Clinical Stabilization Service (CSS: Level 3.5) 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)
- ☒ 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 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 in the Provider Resource Center.

DEFINITION

Clinical Stabilization Service (CSS) is a program that provides post-detoxification, residential treatment intervention in the form of a structured and intensive residential experience to individuals who are deemed to need this level of care (LOC) and whose prognosis indicates that they may benefit from this level of intervention. This service provides Members with education regarding the impact of substances on their lives and the lives of others and helps them learn coping skills to maintain sobriety within the community. These Members may be at high risk for continuing to use substances. The program includes an array of evaluations, assessment, education, individual, family and group treatment, as well as exposure to self-help groups and discharge planning.

Members appropriate for this LOC have the capacity for self-awareness, desire to change their behavior and the capacity to understand consequences, while not being a danger to themselves or others.

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

COMPONENTS OF SERVICE

1. The facility maintains all required licenses.
2. The program must be either a professionally directed, freestanding, appropriately licensed health care facility or specialty unit located in a licensed health care facility.
3. A CSS shall provide a minimum of the following three treatment services:
   - Individual counseling by a qualified clinical person for a minimum of three hours per resident per week. In addition to individual therapy, individual counseling sessions will include the development of the Member's discharge and aftercare plans and family counseling.
   - Group counseling of no more than 10 residents per group session by a qualified clinical person for a minimum of 10 hours per individual per week. These sessions will include group therapy and assessment and evaluation of the resident.
   - Education group services that shall provide information and opportunity for discussion of the physiological, psychological and social consequences of substance abuse, and of the possible recovery methods and treatment options for a minimum of 10 hours per resident per week.

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

These sessions shall also make provisions for 12 step and Alcoholics Anonymous (AA), Narcotics Anonymous (NA) discussion meetings, vocational/educational counseling and issues related to aftercare.

4. Full therapeutic programming is provided with sufficient professional staff to manage a therapeutic milieu of services seven days per week, including weekends and holidays. The scope of available services on-site, include but is not limited to:
    - Psychosocial evaluation, monitoring and treatment
    - Psychiatric consultation
    - Psychopharmacological consultation
    - Medical evaluation
    - Individual and group therapy
    - Behavioral/health/medication education and planning
    - Psychoeducational groups
    - Family evaluation and therapy
    - Rehab counseling
    - High risk/HIV education
    - Relapse prevention
    - Peer counseling
    - Case management
    - Discharge planning
    - Aftercare planning and coordination
5. When consent is obtained, the facility at a minimum makes documented attempts to contact guardians, family members and/or significant others within 24 hours of admission, unless clinically contraindicated.
6. The program will admit and have the capacity to treat Members who are currently receiving opiate replacement therapy. This may be accomplished through active affiliation agreements with providers licensed to provide such treatments.
7. A registered nurse or his/her designee will evaluate each Member within 3 hours of admission to assess the medical needs of the Member.
8. A multidisciplinary team coordinates with the Member, the community providers, family, guardian and/or significant others to develop the treatment and discharge plans, and this should be documented in the record within 24 hours of admission.
9. Staff is trained in linguistic, cultural, gender, sexual orientation and ethnic competency as appropriate to the needs of the population served.
10. Programs are encouraged to have specialized groups to address gender-specific issues, polysubstance abuse, dual diagnoses, etc.

Programs will have procedures in place to allow for the safe, appropriate and self-administration of medication(s).

STAFFING REQUIREMENTS

1. At all times, the program shall provide a sufficient number of trained, experienced and competent personnel to provide appropriate care, treatment and supervision of all Members and to ensure that their personal and medical needs are met.
2. Facility is responsible for providing staffing and supervision in accordance with Tufts Health Plan General Behavioral Health Performance Specifications, Department of Public Health (DPH) and Bureau of Substance Addiction Services (BSAS) licensing requirements.
3. Personnel shall be currently licensed, registered and/or certified where applicable laws require licensure, registration and/or certification.
4. The program shall provide training and supervision according to the standards set forth in 105 CMR 164.044.
5. The written program description shall also include the qualifications, duties and lines of authority and supervision for service delivery and personnel.
6. Inservice training shall be conducted on a regularly scheduled basis for all staff Members to further qualify them, and to keep them abreast of current procedures and practices in meeting all aspects of admission, treatment, care, counseling and referral of residents.
7. The program shall utilize a multidisciplinary staff, including nursing staff, credentialed counseling staff, physician coverage, psychiatric consultation, and clinical assistant/nurses aid staff with established skills training and/or expertise in the integrated treatment of individuals who are dually disordered.

