

Residential Rehabilitation Services (RRS) For Substance Use Disorders (Level 3.1) 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 Plan)
- 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 all requirements of these service-specific performance specifications. The performance specifications contained within pertain to the following services:

- RRS for Substance Use Disorders Level 3.1
- [RRS for Pregnant and Post-Partum Women](#)
- [RRS for Youth \(ages 13-17\)](#)
- [RRS for Transitional Age Youth \(ages 16-21\) or Young Adults \(ages 18-25\)](#)
- [Family RRS](#)

Refer to the performance specification attachment for each of these specialty services.

DEFINITION

Residential Rehabilitation Services (RRS) for Substance Use Disorders (Level 3.1) consists of a structured and comprehensive rehabilitative environment that supports Members' independence and resilience and recovery from alcohol and/or other drug problems. Scheduled, goal-oriented clinical services are provided in conjunction with ongoing support and assistance for developing and maintaining interpersonal skills necessary to lead an alcohol and/or drug-free lifestyle.

COMPONENTS OF SERVICE

1. The provider complies with all licensing and standards of care requirements of the applicable licensing body.
2. The provider ensures that Members have access to supportive, therapeutic milieu and recovery specialists 24 hours per day, 7 days per week, 365 days per year.

There are currently three models for providing a therapeutic milieu:

- a. **The Therapeutic Community (TC)** supports recovery through the establishment of a highly structured therapeutic milieu that emphasizes resident treatment and recovery within the parameters of the program structure. Behavior modification techniques are significantly employed in this setting. Program counselors maintain a considerable role in planning and delivering services to residents.

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.

- b. **Recovery Home (RH)** programs emphasize resident treatment and recovery within a structured, therapeutic milieu existing in the context of the surrounding community. An objective of treatment is to prepare the resident for eventual integration back into the community.
 - c. **Social Model Homes (SM)** programs provide a therapeutic environment that emphasizes engagement with peer counseling, staff, and volunteers who collectively provide an experiential learning process and structured habilitation/rehabilitation service to include the external community in addition to the residential program.
3. Programs will facilitate a morning meeting a minimum of five times per week, convene at least one communal meal per day, and convene at least one house/community meeting per week.
 4. The provider implements a daily schedule of activities designed to facilitate participation in the milieu and promote recovery and includes a minimum of five hours of individual and/or group treatment sessions per week. Topics for clinical and psychoeducational groups delivered in the program or through community affiliations, can include, but are not limited to, the following:
 - Relapse and overdose prevention and recovery maintenance counseling and education, naloxone education and administration training
 - Mental health and trauma
 - Health and wellness topics, including stress reduction and nutrition
 - Use of prescribed medication
 - Education related to all medications approved by the FDA for the treatment of SUD,
 - Tobacco cessation,
 - HIV/AIDS, STIs, viral hepatitis and other
 - Recovery support groups
 5. The provider involves family and significant others in treatment when appropriate.
 6. Individualized case management services are provided by program staff who facilitate comprehensive support and linkages for public assistance, substance use disorder counseling, primary health care, insurance, self-help and mental health services, vocational/educational opportunities, housing, and criminal justice system support as appropriate.
 7. The provider admits and has the capacity to treat Members who are currently on methadone maintenance or receiving other opioid replacement treatments. Such capacity may take the form of documented, active Affiliation Agreements with a facility licensed to provide such treatments.
 8. The provider has documented policies and procedures in place to allow for the safe and appropriate self-administration of medication(s) by Members.
 9. The provider is responsible for ensuring that each Member has access to medications prescribed for physical and behavioral health conditions and documents this in the Member's chart.

Co-occurring Capable Requirements as defined by ASAM Criteria

1. The provider ensures that individuals with co-occurring mental health and addiction symptom are welcome in the program and feel comfortable discussing addiction and mental health issues in treatment and within the program milieu
2. The provider routinely screens members for co-occurring substance use, addictive behavior, mental health, and trauma issues, and the results of screening inform, assessments and intervention
3. Mental health and addiction consultation is routinely available to the treatment team. The program develops partnerships with prescribers of psychotic medications and addiction medications (MAT) to facilitate organized communication with, and access to, prescribers.
4. The provider offers ongoing education to members about medications they are prescribed.
5. Treatment plans include specific interventions to help patients manage their addiction and mental health symptoms.
6. Mental health crisis intervention is readily available for patients who develop more acute mental health symptoms that cannot be safely manage in the program.
7. Group programming routinely includes education about substance use and addiction, as well as mental health symptoms and mental illnesses, and group therapy services facilitate conversation among patients to make it easier for the community to support individuals in the program who are struggling with co-occurring conditions.
8. All staff, including addiction counselors, nurses, mental health clinicians, and residential aides, are supported and assisted to be "co-occurring competent," so that all staff work as an integrated treat to help patients with multiple issues make progress toward their goal.

9. The program ensures there are no access to care barriers based on the presence of a psychiatric diagnosis or prescribed psychotropic medication for members who meet ASAM level 3.1 Criteria.

