



Recovery Support Navigator (RSN) Performance Specifications

Providers contracted for this level of care or service are expected to comply with all the requirements of these service-specific performance specifications. Additionally, providers contracted for this service and all contracted services are held accountable to the General performance specifications. The requirements outlined within these service-specific performance specifications take precedence over those in the general performance specifications.

Recovery Support Navigator (RSN) services are staffed by paraprofessionals who provide care management and system navigation support to Members with a diagnosis of substance use disorder and/or co-occurring mental health disorders. The purpose of RSN services is to engage Members as they present in the treatment system and support them in accessing treatment services and community resources. Members can access RSN services based on medical necessity and/or a referral by a medical or behavioral health provider, CCA Care Team, or other health professional who has contact with the Member and is able to identify the need for RSN services.

RSN services are appropriate for Members with substance use disorders and/or co-occurring disorders who are in need of additional support in remaining engaged in treatment, identifying and accessing treatment and recovery resources in the community including prescribers for addiction and psychiatric medication; and/or developing and implementing personal goals and objectives around treatment and recovery from addiction and/or co-occurring disorders. The RSN explores treatment recovery options with the Member, helps clarify goals and strategies, provides education and resources and assists Members in accessing treatment and community supports. The RSN is not responsible for a Member's comprehensive care plan, medical, or clinical service delivery, but supports the Member in accessing those services and participates as part of the overall care team when appropriate.

The RSN service is based within a licensed behavioral health outpatient clinic, opioid treatment program, emergency department, and RSNs can be deployed to any setting.

COMPONENTS OF SERVICE:

- The RSN must develop a set of goals and objectives in conjunction with the Member, based on needs identified by the Member, and/or any care plans that exist for the Member.
- The RSN must identify whether the Member has a comprehensive care plan in place and a current provider responsible for implementing the care plan. This includes, but is not limited to the CCA Care Team, primary therapist, addiction pharmacotherapy providers, residential program, state agency, or primary care provider (PCP). If the Member consents, the RSN ensures coordination and communication with that provider and tailors activities to the needs of the care plan.
- The RSN must connect the Member with providers able to develop and implement a comprehensive care plan if the Member does not have any such relationship. Such entities could include a PCP, prescribing psychiatrist, therapist, residential program, addiction pharmacotherapy providers, or a CCA Care Team.
- The RSN must support the Member in understanding the treatment options available to them, including 24-hour programs, outpatient options, and all FDA-approved options for addiction pharmacotherapy.
- The RSN must provide information about, and facilitate access to, community and recovery supports, including supports for families.

- The RSN must assist the Member in accessing treatment services including, but not limited to:
 - Facilitating warm hand-offs to programs by maintaining relationships with addiction providers within the Member’s geographic area; and
 - Navigating insurance issues with Members, including identifying and explaining in-network and out-of-network providers and advocating with providers and plans on the Member’s behalf.
- The RSN must provide temporary assistance with transportation to essential medical and behavioral health appointments while transitioning to community-based transportation resources.
- The RSN service is accessible to the Member seven days per week, directly or on an on-call basis. Outside business hours, the RSN provides telephonic coverage. An answering machine or answering service directing callers to call 911 or to Adult Mobile Crisis Intervention (AMCI), or to go to a hospital emergency department (ED), does not meet the after-hours on-call requirement.
- If a Member experiencing a behavioral health crisis contacts the RSN provider, during business hours or outside business hours, the RSN, based on their assessment of the Member’s needs and under the guidance of their supervisor, may:
 1. Refer the Member to their outpatient provider
 2. Refer the Member to an AMCI for emergency behavioral health crisis assessment, intervention, and stabilization; and/or
 3. Implement other interventions to support the Member and enable them to remain in the community, when clinically appropriate.
- The RSN must deliver services on a mobile basis to Members in any setting that is safe for the Member and staff. Examples of such a setting are a Member’s home, an inpatient or diversionary unit, emergency department (ED) or a day program.
- The RSN must provide linguistically appropriate and culturally sensitive recovery support navigation that embraces the diversity of people’s identities that includes racial, ethnic, gender/gender identity, sex, sexual orientation, physical and intellectual challenges, and their chosen pathway to recovery.
- When working with pregnant and/or parenting Members, in addition to the requirements listed above, Recovery Support Navigators must:
 - Work collaboratively with the pregnant and/or parenting Members to create and coordinate a Plan of Safe Care (also known as Family Support Plan), specifically designed to help the Member identify needed services for recovery and parenting.
 - Become familiar with local resources, such as home visiting services, lactation support services, parenting support groups, childcare programs, and other services designed to support parents and/or parents in recovery. The RSN must also develop partnerships with local providers, including local DCF and Early Intervention, to facilitate engagement and self-advocacy on part of the Member.
 - Collaborate with the Member around perinatal health and support needs, housing needs, healthcare needs, income needs, mental health, and substance use disorder treatment needs (including Medication Assisted Treatment) as identified in the Plan of Safe Care.
 - Support the Member in advocating for custody as appropriate. The RSN must assist the Member in following through a Plan of Safe Care or DCF Family Action Plan, if they have an open case.

