.

10. All urgent consultation services resulting from the intake evaluation and physical exam, or as subsequently identified during the admission, are provided in a timely manner for these services. Non-urgent consultation services related to the assessment and treatment of the Member while in the CSS program are provided in a timely manner, commensurate with the level of need. Routine medical care (not required for the diagnosis related to the presenting problem) may be deferred, when appropriate, if the length of stay in the CSS program is brief. All these services are documented in the Member's health record.
11. The milieu does not physically segregate individuals with co-occurring disorders.
12. A handbook specific to the program is given to the Member and partner/parent/guardian/caregiver at the time of admission. The handbook includes but is not limited to Member rights and responsibilities, services available, treatment schedule, grievance procedures, discharge criteria, and information about family support and peer and recovery-oriented services.
13. For pregnant patients, the CSS is expected to provide coordination with OB/GYN, pediatrics, and any other appropriate medical and social services providers and state agencies.
14. The provider is responsible for updating its available capacity, once each day at a minimum, seven days per week, 365 days per year on the Massachusetts Behavioral Health Access website (MABHAccess.com) The provider is also responsible for keeping all administrative and contact information up to date on the website. The provider is also responsible for training staff on the use of the website to locate other services for Members, particularly in planning aftercare services.
15. The provider also provides a minimum of 15 psycho-educational groups per week. Psycho-educational groups contain distinct modules that address substance use disorder education, relapse prevention, peer support and recovery-oriented services, awareness of HIV and other sexually transmitted infections, viral hepatitis counseling and testing, treatment planning, medication management/protocols, co-occurring disorders, and life-skills issues.
16. The provider complies with the Department of Public Health's (DPH) implementation of the Culturally and Linguistically Appropriate Services (CLAS) Standards.
17. The provider provides access to peer support and recovery-oriented activities.
18. Provider is responsible for ensuring all staff at site are trained in ASAM criteria for Clinically Managed High Intensity Residential Services.

STAFFING REQUIREMENTS

If program feels they cannot meet these specifications, BSAS has a waiver process for certain of the requirements. The waiver process is described in 105 CMR 164.000 Licensure of Substance Use Disorder Treatment Programs. The program is responsible for informing the payer of any waivered requirements if the waiver is approved.

1. The provider complies with all provisions of the corresponding section in the General performance specifications. The provider complies with the staffing requirements of the applicable licensing body, and the staffing requirements outlined in 105 CMR 164 and the staffing requirements in the applicable health plan provider manual.
2. The provider utilizes a multi-disciplinary staff including nurses, counselors, physicians, psychiatrists, care coordination staff, recovery specialist staff, and clinical staff with skills, training, and/or expertise in established treatment protocols for Members with substance use disorders.
    - **Medical Director:** A program must designate one physician who is responsible for the ensuring adequate and quality medical and treatment services at the CSS. The Medical Director may also provide CSS medical services directly or delegate the provision of direct services to an advanced practice nurse practitioner or physician assistant working under their supervision must be available on-site or remotely for consultation and to facilitate admissions 24 hours per day, seven days per week, including weekends and holidays to ensure the provision of high-quality care. The Medical Director must be available to be onsite during any hours of program operation, as needed.
    - **Medical Coverage (Medical Director or Designee):** The licensee shall ensure that a qualified physician is available 24 hours per day, seven days per week, either on site, telehealth or through a Qualified Service Organization Agreement, to provide consultation to staff, as stated in BSAS 105 CMR 164.

