

Inpatient Substance Use Disorder (SUD) Level 4 Detoxification Performance Specifications

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

- Tufts Health Plan Commercial¹
- Tufts Medicare Preferred HMO (a Medicare Advantage product)²
- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)²

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 Rhode Island Medicaid Plan)
- Tufts Health One Care (a dual-eligible product)

Providers contracted for this level of care or service will be expected to comply with applicable regulations set forth in the Code of Massachusetts Regulations and all requirements of these service-specific performance specifications, in addition to the [General Behavioral Health Performance Specifications](#). All Performance Specifications are located on the [Behavioral Health Performance Specifications page](#) on Point32Health's provider website.

DEFINITION

Inpatient substance use disorder services include 24-hour medically directed evaluation, care (including nursing care, counseling, and daily physician visits) and treatment of psychoactive substance use disorders for Members in a medically managed inpatient setting. A multidisciplinary team of addiction professionals, including addiction certified clinicians, provides treatment services that allow for the combined treatment of coexisting acute biomedical and emotional/behavioral conditions. Members receiving such services have access to the full resources of a general hospital, including life-support care and psychiatric treatment; individuals must be assessed to be at medical risk of life-threatening consequences during withdrawal and in need of 24-hour medical management by physician and nursing staff.

Inpatient substance abuse services are the most intensive level of care provided for detoxification. A Member considered for this level of care requires the medical intensity offered in a hospital setting and cannot be adequately treated in a less intensive level of care. Tufts Health Public Plans' clinical criteria are modeled after the guidelines for the American Society of Addictive Medicine (ASAM) criteria. Referrals for inpatient substance abuse treatment originate from ESPs. If the Member does not meet admission criteria for Level IV detoxification (inpatient substance abuse treatment), the assessing facility may refer the Member to an Acute Substance Abuse Treatment facility.

Providers of this level of care are expected to accept Members to the unit and treat them 24 hours per day, 365 days per year.

COMPONENTS OF SERVICE

1. The facility is a licensed acute care setting offering biomedical and/or psychiatric services with a defined addiction treatment unit and maintains all required licenses and accreditations.
2. All Behavioral Health Inpatient Substance Use Disorder providers must accept for admission or treatment all Members for whom Tufts Health Plan has determined admission or treatment is medically necessary.
3. The program maintains full therapeutic programming utilizing professional staff seven days a week, including weekends and holidays.
4. A Behavioral Health Multidisciplinary Team is assigned to each Member within 24 hours of admission.

1. Commercial products include HMO, POS, PPO, and CareLinkSM when Tufts Health Plan is the primary administrator.

2. Tufts Medicare Preferred and Tufts Health Plan SCO are collectively referred to in this payment policy as Senior Products.

5. The Behavioral Health Multidisciplinary Team meets, completes, and to the maximum extent practicable reviews the Member's treatment plan within 24 hours of admission, modifies the treatment plans as needed, and during the Member's stay, periodically meets to review and modify the treatment plan.
6. The Member shall have a full medical workup within 24-hours of admission.
7. The Member's record and history indicate that there is a concomitant medical issue of such intensity that 24-hour medical management and nursing care is required.
8. Members have access to onsite or by way of consultation all services needed in their primary language. Further services onsite are provided in a cultural, linguistic, and ethically sensitive manner.
9. All printed materials should be available in the Member's primary language.
10. The program has the capacity to provide at a minimum the following:
 - Psychosocial evaluation, monitoring and treatment
 - Psychiatric consultation
 - Psychopharmacological consultation
 - Medical monitoring
 - Detoxification
 - Case management
 - Discharge and aftercare planning
11. The facility admits Members 7-days per week/24 hours a day/365 day a year.
12. The program will admit and have the ability to treat Members who are currently prescribed Methadone or other opiate replacement treatments. Their ability to treat such Members can be in conjunction with other licensed providers and include an active affiliation agreement with a facility licensed to provide such treatments.
13. Substance abuse detoxification protocols, including but not limited to, opioids and sedative-hypnotics, alcohol and stimulants are individualized, documented and available onsite
14. When consent is obtained, and it is deemed clinically appropriate, the facility documents attempts to contact guardian, Member's family, and/or significant others within 24 hours of admission.
15. A treatment plan is developed for each Member and all services are delivered in accordance with that treatment plan.
16. Member must be seen by a physician minimally on a daily basis.
17. Facility must promote continuity of care for Members who are readmitted to Behavioral Health Inpatient and 24-Hour Diversionary Services by offering them readmission to the same provider when there is a bed available in that facility.
18. Facility must coordinate with contracted ESPs in the service area(s), including procedures to credential and grant admitting privileges to ESP psychiatrists.
19. Member's agreement/disagreement with the treatment/discharge plans should be documented in the Member's record.
20. All medically necessary consultation services are provided within 24 hours of the order for these
21. services.
22. Unless clinically contraindicated by the treatment team and when consent is given, the facility schedules family meetings, conferences or joint treatment sessions with the guardian, family members, caretakers and/or significant others of the Member at least twice per week or to the maximum extent the family participation is possible.
23. Facility must convene regular meetings and conduct ad hoc communication on clinical and administrative issues with ESPs to enhance the continuity of care for Members.