STAFFING REQUIREMENTS

- All RSN paraprofessional staff must have at least a bachelor's degree in a related behavioral health field, or two years of relevant work experience, or lived experience of substance use disorders and/or behavioral conditions.
- RSN staff are supervised by a licensed, master’s level clinician with training and experience in providing

support services to adults with addiction and/or co-occurring disorders. Supervision includes Member specific supervision, as well as review of Member's treatment plan and goals.

- RSNs must possess sufficient knowledge and understanding about treatment and recovery from substance use disorders to fulfill the required activities in the Components of Service section. This includes, but is not limited to, an understanding of addiction services available for MassHealth Members and resources available in the geographic area where they will serve Members.
- The RSN is employed by a larger organization that provides mental health or addiction services and is licensed within the Commonwealth of Massachusetts.
- Organizations employing RSNs must ensure that RSN staff receive documented, annual training to enhance and broaden their skills. The training topics include but are not limited to:
 - Common diagnoses across medical and behavioral health care
 - Motivational interviewing and other engagement and outreach skills and strategies
 - Service coordination skills and strategies
 - Behavioral health and medical services, community resources, and natural supports
 - Insurance literacy
 - Principles of recovery and wellness
 - Cultural competence
 - Managing professional relationships with Members including, but not limited to:
 - Boundaries
 - Confidentiality
 - Peers as RSN workers
 - Service termination

Expectations of Transgender inclusive and affirming policies for non-overnight levels of care

It is the expectation of CCA that all contracted providers will provide inclusive and affirming care to our transgender/non-binary/gender diverse Members. For non-overnight levels of care this expectation is inclusive of, but not limited to:

- Consistently using the name and pronouns that the Member uses for themselves, even if this is not the name and/or pronoun set reflected in the Member's legal identification and/or CCA insurance card
- Ensuring that staff are regularly trained in best practices in delivering LGBTQIA+ inclusive and affirming—and, specifically, transgender inclusive and affirming— behavioral health and medical care
- Making determinations about access to any gender-based/gender separated service based on the gender with which the Member identifies, even if this is not the gender reflected in the Member's legal identification and/or CCA insurance card

PROCESS SPECIFICATIONS:

ASSESSMENT, TREATMENT/RECOVERY PLANNING, DISCHARGE PLANNING AND DOCUMENTATION:

- The RSN collaborates with the Member to develop a set of goals and objectives that guide the activities of the RSN services. If a Member has a care plan, such goals and objectives must be consistent and supportive of overall care plan.
- The goals and objectives will be used for documentation for clinical review and medical necessity.
- The RSN must document all required activities and care coordination efforts.
- The provider tracks, by referral source, all referrals for services they receive, the outcome of each referral, and if the provider declined to accept the referral, the reason for the declination.
- Discharge planning begins upon engagement of the Member with the RSN, and the RSN documents all discharged planning activity in progress notes in the Member's medical record.