- **Nursing staff:** A minimum of 1 FTE of nursing will support medication compliance and monitoring of symptoms. The program must ensure that no less than 40 hours of nursing coverage is available on a weekly basis including weekends and holidays. Nurse time must be flexed according to case mix, acute/complex clinical acuity, and the needs of patients in the program. Licensed practical nurses (LPNs) maybe used in combination with an RN, to supplement nursing/Member coverage, if requested, reviewed, and approved by the covering plan for programs serving a larger than average number of Members.
- **A full-time Program Manager** (1.0 FTE) who will carry full responsibility for the administration and operations of the program.
- **A full-time Clinical Director** (1 FTE) who must possess at least a master's degree in a clinical or social science field and meets 105 CMR 164 criteria for Senior Clinician or Clinician Supervisor. A clinical director is the designated authority responsible for ensuring adequate and quality behavioral treatment is being provided.
- **Counseling:** Provide, at minimum, (2.5 FTE) counselors to be present at the program over a twelve-hour span, seven days per week. Counselors have a CAC, CADAC, LADCI, or LADCII credential, or the equivalent as defined by Bureau of Substance Addiction Services (BSAS).
- **Recovery Specialist:** 1:16 specialist-to-Member ratio on day and evening shifts, and 1:20 ratio on overnight shifts (24/7/365). Recovery specialists must have a minimum of a high school diploma or the equivalent as defined by Bureau of Substance Addiction Services (BSAS)
- **Case Manager:** A program must designate one case manager 12 hours each day, seven days a week. The case manager is responsible for helping clients obtain medically necessary services by providing information, referral coordination, discharge planning, and follow-up.
- **Care Coordinator:** Provide, at minimum, (1.0 FTE) care coordinator or case manager to be present at the program 8 hours a day, five days per week. Care coordinators have an associate's or bachelor's degree, along with knowledge of the addiction treatment continuum and related community-based resources or the equivalent as defined by Bureau of Substance Addiction Services (BSAS).

All CSS sites must have at least one staff member assuming each of the following roles:

- **HIV/AIDS Coordinator:** responsible for overseeing confidential HIV risk assessment and access to counseling and testing; staff and resident HIV/AIDS and hepatitis education; and Department requirements for admission, service planning and discharge of HIV positive residents.
- **Tobacco Education Coordinator:** responsible for assisting staff in implementing BSAS guidelines for integrating on of tobacco assessment, education and treatment into program services.
- **Access Coordinator:** responsible for development and implementation of the evaluation, plan and annual review of the site's performance in ensuring equitable access to services as required by 105 CMR 164
- There is a **CLAS (Culturally and Linguistically Appropriate Services) Coordinator** who ensures that the service meets the language and cultural needs of the Members.
- At minimum, there is one staff person trained in CPR and Naloxone administration on duty each shift.

3. There is an obstetrician/gynecologist on staff or available through a qualified service organization agreement (QSOA) to accommodate pregnant Members.
4. Psychiatric and pharmacological consultation and direct services are provided by a **licensed psychiatrist** or appropriate designee on staff or available through qualified service organization agreement (QSOAs), 24/7.
5. The provider ensures that Members have access to a minimum of 1 FTE of nursing staff, and a supportive milieu 24 hours per day, 7 days per week, 365 days per year. Members also have access to clinical staff 12 hours a day.
6. The provider ensures that all staff receive supervision consistent with site's credentialing criteria.
7. The provider ensures that team members have all trainings required by regulation, including training in evidence-based practices and are provided with opportunities to engage in continuing education to refine their skills and knowledge in emerging treatment protocols.

SERVICE, COMMUNITY AND COLLATERAL LINKAGES

1. The provider complies with all provisions of 105 CMR 164.000 Licensure of Substance Use Disorder Treatment Programs related to community connections and/or collateral linkages.
2. The provider develops and documents organizational and clinical linkages with each of the high-volume referral source ESPs/MCIs, holds regular meetings or has other contacts, and communicates with the ESPs/MCIs on clinical and administrative issues, as needed, to enhance continuity of care for Members. On a Member-specific basis, the provider collaborates with the ESP/MCI upon admission to ensure the ESP's/MCI's evaluation and treatment recommendations are received, and that any existing crisis prevention plan and/or safety plan and/or relapse prevention plan is obtained.

