Community Crisis Stabilization 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

The adult Community Crisis Stabilization (CCS) program serves adults ages 18 and older, and includes services for CBHI-system-involved young adults ages 18 to 21. The CCS provides a staff-secure, safe, and structured crisis treatment service in a community- based program that serves as a less-restrictive and voluntary alternative to inpatient psychiatric hospitalization. Adult CCS shall be primarily used as a diversion from an inpatient level of care; however, the service may be used secondarily and on a case-by-case basis as a transition from inpatient services, if there is sufficient service capacity, and the admission criteria are met. CCS shall provide a distinct level of care where primary objectives of the active multi-disciplinary treatment include restoration of functioning; strengthening the resources and capacities of the individual, family, and other natural supports; timely return to a natural setting and/or least restrictive setting in the community; development/strengthening of an individualized risk management/safety plan; and linkage to ongoing medically necessary treatment and support services.

CCS staff shall provide continuous observation of, and support to, individuals with mental health or co-occurring mental health/substance use conditions who might otherwise require treatment in an inpatient psychiatric setting and would benefit from short-term and structured crisis stabilization services. Services at this level of care shall include crisis stabilization; initial and continuing bio-psychosocial assessment; care management; psychiatric evaluation and medication management; peer-to-peer support; and mobilization of natural supports and community resources. CCS services are short-term, providing 23-hour observation and supervision, and continual reevaluation.

This program is required to have a home-like, consumer-friendly, and comfortable environment that is conducive to recovery.

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 ESP operates a CCS 24/7/365 for adults ages 18 and older. Admissions and discharges occur 24/7/365.

[1] Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLink℠ 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.

2. The CCS provides staff-secure, safe, and structured crisis stabilization and treatment services in a community-based program that serves as a medically necessary, less restrictive, and voluntary alternative to inpatient psychiatric hospitalization.
3. The CCS is primarily used as a diversion from an inpatient level of care; however, the service may be used secondarily and occasionally as a transition from inpatient services, if there is sufficient service capacity and the admission criteria are met.
4. The CCS provides a distinct level of care where primary objectives of the active multi-disciplinary treatment include restoration of functioning; strengthening the resources and capacities of the individual, family, and other natural supports; timely return to a natural setting and/or least restrictive setting in the community; development/strengthening of an individualized risk management/safety plan; and linkage to ongoing medically necessary treatment and support services.
5. CCS services are short-term, providing observation and supervision, and daily re-evaluation and assessment of readiness for discharge.
6. The CCS provides continuous observation of, and support to, individuals with mental health or co-occurring mental health/substance use conditions who might otherwise require treatment in an inpatient psychiatric setting and would benefit from short-term and structured crisis stabilization services.
7. CCS services include crisis stabilization; initial and continuing biopsychosocial assessment; care management; psychiatric evaluation and medication management; peer-to-peer support; mobilization of and coordination with family and other natural supports, community treaters and other resources; psycho-education, including information about recovery, rehabilitation, crisis self-management, and how to access recovery and rehabilitation services available in the individual's specific community.
8. Individuals who are admitted to the CCS should have a community-based disposition in place at the time of admission to the CCS.
9. The CCS is co-located with the ESP's community-based location in order to enhance service continuity and increase administrative efficiency to benefit those served. The overall ESP program operates in a fashion that ensures fluidity among ESP mobile services, site-based crisis services at the ESP community-based location, and the adult CCS and minimizes inconvenience to individuals in crisis.
10. The CCS has a consumer-friendly and comfortable environment that is conducive to recovery.

STAFFING REQUIREMENTS

1. The ESP maintains an appropriate staff-to-patient ratio in the CCS to safely care for all persons 24/7/365. The ESP has a written plan that delineates, by shift, the number and qualifications of its staff, including psychiatry, nursing, clinicians, milieu workers, and other staff in relation to its average daily census.
2. The CCS provides awake staffing 24/7/365.
3. With the use of fluidly trained staff and cross-scheduling, programs have the ability to respond to varying levels of demand in the ESP's three primary service components: adult and youth mobile services, the ESP community location, and the CCS program. All staff members are expected to share expertise in terms of clinical knowledge, service delivery (as appropriate for each discipline), and discharge planning.
4. The CCS utilizes a multidisciplinary staff with established experience, skills, and training in the acute treatment of mental health and co-occurring mental health and substance use conditions of adults.
5. The medical and clinical care of the CCS is managed by the ESP medical director and the CCS nurse manager. The medical director is a board-certified or board-eligible psychiatrist, and the nurse is a registered nurse.
6. The ESP ensures adequate psychiatric coverage to ensure all CCS performance specifications are met.
7. The CCS has an attending psychiatrist who may be the ESP medical director or another psychiatrist. When the attending psychiatrist is not available, he/she designates a consistent

substitute, as much as possible, to ensure that the Member receives continuity of care. The psychiatrist may delegate some psychiatric functions to a psychiatric nurse mental health clinical specialist.