STAFFING REQUIREMENTS

1. The provider complies with the staffing requirements of the applicable licensing body
2. The program is staffed with a full time Program Director who carries full responsibility for the administration and operations of the program.
3. The program is staffed with a distinct, full-time Clinical Supervisor who has completed a master's degree in a relevant field or possesses an LADC1, and is able to supervise the staff providing treatment to individuals with both addiction and mental health needs, for every 30 licensed beds, pro-rated according to the number of licensed beds. The Clinical Supervisor is responsible for supervision of program staff.
4. The program is staffed with one Counselor or Case manager, trained in addiction and mental health treatment, for every nine licensed beds.
5. The program is staffed with Recovery Specialists according to the following coverage parameters:
 - a. No less than eight hours of awake coverage per shift per building
 - b. 16 hours of awake coverage for each day and evening shift per 30 licensed beds, prorated according to the number of licensed beds, i.e., less than 30 or more than 30;
 - c. Eight hours of awake coverage per overnight shift per 50 residents; 16 hours of awake coverage per overnight shift per 51 – 100 residents; 24 hours awake coverage per overnight shift per 101 – 150 residents
6. Programs designate staff as HIV/AIDS/HEP C Coordinator, a Tobacco Education Coordinator (TEC), an Access Coordinator, and CLAS Point Person.
7. The provider ensures that team members have 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. With Member consent, if a Member is referred to another treatment setting, the provider collaborates in the transfer, referral, and/or discharge planning process to ensure continuity of care.
2. The staff members are familiar with all of the following levels of care/services and are able and willing to accept referrals from, and refer to, these levels of care/services when clinically indicated. The provider maintains written Affiliation Agreements, which may include QSOAs, MOUs, or BAAs, with local providers of these levels of care that refer a high volume of Members to its program and/or to which the program refers a high volume of Members. Such agreements include the referral process, as well as transition, aftercare, and discharge processes
 - Emergency Service Program (ESP)
 - Acute Treatment Services (ATS) (Level 3.7)
 - Clinical Stabilization Services (CSS) (Level 3.5)
 - Transitional Support Services (TSS) (Level 3.1)
 - Structured Outpatient Addiction Programs (SOAP)
 - Regional court clinics
 - Medication Assisted Treatment, including Opiate Treatment Programs and Office-Based Opioid Treatment
 - Transitional or permanent supportive housing
 - Sober Housing
 - Substance use disorder and mental health outpatient counseling services
 - Recovery Support Centers
 - Shelter programs
 - Criminal Justice System
 - Outreach sites
 - Massachusetts Rehabilitation Services
3. With Member consent, the provider collaborates with the Member's PCC.
4. When necessary, the provider provides or arranges transportation for services required external to the program during the admission. The provider also makes reasonable efforts to assist Members identifying transportation options when needed, including public transportation, Prescription for Transportation (PT-1) forms, etc.
5. The provider demonstrates a capacity to work collaboratively with multiple systems, including substance use disorder treatment providers, primary health care, community-based support

services, housing search services, supportive housing service providers, mental health service providers, other relevant human services, and various aspects of the criminal justice system, as appropriate.

QUALITY MANAGEMENT (QM)

The provider complies with all requirements set forth by payer.

PROCESS SPECIFICATIONS

Assessment, Treatment/Recovery Planning and Documentation

1. The provider will maintain a standardized intake/admission log that tracks all applications for admission, documents admission decisions, reason for non-acceptance, and referrals made. Log shall be made available for review upon request.
2. For admission denials, the provider will facilitate referrals to appropriate services and/or resources.
3. The provider must utilize evidence-based assessment tools for assessing Substance Use Disorders (SUD) and for ASAM level of care.

A counselor completes an initial biopsychosocial clinical assessment using ASAM dimensions to gain and understanding of addiction severity, co-occurring mental health issues and trauma, physical health issues, family and social supports, housing stability and other issues for each Member that includes the following elements:

- A history of the use of alcohol, tobacco, and other drugs, including age of onset, duration, patterns, and consequences of use; use of alcohol, tobacco, and other drugs by family members; types of and responses to previous treatment; and risk for overdose;
 - Assessment of the Member's psychological, social, health, economic, educational/vocational status; criminal history; current legal problems; co-occurring disorders; disability status and accommodations needed, if any; trauma history; and history of compulsive behaviors, such as gambling. This assessment must be completed before a comprehensive service plan is developed.
 - Assessment of Member's HIV and TB risk status;
 - Identification of key relationships (e.g., significant others) supportive to individual's treatment and recovery;
 - A list of the Member's current medication, based on pharmacy label, which shows the date of filling, the name and contact information of the prescribing practitioner, the name of the prescribed medication, and condition for which the medication is prescribed;
 - When indicated, providers must conduct or make referral arrangements for necessary testing, physical examination, and/or consultation by qualified professionals.
4. The counselor/case manager works with the Member to create an individualized recovery treatment/service plan based on the clinical assessment, including, at a minimum:
 - A statement of the Member's strengths, needs, abilities, and preferences in relation to his/her substance use disorder treatment, described in behavioral terms;
 - The service to be provided, and whether directly or through referral;
 - The service goals, described in behavioral terms, with time lines;
 - Clearly defined staff and resident responsibilities and assignments for implementing the plan; and
 - A description of discharge plans and aftercare service needs.

The Clinical Supervisor reviews and approves the assessment and individualized recovery treatment/service plan.

Discharge Planning and Documentation

1. The counselor/case manager works with the Member to create an individualized aftercare plan that must include:
 - referrals to individual, group and/or family outpatient aftercare as appropriate;
 - alcohol and drug-free living environments;
 - vocational and educational opportunities;
 - resources to support access to social benefit programs; and
 - specify strategies to be used to follow-up with the Member after the Member leaves.
2. The counselor/case manager works with the Member to ensure that recovery maintenance strategies are in place and working effectively and that referrals to services have met intended goals.

3. The Clinical Supervisor reviews and approves the aftercare plan.

DOCUMENT HISTORY

- December 2020: Document created