3. The provider collaborates with all the following levels of care/services for service linkages and care coordination, and is able and willing to accept referrals from and refer to these levels of care/services when clinically indicated:
    - Inpatient psychiatric hospitals
    - General hospitals
    - Emergency Services Program (ESP)
    - Emergency Departments (ED)
    - Medically Managed Withdrawal Management (ASAM Level 4)
    - Community Overdose Prevention Programs
    - Acute Treatment Services (ATS) (ASAM's Medically Monitored Intensive Inpatient Services)
    - Co-Occurring Capable Residential Rehabilitation Services (RRS) (ASAM's Clinically Managed Low Intensity Residential Services); Co-Occurring Enhanced Residential Rehabilitation Services (COE RRS) (ASAM's Clinically Managed Low Intensity Residential Services)
    - Structured Outpatient Addiction Program (SOAP)/Day Treatment
    - Partial Hospitalization Programs
    - Community Crisis Stabilization (CCS)
    - Regional court clinics – (Drug Court Programs, Family Drug Court Programs)
    - Medication-Assisted Treatment/ Medication Addiction Treatment, including Opioid Treatment Programs and Office-Based Opioid Treatment
    - Community Behavioral Health Centers (CBHCs)
    - Community Mental Health Centers (CMHCs)
    - Behavioral health urgent care centers (BHUCs)
    - Transitional or permanent supportive housing
    - Sober housing
    - Substance use disorder outpatient clinics
    - Recovery support centers
    - Shelter programs
    - Criminal justice system
    - Outreach sites
    - Massachusetts rehabilitation services
    - Community health centers
    - Adult Community Clinical Services (ACCS)
    - Behavioral Health Community Partners (BH CP)
    - Recovery Learning Centers
    - Organizations that provide recovery coaching services
    - Organizations that provide recovery support navigators
    - Community Support Program (CSP)
    - Mutual Aid programs including SMART Recovery, Alcoholics Anonymous and Narcotics Anonymous
    - Department of Mental Health (DMH) residential programs
    - Community Support Programs, including: Chronically Homeless Individuals (CSP-CHI), Community Support Program-Justice Involved Individuals (CSP-JI), and Program of Assertive Community Treatment (PACT)Such agreements include the referral process as well as the transition, aftercare, and discharge processes.

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4. When necessary, the provider provides or arranges transportation for Members for services required external to the program during the admission.
5. With Member consent, the provider collaborates with the Member's primary care provider and other community providers.
6. As needed, the provider also directly provides or arranges transportation 7 days per week for the Member to attend aftercare interviews, transitional appointments, residential placements, the next level of care or next step placement, community-based peer support and recovery-oriented meetings, and medical and psychiatric visits. The provider also makes reasonable efforts to assist Members upon discharge to the community and/or non-24-hour levels of care with identifying transportation options when needed, including public transportation, Prescription for Transportation (PT-1) forms, etc.

EXPECTED OUTCOMES AND QUALITY MEASUREMENT

The provider complies with all provisions of the corresponding section in the General performance specifications. The provider will implement strategies to improve outcomes within their patient population receiving SUD treatment. Specifically, the provider will work to improve these outcomes:

- Increase in MAT/MOUD induction and continuation.
- Decrease in readmission to ED and inpatient services.
- Increase in referrals and transitions to lower levels of care.
- Increase in program's capacities to admit and treat individuals with behavioral health and co-occurring physical health conditions.

Providers will be required to report Enterprise Service Management (ESM) data to BSAS at admission and discharge in compliance with 105 CMR 164.000 Licensure of Substance Use Disorder Treatment Programs.

The provider will collect data to measure the quality of their services. The provider must have a continuous QI process to evaluate the care provided and review adherence to policies and procedures within the sites. Data may be collected via satisfaction surveys, electronic medical records, and other forms. The provider must develop and maintain a quality management plan.

The provider must report any adverse events that occur to the relevant authorities.