8. The CCS ensures 24/7/365 availability of a psychiatric clinician, either a board-certified or board-eligible psychiatrist, or a psychiatric nurse mental health clinical specialist, including nights and weekends. The psychiatric clinician is available for a psychiatric phone consultation within 15 minutes of request and for a face-to-face evaluation within 60 minutes of request, when clinically indicated.
9. The CCS's psychiatric clinicians provide psychiatric assessment, medication evaluations, and medication management, and contribute to the comprehensive assessment and discharge planning.
10. The nurse manager has overall responsibility for the CCS and accountability to the ESP director. She or he fills physician orders; administers medication; takes vital signs; coordinates medical care; contributes to comprehensive assessment, brief crisis counseling, individualized crisis prevention planning, and provider psycho-education; and assists with discharge planning and care coordination. The nurse manager leads treatment team meetings, or assigns a staff member to do so. The nurse manager also supervises LPNs and other staff working in the CCS. The nurse manager is a full-time position and works first shift or business hours unless otherwise approved by Tufts Health Public Plans.
11. Licensed practical nurse (LPN) staffing, appropriate to licensure level, assist the nurse manager with filling physician orders, administering medications, and monitoring vital signs. They also work with the bachelor's-level staff in ensuring an environment that promotes safety, recovery, and treatment. They contribute to the assessment, individualized crisis planning, discharge planning, and care coordination. The ESP provides adequate LPN staffing to ensure that all performance specifications are met. This staffing is generally expected to include an LPN on second and third shift on weekdays and all three shifts on weekends for average-size adult CCS programs, unless otherwise approved by Tufts Health Public Plans.
12. Facility is responsible for providing staffing and supervision in accordance with THPP Behavioral Health General Performance Specifications.
13. Master's-level clinicians are primarily responsible for conducting comprehensive assessments, brief crisis counseling, psychoeducation, and treatment team functions as noted below. The ESP provides adequate master's-level clinician staffing to ensure that all performance specifications are met. This staffing is generally expected to include a master's-level clinician working at least one shift per day, unless otherwise approved by Tufts Health Public Plans.
14. The facility ensures that all clinical work is subject to regularly scheduled and ongoing supervision by, at minimum, an independently licensed clinician
15. The CCS provides bachelor's-level milieu staff. These staff ensure an environment that promotes safety, recovery, and treatment. They contribute to the assessment, individualized crisis planning, discharge planning, and care coordination. The ESP provides adequate bachelor's-level milieu staffing, to ensure that all performance specifications are met. This staffing is generally expected to include a bachelor's-level staff 24/7/365 for average size adult CCS programs, unless otherwise approved by Tufts Health Public Plans.
16. All ESP staff participate in ongoing supervision appropriate to their discipline and level of training and licensing. For Certified Peer Specialists and Family Partners, this supervision includes peer supervision.
17. The ESP ensures that CCS staff is included in all appropriate ESP staff training, including training required in the ESP Performance Specifications.

SERVICE, COMMUNITY AND COLLATERAL LINKAGES

1. With Member consent, treatment providers, family members, and other collaterals are contacted within 24 hours of admission, including any Members with state agency involvement.
2. In the case of young adults who are involved with, or who are referred for, CBHI services — including ICC — CCS staff will accommodate and participate in team meetings.

3. The CCS adheres to established program procedures for referral to a more restrictive, medically necessary behavioral health level of care when the patient is unable to be treated safely in the CCS.
4. The CCS adheres to established program procedures for determining the necessity of a referral to a hospital when a Member requires nonpsychiatric medical screening or stabilization.
5. The ESP and CCS maintain knowledge of, and relationships with, behavioral health levels of care and other resources to which the CCS makes referrals for aftercare.
6. CCS and other ESP management and direct care staff hold regular meetings and communicate on clinical and administrative issues to enhance continuity of care.

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. The facility/program will adhere to all reporting requirements of DPH and/or DMH regarding Serious Incidents and all related matters.

