

Behavioral Health Acute Treatment Services for Substance Use Disorders: Level 3.7 Performance Specifications

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

- Tufts Health Plan Commercial (including Tufts Health Freedom Plan)¹
- 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 Plans)
- Tufts Health RITogether (a Rhode Island Medicaid Plan)
- Tufts Health Unify (OneCare Plan; 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 online at tuftshealthplan.com in the Provider Resource Center.

DEFINITION

Acute Treatment Services for Substance Use Disorders (ATS) detoxification is a medically monitored detoxification that provides a planned regimen of 24-hour medically monitored evaluation, care, and treatment to Members with psychoactive substance use disorders located in a licensed acute care setting. Physician involvement includes 24-hour consultation availability, daily interaction with Members, and overall monitoring of medical care. Members also receive 24-hour nursing care and observation, as well as daily counseling by staff trained in addiction treatment.

ATS does not require the full resources of a general hospital, such as life-support equipment or psychiatric services. Members who require this level of care often are at risk for severe withdrawal symptoms; they do not require the medical and clinical intensity of a hospital-based acute detoxification services and cannot be effectively treated in a less intensive level of care. Emergency services are available through a contractual arrangement with an acute care hospital.

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

COMPONENTS OF SERVICE

1. The program maintains full therapeutic programming, utilizing professional staff seven days a week, including weekends and holidays.
2. Members have access, on-site or by way of consultation, to all services needed in their primary language. Further services on-site are provided in a cultural, linguistic, and ethically sensitive manner.
3. Whenever possible, all printed materials should be available in the Members primary language.
4. The program has the capacity to provide at a minimum the following:
 - Detoxification
 - Psychiatric consultation

¹ Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, 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.

- Psychopharmacological consultation
 - Psychosocial evaluation, monitoring, and treatment
 - Medical monitoring
 - 24-hour nursing care
 - Medication monitoring
 - Individual and group therapy
 - Psycho-education
 - Case management
 - Discharge and aftercare planning
5. The facility has the capacity to admit, discharge, and treat Members 24 hours a day, 365 days a year.
 6. The facility makes a prompt decision on requests for admission following a face-to face evaluation or when a Member self-refers to the facility.
 7. At the time of admission, the facility shall determine that the Member requires this level of care because:
 - The Member’s current and potential withdrawal symptoms are not severe enough to require the services of a Level 4 program or more intensive level of care; and
 - The Member’s incapacity results from a substance use disorder or a mental or behavioral disorder due to psychoactive substance use.
 8. In addition to the initial assessment required by 105 CMR 164.072, the facility shall ensure that a thorough physical examination, which conforms to principles established by the American Society of Addiction Medicine (ASAM), is completed for all Members within 24 hours of admission.
 9. 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.
 10. Substance abuse detoxification protocols, including but not limited to opioids and sedative-hypnotics, alcohol, and stimulants, are individualized, documented, and available on-site.
 11. When consent is obtained for adult and emancipated minors who give consent, the facility documents attempts to contact guardian, family members, and/or significant others within 24 hours of admission.

STAFFING REQUIREMENTS

1. The multidisciplinary treatment team should consist of nursing staff, credentialed counseling staff, physician coverage, psychiatric coverage, psychiatric consultation, and clinical assistant/nurses aid staff with skills and experience in the treatment of individuals with substance abuse and dependence.
2. The facility maintains all required licenses and accreditations and will immediately notify Tufts Health Public Plans of the revocation, suspension, or other conditions placed on the license or certification/accreditations.
3. The facility shall designate a physician as Medical Director who shall be responsible for administering all medical services performed by the program. The Medical Director shall have completed a minimum of six months’ clinical experience with alcohol and other drug-dependent persons or 40 hours of documented continuing education credit in treating addicted persons within the first 12 months of employment.
4. The facility is responsible for providing staffing and supervision in accordance with THPP General Performance Specifications and DPH Licensing requirements.
5. When possible, facilities will have staff who have “lived experience” as part of the Member’s treatment team and/or treatment planning. These staff will meet all regulatory and licensing requirements set forth by DPH.
6. Staffing should reflect the cultural, gender, and linguistic needs of the community it serves.

