Residential Rehabilitation Services (RRS) for Substance Use Disorders 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.

The RRS performance specifications, as outlined below, pertain to/include the following services:

- Residential Rehabilitation Services (RRS) for Adults Substance Use ASAM Level 3.1
- Residential Rehabilitation Services (RRS) for Young Adults (18-25) Substance Use ASAM Level 3.1
- Residential Rehabilitation Services (RRS) for Pregnant and Post-Partum Women ASAM level 3.1
- Residential Rehabilitation Services (RRS) for Families with Substance Use ASAM Level 3.1
- Co-Occurring Enhanced Residential Rehabilitation Services (COE RRS) ASAM Level 3.1

Admission to RRS, American Society of Addiction Medicine (ASAM®) criteria. Level 3.1, Clinically managed, low-intensity residential services is appropriate for Members who meet the diagnostic and dimensional criteria specified in accordance with the ASAM® criteria. RRS programs will provider this level of care until the Member's symptoms can be safely managed at a less-intensive level of care.

Exclusion criteria must be based on clinical presentation and not include automatic exclusions based on stable medical conditions, homelessness, medications prescribed including Medication for Opioid Use Disorder (MOUD), compliance with medications, or previous unsuccessful treatment attempts.

DEFINITIONS:

Adults RRS: consists of a structured and comprehensive rehabilitative environment that supports Members' independence and resilience and recovery from alcohol and/or another drug use. 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.

Young Adult RRS (ages 18-25): consists of a structured and comprehensive therapeutic milieu that is developmentally appropriate for young adults (ages 18-25). The program must reinforce a culture of recovery and well-being, self-help skills, pro-social activities. The program must support Members' recovery from alcohol and/or other drug uses. Scheduled, goal-oriented clinical services are provided in conjunction with ongoing support and assistance for developing and maintaining the skills necessary to function effectively in the community, including educational and/or employment opportunities, access to community-based services, and engagement with the recovery community.

Pregnant & Post-Partum RRS: provides a structured comprehensive environment that is able to serve the needs of pregnant and post-partum woman who are in recovery. Post-partum is defined as the period following childbirth up to one year. The program must support the Members and resilience as they move through recovery providing scheduled, goal-oriented clinical services and on- going support toward

achieving successful independent living in the community.

Family RRS: consists of a structured and comprehensive environment for families, including children up to the age of 18 that supports family recovery from trauma and the effects of Substance Use and encourages movement towards an independent lifestyle.
Scheduled, goal-orientated clinical services are provided in a family focused treatment recovery model, with the parent/caregiver(s) recovery from substance use central to the recovery of the family.

Co-Occurring Enhanced RRS: refers to a 24-hour, safe, structured environment, located in the community with therapeutic programming that supports Members' recovery from addiction and moderate to severe mental health conditions with the goal of supporting Members return to the community. In addition to goal- oriented clinical services, the RRS provides psychiatry and medication management support the Members stabilization. Clinical services are provided a minimum of five hours a week and additional outpatient levels of care may be accessed concurrently as appropriate.

COMPONENTS OF SERVICE:

- The provider complies with all licensing and standards of care requirements of the applicable licensing body. Provider complies with all requirements of the Department of Public Health (DPH) Bureau of Substance Addiction Services (BSAS) 105 CMR 164 Licensure of Substance Use Disorder Programs, including reporting requirements.
- Providers ensure 24/7 coverage that maintains a supportive, therapeutic environment for Members at all times. The provider ensures that Members have access to supportive, therapeutic milieu at all times, without exception.
- RRS providers will facilitate a morning meeting and at least one communal meal per day, 5 times per week and at least one house/community meeting per week.
- RRS Providers implements a daily schedule of activities that facilitate participation and promote recovery.
- RRS for providers ensure that, at a minimum, that 5 hours of individual and/or group therapy per week. Clinical and psychoeducational groups topics can include, but is not limited to:
    - Relapse and overdose prevention and recovery maintenance counseling and education, naloxone education and administration training
    - Mental health and trauma-informed care
    - Health and wellness topics, including stress reduction and nutrition
    - Use of prescribed medication
    - Education related to all medications approved by the Federal Drug and Food Administration (FDA) for the treatment of SUD,
    - Tobacco cessation
    - HIV/AIDS, STIs, viral hepatitis and other
    - Recovery support groups
- For Members who have given consent, the provider makes documented attempts to contact and the involves the guardian, family members, and/or significant others within one week of admission, unless clinically or legally contraindicated. RRS provider provides them with all the pertinent information related to maintaining contact with the program and the Member, including names and phone numbers of key nursing staff, primary treatment staff, social worker/case manager/discharge planner, etc. If contact is not made, this is documented in the Member's medical record.
- The provider ensures that program staff support Members with any social determinants of health and

social risk needs including, but not limited to, linkages to secure housing, PCP connection, continued connection to Mass Health and CCA, additional SUD counseling and recovery services outside of RRS programming and criminal justice support.