8. The facility ensures that all clinical work is subject to regularly scheduled and ongoing supervision by a senior level, independently licensed clinician.
9. The facility has wellness and recovery information and resources available for Members. This includes, but is not limited to: peer counselors, written consumer/survivor accounts of recovery experiences, double trouble groups, family groups, a listing of self-help groups (12 step and other groups with local and/or statewide membership), and a listing of advocacy and wellness organizations statewide. Facilities may make referrals to such services, though they are not reimbursable by Tufts Health Plan.

SERVICE, COMMUNITY AND COLLATERAL LINKAGES

Facility staff coordinates treatment planning and aftercare with the Member's primary care provider (PCP), outpatient and other community-based providers, involved state agencies, 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.

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, Department of Mental Health (DMH) (if DMH member), outpatient or community-based provider, PCP, school, and other entities and agencies that are significant to the Member's aftercare.

The program will 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:

1. Emergency services providers
2. Community crises stabilization beds
3. Psychiatric inpatient services
4. Level 4 medically managed detoxification
5. Level 3.7 medically monitored detoxification
6. Structured outpatient addictions program
7. Mental health and/or substance abuse outpatient programs
8. Substance abuse residential programs
9. Transitional housing services

The above agreements, at a minimum, should include the referral process, and the transition, aftercare and discharge process.

The program has a utilization management plan which ensures that the Members meet medical necessity criteria and appropriate lengths of stay.

When necessary, the facility provides or arranges for transportation for placement into the next designated LOC.

The program develops a community-based relationship with the following systems:

1. Corrections
2. Probation
3. Courts
4. Police
5. Consumer groups
6. Other relevant community agencies
7. Homeless services providers/advocates

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 Plan's performance standard for acute inpatient services.
4. All Reportable Adverse Incidents will be reported to Tufts Health Plan within one business day of their occurrence, per Tufts Health Plan's 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 Plan or has recently been discharged from services managed by Tufts Health Plan.
5. The facility/program will adhere to all reporting requirements of DPH and/or DMH regarding Serious Incidents and all related matters.
6. Facility must submit to DPH/BSAS the data required by DPH.
7. Facility must track, by referral source:
   - Referrals for services;
   - The outcome of each referral (i.e., admission, etc.); and
   - 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 program'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.
2. The record documents the Member's understanding of the goals of the treatment and discharge plan in his/her own words.
3. The treatment plan is based on a thorough assessment, which includes medical issues, mental health, substance abuse and readiness for treatment.
4. A comprehensive nursing assessment is conducted at the time of admission, which includes the administration of an assessment tool, such as the CIWA, CAGE, DAST, etc. Results are documented in the Member's record.
5. A comprehensive bio-psychosocial assessment is completed upon admission.
6. The ongoing treatment and discharge plan is formulated by the treatment team within 48 hours of admission. With Member consent, the treatment plan is developed in conjunction with current community-based treaters and is reviewed and updated at least every 48 hours in the Member's record.
7. Arrangements are made to obtain appropriate toxic screens, urine analysis and laboratory work, as clinically indicated.
8. Program encourages Member to attend all treatment planning sessions and all treatment is delivered based on that plan.
9. Program makes all reasonable efforts to ensure Member has access to supportive staff 24 hours per day, seven days per week.
10. The program provides continuous assessment of the Member's mental status throughout the Member's treatment episode and document such in their record.

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 the program's discharge planning incorporate Member's identified concerns, including but not limited to: housing, finances, healthcare, transportation, familial, occupational, educational, social and recovery/rehabilitation.
3. The treatment team member responsible for the discharge planning documents all discharge planning activity in the Member's record.
4. All Members routinely discharged from the facility have evidence of completed aftercare planning documented in their record.
5. All Members discharged from the program are given the option of participating in discharge planning. All Members who are discharged sign their discharge plan.
6. At least one initial aftercare appointment is scheduled no more than seven business days from the Member's discharge from the program, and this is clearly documented in the record.
7. For those Members discharged on medications, at least 1 psychiatric medication monitoring appointment is scheduled no more than 14 calendar days from the Member's discharge from the program.

DOCUMENT HISTORY

- July 2020: Template updates