- The Member participates in the discharge planning process. Such involvement is documented in the Member's medical record. With Member's consent, and unless clinically contraindicated, family members, significant others, state agencies, the Member's PCP, community supports, outpatient and other community-based providers are engaged in the discharge planning process. The purpose of this planning process is to expedite a Member-focused disposition to other services and supports when clinically indicated and with Member consent. If the Member chooses not to consent to such coordination, this is documented in their health record.
- Discharge from the program occurs when discharge criteria are met, as outlined within the RSN medical necessity criteria.
- Prior to discharge, the provider collaborates with clinical service providers to ensure a crisis prevention plan and/or safety plan is developed and/or updated in conjunction with the Member, and, with consent, shared with all providers of care and family members/significant others. The crisis prevention plan and/or safety plan is entered in Member's health record.
- A written aftercare plan is available to the Member at time of discharge. When consent is given, a copy of the aftercare plan will be forwarded to the family/guardian/significant other, or state agency, if they are affiliated with them, all appropriate community-based providers, PCP, and the local Adult Mobile Crisis Intervention (AMCI).

COMMUNITY AND COLLATERAL LINKAGES:

- Providers employing Recovery Support Navigators maintain written affiliation agreements with a wide variety of organizations, including behavioral health, medical, and non- medical service settings. These agreements can include Qualified Service Organization Agreements (QSOAs), Memorandums of Understanding (MOUs), Business Associate Agreements (BAAs) or other linkage agreements. Such agreements include the referral process, coordination of care planning and activities, as well as transition, aftercare, and discharge processes. Some examples of affiliation agreements include:

Non-24 Hour Substance Use Treatment

- Intensive Outpatient Programs (IOPs)
- Partial Hospitalization Programs (PHPs)
- Structured Outpatient Addiction Programs (SOAPs)
- Substance Use Disorder outpatient clinics
- Opioid Treatment Programs (OTPs)

24-Hour Substance Use Treatment

- Inpatient for Substance Use (ASAM Level 4)
- Acute Treatment Services (ASAM Level 3.7)
- Clinical Stabilization Services (ASAM Level 3.5)
- Transitional Support Services (ASAM Level 3.1)
- Residential Rehabilitation Services (ASAM Level 3.1)

Other Behavioral Health

- Adult Mobile Crisis Intervention (AMCI)
- Community Behavioral Health Centers
- Licensed Mental Health Centers
- Community Health Centers

Medical Settings

- Emergency Departments
- Primary Care Practices
- Licensed Mental Health Centers
- Hospital Settings
- OB/GYN Practices

- Community Health Centers
- Other Settings
- Criminal Justice Programs
- Specialty Drug Courts
- Faith Based Organizations
- Recovery Support Centers
- Supportive/Sober Housing

QUALITY MANAGEMENT:

- The provider will implement strategies to improve outcomes within their patient population receiving substance use disorder treatment. Specifically, the provider will work to improve these outcomes:
 - Increase in MAT/MOUD induction and continuation
 - Decrease in readmission to ED and inpatient services
 - Increase in referrals and transitions to lower levels of care (i.e., Non-24-hour levels of care and outpatient care)
 - Increase in program’s capacities to admit and treat individuals with behavioral health and a co-occurring physical health condition.
- Providers are required to collect data to measure the quality of their services. The provider must have a rigorous QI process to evaluate their care provided and review adherence to policies and procedures within the sites. Data may be collected via satisfaction surveys, electronic medical records, and other forms. The provider must develop and maintain a quality management plan.
- Providers will be required to report Enterprise Service Management (ESM) data to BSAS at admission and discharge.
- Clinical outcomes data must be made available to Commonwealth Care Alliance (CCA) upon request and must be consistent with CCA’s performance standards for this level of care for quality management and Network Management purposes.
- The success of the program and the care and well-being of the member relies on a collaborative partnership with Commonwealth Care Alliance and its provider network.
- All reportable adverse incidents will be reported to CCA and the MassHealth Office of Behavioral Health within one business day of their occurrence per policy and DMH licensing requirements to the relevant authorities and CCA. 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, or has recently been discharged from services.
- The facility and/or program will adhere to all reporting requirements of DPH and/or DMH regarding Serious Reportable Events (SRE) and all related matters.