- The provider admits and has the capacity to treat Members who are currently on Medication for Addiction Treatment (MAT)/MOUD, including education about the benefits and risk of MAT. Such capacity may take the form of documented, active affiliation agreements with a facility licensed to provide such treatments.
- The provider ensures that each Member has access to medications and the provider has policies in place that allow for the safe and appropriate self-administration of medications by the Member.
- The provider ensures that each Member has access to medications prescribed for physical and behavioral health conditions and documents this in their chart.
- RRS staff are trained on the ASAM levels of care and how to access that care, particularly in planning continuity of care.
- Provider must facilitate access to recovery support navigator services and/or peer recovery coach services either directly or through referral.
- The provider is responsible for updating its bed availability, once per week at minimum, on Massachusetts Behavioral Health Access (MABHA) website www.MABHAccess.com. The provider is responsible for training all staff on the use of the website to locate other services, particularly to support discharge planning.
- The provider complies with DPH implementation of the Culturally and Linguistically Appropriate Services (CLAS) standards.
- Providers trains staff on the use of ASAM® criteria

In addition to the above, RRS for Young Adult (ages 18-25) components of service include:

- The provider offers treatment that is based on the developmental stages and needs of the young adults providing flexible individualized treatment, rehabilitation, and support/supervision that varies in intensity based on Member need.
- The provider ensures that services promote family and Member guided care focusing on skill building to enhance self-esteem, identify relapse triggers, build positive coping skills, and support vocational development and life skills training.
- The provider ensures that families participate in treatment as appropriate, and regular meetings with families are conducted.

In addition to the above, RRS for Pregnant and Post-Partum components of service include:

- Assessment and management of gynecological and/or obstetric, prenatal, and other health needs are conducted by referral. Provider must coordinate with OB/GYN, pediatrics and any other appropriate medical, social service providers, and state agencies.
- The provider ensures mental, developmental, and/or other needs of infants is conducted and/or provided through linkages with relevant services.
- Emergency hospital back-up for obstetric and gynecological services
- The provider arranges appointments for primary health, and mental health services including pediatric care, and specialized pediatric care as needed.
- The provider ensures that medical appointments during and after pregnancy are scheduled, and verification of whether these appointments in the Members record.
- The provider collaborates with the Member to create a treatment plan addressing parenting skills education, child development education and structured developmental activities, parent support,

family planning, nutrition, violence, safe relationships, and other relevant issues.

- Commonwealth Care Alliance offer s Doula program for our One Care Members. The provider
- reaches out to the CCA Care team at 866-420-9332 to discuss a potential referral to CCA's Doula Program
- The provider ensures collaboration with early intervention, home visiting, and other home-based. outpatient services so that Member can receive care from outpatient providers in the RRS home.
- The provider facilitates access, induction, maintenance, and ongoing support for Members enrolled in pharmacotherapies for opioid use.
- The provider arranges for family planning and reproductive health resources and ensures access to services related to HIV/AIDS, hepatitis, and other STI counseling and testing as needed by the Member.
- The provider ensures assistance in accessing WIC and nutritional programs.
- The provider ensures appropriate counseling regarding the following as needed:
    - Prenatal/Postnatal care
    - Nutritional education
    - Early childcare issues
    - Neonatal Abstinence Syndrome
    - DCF
    - Breastfeeding
    - Effects of smoking on fetal and child development
    - Family preservation
    - Parenting skill
    - Budgeting
    - Access to resource
    - Family planning
    - Medication-Assisted Treatment Services
    - Intimate partner violence and safe relationship services; violence prevention programs
- The provider offers or coordinates opportunities for parent/child relational and developmental Groups

In addition to the above, RRS for Families include the following additional components:

- The provider delivers trauma-informed health and family needs assessment and integrated family treatment plan.
- The provider ensures the Member receives at least five hours of individual, group, and family substance use counseling services based on individualized treatment plan.
- The provider provides for integrated substance use, mental health, domestic violence, and trauma services with appropriate releases of information and compliance with Health Insurance Portability and Accessibility ACT (HIPAA) and 42 CFR, Part 2.
- The provider ensures for Fetal Alcohol Spectrum Disorder (FASD) screening with an ability to provide or refer to a provider that can deliver individualized services for those with FASD.
- The provider creates and delivers individualized, family centered discharge and aftercare planning.
- The provider has the ability to provide appropriate medication management.
- The provider offers parenting skills training to Members to support the identified goals on the individualized treatment plan to support building and or repairing the parent/caregiver-child relationship delivered through trauma-informed care delivery model.
- The provider ensures Members receive the following services as needed:

- Housing/job search activities
- Self-help integrated into services
- Assistance applying for public assistance and benefits
- On-site developmental services/activities for children not accessing child-care in the community
- Afterschool programming for school aged children and adolescents

In addition to the above, RRS for Co-Occurring Enhanced Services include the following additional components:

- Co-Occurring Enhanced RRS programs must ensure that Members' medical, mental health, and addiction needs are being identified and addressed. The provider will ensure that Members have access to prescribers of psychiatric and addiction medications through one of the following arrangements:
  - Providers of Co-Occurring Enhanced Services ensures timely access to psychiatry and addiction psychopharmacology by operating outpatient services, including but not limited to:
    - Opioid treatment programs (OTPs)
    - Licensed mental health center
    - SUD clinic
    - Health center
    - PCP
    - Bridge clinic
    - Hospital or hospital satellite
    - Programs must be able to coordinate all activities related to the Member's care, including psychiatric and clinical services; or
  - If the Co-Occurring Enhanced RRS secures the above services through a partnership, the provider ensures Members utilizing these services receive a diagnostic and medication assessment within 48 hours of admission and that all services are coordinated with the staff of the Enhanced RRS. The provider is responsible to facilitate transportation to and from the outsourced providers.
- As part of Commonwealth Care Alliances (CCA) benefits, CCA Members have access to transportation. **Providers can access CCA transportation for CCA Members. The CCA Care Team can be reached by calling 866-420-9332.**
- The provider will ensure that Members have access to milieu treatment provided by an integrated team of staff that is trained in substance use, mental health, and psychiatry/medication management. Members' mental health and addiction pharmacotherapy needs must be addressed along with clinical and psychosocial needs.
- The provider is responsible for providing integrated care that involves the psychiatry and mid- level staff coordinate with all other program staff, attend staff meetings, review treatment plan, interact with Members.
- The provider has on-site nursing to oversee medication management, compliance, symptom management and supporting Members in maintaining medication regimes.
- The provider ensures that the Members medications are reconciled upon admission.
- The Members treatment plan should encompass the following:
  - Diagnostic and medication evaluations
  - A clinical assessment based on ASAM criteria and any appropriate supplemental assessments

- Prior treatment histories and/or treatment plans
- Coordination of the treatment plan with the Member
- On-going assessment and updates to the treatment plan
- Goals that focus on a better understanding of the relationships between addiction and mental health, coping with stress, making sense of past trauma, identifying triggers, improving relationships with family and friends, establishing a stable, dependable routines, relapse prevention and developing interpersonal and other recovery skills, necessary for success in the community
- Be developed with a trauma informed lens and be trauma responsive

STAFFING REQUIREMENTS:

- If the program is experiencing a hardship in meeting specifications, BSAS has a process for waiving regulatory requirements. The waiver process is described in the Department of Public Health (DPH) (BSAS) 105 CMR 164. The provider is responsible for informing CCA of any waivered requirements if the waiver is approved. Providers are responsible for communicating hardships that are not regulatory in nature to CCA.
- RRS provider complies with all staffing requirements of the applicable licensing body, the staffing requirements are outlined in 105 CMR 164 Licensure of Substance Use Disorder Programs, including reporting requirements.
- The program is staffed with the following:
  - A full-time program director who has full responsibility for the administration and operations of the program, including supervision of non-clinical staff
  - A distinct, full-time Clinical Director who must possess at least a master's degree in a clinical or social science field and meets 105 CMR 164 criteria for Senior Clinician or Clinician Supervisor. The Clinical Director is responsible for ensuring adequate and quality behavioral health treatment is being provided.
  - A full-time one counselor or case manager, trained in addiction and mental health treatment for every nine licensed beds.
  - Two full-time Medication Specialist on-site, who are responsible for the oversight, storage, and coordination of self-administered medication. Medication management includes Members self-administration oversight, storage, and coordination of all medication prescribed during treatment.
  - The program is staffed with at least two full time care staff present on each shift as outlined below and in 101 CMR 164, seven days a week, 24 hours per day. Direct care staff include Recovery Specialist, Counselors, Case Managers, Clinical Supervisors, and Medication Specialist:
    - No less than eight hours of awake coverage per shift per building
    - 16 hours of awake coverage for each day and evening shift per 30 licensed beds
    - 8 hours of awake coverage per overnight shift per 50 residents
    - 16 hours of awake coverage per overnight shift per 51 to 100 residents
    - 24 hours of awake coverage per overnight shift per 101 – 150 residents
- The provider ensures that team members have training in evidence- based recovery and mental health practices and are provided with opportunities to engage in continuing education to refine their skills and knowledge in emerging treatment protocols.
- The program designates from the staff an HIV/AIDS/HEP C coordinator, a tobacco education