STAFFING REQUIREMENTS

1. The multidisciplinary treatment team should consist of:
 - Physician coverage 24/7
 - Psychiatric consultation
 - Nursing staff
 - Master's level clinician/ social worker
 - Counseling staff
 - Clinical assistant/ nurses aid
2. Facility is responsible for providing staffing and supervision in accordance with Tufts Health Public Plans Behavioral Health General Performance Specifications, and DPH and BSAS licensing requirements.
3. All staff has skills and experience in the treatment of individuals with co-occurring disorders, biomedical and related emotional/behavioral problems.
4. Upon admission, Members are assigned to a primary attending physician, registered nurse and counselor/clinician.
5. A registered nurse will evaluate each Member within three hours of admission to assess the medical needs of the Member.

6. Physician must be available 24 hours a day seven days a week for: a) phone consultation within 15 minutes of request and b) face-face consultation within 60 minutes of request.
7. A registered clinical nurse specialist must be on the premises to provide care at least 20 hours per week.
8. A psychiatrist is on call 24 hours a day, seven days a week and is available for a phone consultation within 15 minutes of request. A psychiatrist is available for a face-to-face consultation within 60 minutes of request, 24 hours a day, seven days a week.
9. Daily rounds are performed by a physician seven days a week.
10. Facility must have human rights, and restraint and seclusion protocols that are consistent with the DMH regulations and include training of the provider's staff and education for Members regarding human rights.
11. Facility must have a human rights officer, who shall be overseen by a human rights committee, and who shall provide written materials to Members regarding their human rights, in accordance with applicable DMH regulations and requirements.

SERVICE, COMMUNITY, AND COLLATERAL LINKAGES

1. The facility/provider shall maintain formal, active affiliation agreements for service linkages with all of the following levels of care, and must be able and willing to accept referrals from and refer to these levels when clinically indicated:
 - Emergency service and crisis stabilization programs
 - Psychiatric inpatient services
 - Partial hospital programs
 - Acute treatment services for substance use disorders (ATS)
 - Clinical support services for substance abuse (CSS)
 - Mental health and/or substance abuse outpatient programs
 - Dual diagnosis acute residential programs for adults with co-occurring disorders, substance use halfway housing and long-term residential programs
 - Opioid replacement services
 - DMH residential programs
 - Transitional housing
 - DMH area offices/ case management
2. All facilities/providers shall maintain a referral and resource guide for aftercare and self-help groups in the community specific to the treatment of co-occurring disorders.
3. The facility develops a community-based relationship with the following systems:
 - Corrections
 - Probations
 - Courts
 - Police
 - Consumer groups
 - Homeless services providers/ advocates
 - Other relevant community agencies
 - Other state agencies
4. When necessary, the facility provides or arranges transportation for placement into the next designated level of care.
5. Facility staff coordinates treatment planning and aftercare with the Member's primary care provider, outpatient, and other community-based providers, involved state agencies (e.g., DCF, DHM, DYS, DDS) with which the Member has an affiliation, educational system, community supports, and family, guardian and/or significant others when applicable. If consent for such coordination is withheld or refused by the parent or guardian of a minor, then this is documented in the Member's record.
6. The facility ensures that a written aftercare plan is available to the Member on the day of discharge. When consent is given, a copy of the written aftercare plan is forwarded at the time of discharge to the referral source, family/ guardian/significant other, appropriate state agency, outpatient or community-based provider, PCP, school, and other entities and agencies that are significant to the Member's aftercare.

QUALITY MANAGEMENT (QM)

1. The facility will develop and maintain a quality management plan that is consistent with that of Tufts Health Public Plans, and which utilizes appropriate measures to monitor, measure, and improve the activities and services it provides.
2. A continuous quality improvement process is utilized, and will include outcome measures and satisfaction surveys, to measure and improve the quality of care and service delivered to Members, including youth and their families.