PROCESS SPECIFICATIONS ASSESSMENT, TREATMENT/RECOVERY PLANNING, AND DOCUMENTATION

1. The provider complies with all provisions of the corresponding section in the General performance specifications and in 105 CMR 164.000: Licensure of Substance Use Disorder Treatment Programs related to assessment and recovery/treatment planning.
2. The provider makes and documents a decision, as soon as possible and no later within 15-30 minutes of the request for admission, to admit the Member. The provider accepts admissions 24 hours per day, 7 days per week, 365 days per year.
3. The provider determines at the time of admission the medical and psychiatric appropriateness of all self-referred Members, based on medical necessity criteria for CSS, and documents such in the Member's health record. Every admission declination must be documented and include reason for declination and referrals provided.
4. Ensure that Behavioral Health Clinical Assessments conducted by Behavioral Health Providers are in writing, dated and signed, and include, at a minimum, the following:
    a) Clinical formulation, rationale for admission or continuance of care, discussion of any possible diversionary or lower levels of care, recommendations, and strengths.
5. The provider ensures that a physical examination is completed for all Members within 24 hours of admission. If the examination is conducted by a qualified health professional who is not a physician, the results and any recommendations arising from the examination are reviewed by the nursing supervisor prior to implementation.
6. The provider ensures that a treatment/recovery plan is completed in conjunction with the Member and, with Member consent, with family, guardian, and/or individual natural supports, and with current community-based providers, including primary care clinicians (PCCs) and behavioral health providers.
7. The provider has documented policies and procedures that require contacting the Member's PCP in the event of non-emergency illness and for calling emergency services when deemed appropriate for primary care coordination.
8. The provider assigns a multi-disciplinary treatment team to each Member within 24 hours of admission. The nursing or counseling staff develops and reviews the assessment and individualized initial treatment/recovery and initial discharge plans with the Member within 48 hours of admission.
9. The treatment/recovery and discharge plans are reviewed by the multi-disciplinary treatment team with each Member at least every 48 hours (a maximum of 72 hours between reviews on weekends), and are updated accordingly, based on each Member's individualized needs. All assessments, treatment and discharge plans, reviews, and updates are documented in the Member's health record
10. For anyone who could become pregnant, a pregnancy test is administered prior to the administration of any medication(s).
11. The provider makes arrangements to obtain appropriate drug screens/tests, urine analysis, and laboratory work as clinically indicated, and documents these activities in the Member's health record.
12. The provider ensures continuous assessment of the Member's mental status throughout the Member's treatment episode and documents such in the Member's health record.

Discharge Planning and Documentation

1. The provider complies with all provisions of 105 CMR 164.000: Licensure of Substance Use Disorder Treatment Programs related to discharge planning and the corresponding section in the General performance specifications.
2. The provider conducts discharges 7 days per week, 365 days per year.
3. At the time of discharge, and as clinically indicated, the provider ensures that the Member has a current crisis prevention plan, and/or safety plan, and/or relapse prevention plan in place that includes access to Naloxone and that he/she has a copy of it. The provider works with the Member to update the existing plan, or, if one was not available, develops one with the Member prior to discharge. With Member consent and as applicable, the provider may contact the Member's local Adult or Youth Mobile Crisis Intervention program (AMCI/YMCI) to request assistance with developing or updating the plan. With Member consent, the provider sends a copy to the AMCI Director/YMCI Director at the Member's local AMCI/YMCI.
4. Prior to discharge, the provider assists Members in obtaining post-discharge appointments, as follows: within seven (7) calendar days of discharge for lower levels of care, such as RRS or outpatient therapy services (which may be an intake appointment for therapy services), if necessary; and within 14 calendar days of discharge for medication monitoring, if necessary. This function may not be designated to aftercare providers or to the Member to be completed before or after the Member's discharge.
   The provider creates policies around post-discharge follow-up, including verification that client attended their aftercare appointment. These activities are documented in the Member's health record.
5. The provider ensures active, post-discharge follow-up plans, supports, and referrals by care coordinators to strengthen and sustain gains made while in this service, and to ensure successful engagement at the next level of care or within other ongoing services.

DOCUMENT HISTORY

- January 2024: Tufts Health One Care (a dual-eligible product) name change.
- April 2023: MassHealth Performance Specifications Updates
- July 2020: Template updates