PROCESS SPECIFICATIONS

Treatment Planning and Documentation

1. Upon admission, CCS must assign a facility-based case manager or other appropriate staff to be responsible for risk management/safety planning, discharge planning, and ensuring a smooth transition to medically necessary services, if any.
2. A Behavioral Health Multidisciplinary Team is assigned to each Member within 24 hours of admission.
3. The CCS ensures that a comprehensive assessment and initial treatment plan is completed, a multidisciplinary treatment team has been assigned, and that the treatment team has met to review the assessment and initial treatment plan within 24 hours of admission.
4. 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 Behavioral Health Inpatient Services stay, periodically meets to review and modify the treatment plan.
5. A psychiatrist or designee conducts a psychiatric assessment, including a medication evaluation, of each individual within 24 hours of admission during weekdays. On weekends and holidays, a master's-level clinician may alternatively conduct an assessment and review the assessment, including the current medication regimen, and initial CCS treatment plan, with a psychiatric clinician by phone within six hours of the admission. A psychiatrist or designee then conducts a psychiatric assessment within 24 hours, i.e., on Monday for weekend admissions or the subsequent day for holiday admissions.
6. Subsequent to the psychiatric assessment and medication evaluation, a psychiatric clinician provides ongoing, face-to-face assessment, stabilization, treatment, and medication management services to the Member during the duration of his or her stay, as indicated by the CCS treatment plan.

7. All consultations indicated in the CCS treatment plan should be ordered within 24 hours of admission and provided in a timely manner.
8. CCS staff provides 24-hour observation, supervision, and support, and daily re-evaluation and assessment of readiness for discharge.
9. The CCS staff engages Members in structured therapeutic programming seven days per week, including treatment activities designed to stabilize the individual; restore functioning; strengthen the resources and capacities of the individual, family, and other natural supports; prepare for timely return to a natural setting and/or least restrictive setting in the community; develop and/or strengthen an individualized risk management/safety plan; and link to ongoing, medically necessary treatment and support services.
10. The CCS staff provides psycho-education, including information about recovery, rehabilitation, crisis self-management, and how to access recovery and rehabilitation services available in the individual's specific community.
11. Guided by the treatment preferences of the individual, CCS staff actively involves family and other natural supports at a frequency based on individual needs.
12. The CCS staff carefully coordinates treatment with existing and/or newly established treatment providers.

Treatment 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. Identification of the new acute clinical services, as well as supports, covered services, and the continuing care with any established Providers, and the identification of any new Providers and the covered services that will be added
3. Identification of the Member's state agency affiliation, release of information, and coordination with any state agency case worker assigned to the Member
4. Identification of non-clinical supports and the role they serve in the Member's treatment and aftercare plans
5. Scheduling of discharge/aftercare appointments in accordance with the access and availability standards
6. Recommendation for the initial frequency of aftercare services and supports
7. Identification of barriers to aftercare, and the strategies developed to address such barriers
8. 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. CCS must develop, in collaboration with the Member, an individualized discharge plan for the next service or program, anticipating the Member's movement along a continuum of services.
2. CCS must ensure that the treatment and discharge plan for Members who are state agency clients is coordinated with appropriate state agency staff.
3. CCS must make best efforts to ensure a smooth transition to the next service or to the community.
4. CCS must document all efforts related to these activities, including the Member's active participation in Discharge Planning.
5. CCS staff confirms that, upon presentation to the ESP, the ESP clinician asked the individual, significant others accompanying him or her, and/or community providers as to the existence of an established risk management/safety plan, and/or accessed any risk management/safety plan on file at the ESP for the given individual. The CCS staff obtains the risk management/safety plan from the ESP clinician.
6. During the ESP intervention, the ESP clinician updates any existing risk management/safety plan or creates one with the individual. The plan includes the presenting problem, the specific problem

to be addressed, along with a treatment plan, preferred disposition plan, and the involvement of others who may be available to support the individual before or during crises (i.e., providers, agencies, significant others, and/or family members). The purpose of this plan is to expedite a client-focused disposition based on the experience gained from past treatment interventions. The CCS staff obtains the updated or newly created risk management/safety plan from the ESP clinician and updates it further during the course of treatment at the CCS.

7. CCS must provide a discharge plan, including an updated risk management/safety plan following any Behavioral Health admission to other providers working with the Member, including the PCP and any state agency with whom member is affiliated.
8. The CCS schedules post-discharge appointments for Members as follows: within seven business days of discharge for outpatient services, if medically necessary; and within 14 business days of discharge for medication monitoring, if medically necessary.
9. CCS must ensure that providers 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 Member has consented to their involvement.
10. CCS must ensure that services contained in the Member's discharge plan are offered and available to Members within seven business days of discharge.

DOCUMENT HISTORY

- July 2020: Template updates