3. Clinical outcomes data must be made available to Tufts Health Public Plans upon request.
4. All Reportable Adverse Incidents will be reported to Tufts Health Public Plans within one business day of their occurrence per Tufts Health Public Plans policy and DMH licensing requirements. A Reportable Adverse Incident is an occurrence that represents actual or potential harm to the well-being of a Member, or to others by action of a Member, who is receiving services managed by Tufts Health Public Plans or has recently been discharged from services managed by Tufts Health Public Plans.

PROCESS SPECIFICATIONS

Treatment Planning and Documentation

Treatment and discharge planning shall include at least:

1. Identification and assignment of a facility-based case manager for the Member. This staff member shall be involved in the establishment and implementation of treatment and discharge planning.
2. The facility/provider's treatment team establishes a provisional treatment and discharge plan within 24 hours of the Member's admission. The Member is included and participates in treatment planning or documentation is provided explaining why the Member would not participate in treatment planning.
3. This treatment plan is based on a thorough assessment that, includes but is not limited to, medical issues, mental health and substance use history, and readiness for treatment.
4. Facility encourages and facilitates the Member's attendance at treatment team meetings regarding the Member.
5. A comprehensive nursing assessment is conducted at the time of admission, which includes obtaining a CIWA score. Results are documented in the Member's record.
6. A comprehensive bio-psychosocial assessment is completed upon admission. This written assessment will be utilized to develop a treatment plan.
7. The ongoing Member specific treatment and discharge plan is formulated within 48 hours of admission by the treatment team, and this is reviewed and updated at least every 48 hours (a maximum of 72 hours between reviews and updates is allowed on weekends).
8. Arrangements are made to obtain appropriate toxicology screens, urine analysis and laboratory work.
9. A psychiatrist or designee meets with the Member either on the day of admission or within 24 hours of the admission. The psychiatrist or designee consults with the treatment team and consults with the outpatient psychiatrist prior to any medication changes, and these changes are done in consultation with the outpatient psychiatrist.
10. Facility makes all reasonable efforts to assure the Member has access to supportive staff contact 24 hours per day, seven days per week.
11. Treatment plan includes:
 - Identification of the new acute clinical services, as well as supports, covered services, continuing care with any established providers, identification of any new providers and the covered services that will be added.
 - Identification of the Member's state agency affiliation, release of information and coordination with any state agency case worker assigned to the Member.
 - Identification of non-clinical supports, and the role they serve in the Member's treatment and aftercare plans.
 - Scheduling of discharge/aftercare appointments in accordance with access and availability standards.
 - Recommendation for the initial frequency of aftercare services and supports.
 - Identification of barriers to aftercare, and the strategies developed to address such barriers.
 - Procedures to monitor for the earliest identification of the next available aftercare resource required for the Member who has remained in the Behavioral Health Inpatient and 24-Hour Diversionary setting for non-medical reasons (e.g., the recommended aftercare resources were not yet available).

Discharge Planning and Documentation

1. The staff member responsible for discharge planning develops a preliminary written discharge plan within 24 hours of admission or as soon as medically feasible.
2. Components of the facility's discharge planning incorporates Member- identified concerns including but not limited to housing, finances, health care, transportation, familial, occupational, educational, social and recovery/rehabilitation.
3. All Members discharged from the facility are given the option of participating in the discharge planning. Members are asked to sign the discharge plan.
4. Providers shall invite Members' family members, their guardians, outpatient individual practitioners, state agency staff, as appropriate and if applicable, and other identified supports to participate in discharge planning to the maximum extent practicable, including behavioral health treatment team meetings, developing the discharge plan, when appropriate, and for adult Members, only when the Members have consented to their involvement.

5. For those Member's discharged on medications, at least 1 psychiatric medication monitoring appointment is scheduled no more than 14 days after discharge.
6. All services contained in Member's discharge plan are offered and available to Members within 7 business days of discharge from an inpatient setting.
7. All Members routinely discharged from the facility have evidence of completed aftercare planning documented in their record and leave with a copy of what their plan is.
8. The written discharge plan shall be provided to all other providers working with the Member including his/her PCP.
9. The facility/provider conducts and documents a discharge interview with every Member, with the exception of Members who cannot be interviewed due to abrupt withdrawal from treatment.

DOCUMENT HISTORY

- January 2024: Tufts Health One Care (a dual-eligible product) name change.
- December 2020: Template Updates