SERVICE, COMMUNITY AND COLLATERAL LINKAGES

1. The program 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 crises stabilization

- Psychiatric inpatient services
 - Level IV medically managed detoxification
 - Clinical Support Service
 - Structured Outpatient Addiction Programs
 - Partial Hospital program
 - Dual Diagnoses Acute Residential Programs
 - Substance Abuse halfway housing and long-term residential
 - Opioid replacement services
 - Transitional housing
 - Behavioral Health Community Partners
2. Such agreements, at a minimum, should include the referral process as well as the transition aftercare and discharge process.
 3. Facility staff coordinates treatment planning and aftercare with the Member's primary care clinician, outpatient, and other community-based providers, involved state agencies, educational systems, 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.
 4. The facility ensures that a written aftercare plan is available to the Member at 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, DMH (if DMH member), 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 and must be consistent with Tufts Health Public Plans' performance standard for acute inpatient services.
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.
5. To extent permitted by law, all substance use disorder treatment providers are to submit to DPH/BSAS the data required by DPH.
6. The facility/program will adhere to all reporting requirements of DPH and/or DMH regarding Serious Incidents and all related matters.
7. All substance use treatment providers must track, by referral source:
 - Referrals for services
 - The outcome of each referral (i.e., admission, etc.)
 - If the substance use disorder treatment provider refuses to accept a referral, the reason for the refusal

PROCESS SPECIFICATIONS

Treatment Planning and Documentation

1. The facility's treatment team establishes a provisional treatment plan within 24 hours of the Member's admission.
2. A registered nurse or supervised LPN will evaluate each Member within three hours of admission to assess the medical needs of the Member.

3. A comprehensive nursing assessment is conducted at the time of admission, which includes the admission of an assessment tool such as the Addiction Severity Index, the Stages of Change Readiness, CIWA, etc., and the results are documented in the Member's record.
4. Assessment and determination of the need of consultations should be made within the first 48 hours of admission. Consultations must be coordinated and provided within 24 hours.
5. The multidisciplinary team meets to coordinate with the Member, if clinically appropriate, the Member's provider(s), and/or family guardian to develop the treatment and discharge plan, including proper consent and documentation in the Member's record. If the Member does not participate in treatment and discharge planning, documentation is provided explaining why the Member would not participate, and the record documents the Member's understanding of the goals of the treatment and discharge plan in the Member's own words.
6. A comprehensive bio-psychosocial is completed on admission, which includes at a minimum diagnosis and clinical information, level of functioning, and previous medication trials.
7. The facility shall ensure that assessments are completed, that a multidisciplinary treatment team has been assigned to each Member and that the treatment team has met to review the assessment and initial plan within 24 hours of admission.

Discharge Planning and Documentation

1. The staff member responsible for discharge planning develops a preliminary written discharge plan within 24 hours of admission.
2. Components of Discharge Planning incorporate Member's identified concerns, including but not limited to housing, finances, health care, transportation, familial, occupational, educational, and social supports.
3. The treatment team staff member who is responsible for implementing a Member's discharge plan documents in the medical record all of the discharge related activities that have occurred while the Member is in the facility, and this reflects Member participation in its development.
4. To ensure successful transition to the community or next level of care, aftercare appointments, referrals to self-help groups such as AA or NA, sober housing, etc. shall be documented on the Member's discharge form.
5. The completed discharge form, including referral to any agency, is available and given to the Member, and when appropriate, the Member's family or guardian at the time of discharge, which includes, but is not limited to, appointments, medication information, and emergency/crisis information.

DOCUMENT HISTORY

- July 2020: Template updates