coordinator (TEC), an access coordinator, and a culturally and linguistically appropriate services (CLAS) point person.
- The provider ensures that all staff receive supervision consistent licensure standards.
- The provider ensures that staff are trained in evidence-based practices and are provided with opportunities to engage in continuing education to refine their skills and knowledge in emerging treatment protocols.

In addition to the above staffing requirements, RRS for Young Adult RRS (ages 18-25) includes:
- The provider is staffed with one full-time program director designated exclusively for oversight of the program at each site, regardless of size. The program director must have demonstrated experience in treating SUD, working with young adults, and administrative/management. The program director and clinical supervisor will jointly ensure training and supervision of each direct care/milieu staff member.
- The provider is staffed with one full-time clinical supervisor who provides a combination of individual, group, and family clinical services, as well was supervision of staff. The clinical supervisor will support the program director in providing individual and group supervision to direct care staff.
- The program is staffed with one full-time case manager to provider after care coordination and additional case management needs with providers and recovery services.
- The program is staffed with a Peer Recovery Specialist to conduct assessments and provide individual and group services to Members according to the following coverage parameters:
    - A minimum of three peer recovery specialists are on shift from 7 am until 11 pm
    - A minimum of two peer recovery specialists are on shift from 11 pm until 7 am

In addition to the above staffing requirements, RRS for Pregnant and Post-Partum includes:
- A parenting specialist, child services coordinator, or clinical staff person with specific training in trauma and parenting must be available either through agency hire or contract.

In addition to the above staffing requirements, RRS for Families includes:
- Program is staffed with one full-time Program director who is responsible for all administrative and management functions of the program, including budget and personnel.
- Program is staffed with one full-time Clinical Director/Senior Clinician, responsible for the supervision of all clinical staff, the clinical programming and counseling, staff development, implementation of best practices, and supervision of all clinical record keeping and reporting.
- Program is staffed with one full-time Family Specialist (master's level senior clinician) who will. provide clinical family services through individual, group and family therapy under the supervision of Clinical Director
- Program is staffed with 8.5 full-time Recovery Specialist who will have caseloads and provide individual, group, and case management services under the supervision of the clinical director, as required under the LADC guidelines for II and III level clinicians.
- Program is staffed with one full-time Child Service Coordinator who is responsible for the children's portion of family service plans, to oversee both in/out of house children's activities.
- Program is staffed with one-full time Child Service Assistant who will assist in the Child Service Coordinator developing the children's part of service plan.
- Program is staffed with sufficient staff to have a minimum of two direct care/Recovery Specialist coverage at all times.
- All program staff will be knowledgeable of requirements and procedures for reporting suspected

cases of abuse and neglect in accordance with Massachusetts General Law on reporting of suspected abuse or neglect (51A Reports).

In addition to the above staffing requirements, RRS for Co-Occurring Enhanced staffing includes:

- An integrated staffing model which utilizes staff from affiliated outpatient clinics and/or health centers to support the medical and pharmacological needs of the Members in the program including:
    - Medical staff, which may include psychiatrists, addiction physicians, mid-level practitioners, and registered nurses, must be available through a health center and/or outpatient clinic to support the medical and pharmacological needs of the Members in the program.
    - Medical staff shall deliver medical and psychiatric services as allowable under the affiliated clinic licenses and keeping with their supervisory requirements.
    - The COE RRS per diem rate includes overhead to support integration of medical staff with program based clinical and direct care staff to ensure coordinated treatment planning and service delivery according to the requirements in the components of service section.
- Program staff positions funded through the per diem rate include:
    - A full-time program director who carries full responsibility for the administration and operations of the program.
    - A full-time Clinical Director who meets the definition of Licensed Professional (e.g., LICSW, LMHC, or LMFT, or LADC1) and is able to provide supervision to Licensure track and master's-level clinicians, bachelor's-level paraprofessionals, and recovery specialists in the program.
    - The clinical director must have experience, competency, and/or training in both addiction and mental health.
    - A part time registered nurse to support medication compliance and monitoring of symptoms. Nurse time must be flexed according to case mix and the needs of Members in the program.
    - A distinct, full-time recovery specialist supervisor who is able to supervise the staff providing treatment to individuals with both addiction and mental health needs.
- A mix of clinical and paraprofessional, and recovery specialist staff are responsible for:
    - Delivering clinical services coordinating Members' treatment plans
    - Providing direct care, coverage, and milieu supervision
    - Facilitating a therapeutic milieu through meetings and groups
    - Care coordination and aftercare needs
    - Program staff must contain an appropriate mix of LPHA, MA, BA, and recovery specialist staff with experience, competency, and/or training in mental health and substance use

PROCESS SPECIFICATIONS
ASSESSMENT, TREATMENT/RECOVERY PLANNING DISCHARGE PLANNING, COMMUNITY AND COLLATERAL LINKAGES:

- 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. This log shall be made available for review upon request by CCA. If an admission is denied, the provider will facilitate referrals to appropriate outside services and resources.
- The provider must utilize evidence-based assessment tools for assessing Substance Use (SUD) and for ASAM level of care.

- A counselor completes the 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 substance use including tobacco, alcohol and other substances including duration, patterns, consequences, and family history of use
    - An assessment of the following to support the development of a comprehensive treatment plan:
        - Psychological, social, health, economic, educational/vocational status
        - Current legal involvement and history of legal involvement
        - Co-occurring disorder diagnosis; psychological and medical including HIV and TB status and risks
        - Disability status and accommodations
        - Trauma history
        - History of compulsive behaviors
    - Identification of key natural supports
- A list of the Members current medications and the condition for which the medication is prescribed. Information for the medication list should be sourced from the pharmacy label on the medication bottle. The CCA Care Team can also assist in determining an accurate list of medications, prescriber, and pharmacy. The CCA Care Team can be reached by calling 866-420-9332.
    - Develop a list of current medications, i.e., those the Member was prescribed prior to admission and verification with prescriber(s) is completed
    - Making clinical decisions based on the comparison and, when indicated, in coordination with the Member's PCP
    - When necessary, providers will conduct or arrange for referrals for necessary testing, physical exam, or access to/consultation with qualified professionals
- The provider uses medication specialist staff (MMS) to keep records of Members medications and oversee medication management. MMS provides medication support services that include:
    - 16 hours of medication specialist services
    - 8 hours of consultation around medication support
    - Overnight and record keeping of resident medications, managing storage; and coordination of Member self-administered medications
- In collaboration with the Member, the counselor develops an individualized recovery plan based on the above assessment criteria and includes:
    - A statement of the Members strengths, needs, abilities and preferences in relation to their substance use treatment. The statement should be stated in behavioral terms with timelines
    - Service goals and services need to achieve those goals including if the supports to meet those goals will happen in-house or via a referral
    - Clearly defined staff and resident responsibilities and assignments for implementing the treatment plan
    - A description of the discharge and aftercare plan
- A clinical supervisor reviews and approves the treatment and aftercare plan ensures that this

information is documented in the Members record.

- The counselor/case manager collaborates with the Member to create an individualized aftercare plan that must include:
    - Referrals to individual, group and/or family outpatient aftercare as appropriate
    - Living in alcohol and drug-free living environments
    - Vocational and educational opportunities
    - Resources to support access to social benefit programs
    - Strategies to be used to follow-up with the Member after the Member leaves
- The counselor/case manager collaborates with the Member to ensure that recovery maintenance strategies are in place and working effectively and that referrals to services have met intended goals.
- A clinical supervisor reviews and approves the discharge and aftercare plan and ensures that this information is documented in the Members record.

In addition to the above discharge planning, community, and collateral linkages, RRS for Young Adult RRS (ages 18-25) includes:

- The provider ensures that aftercare planning is indicated at the time of admission, continues through the treatment episode, and includes focus on the following:
    - An individualized aftercare program designed to offer continued support to both the young adult and the family, allowing for a smoother transition back into the home and community.
- Referrals to services and supports that address a more holistic set of needs including individual, group and family counseling; psychiatry; vocational/educational services; safe and supportive housing options; social benefit programs for which the Member may be eligible; self-help and community-based recovery supports.
    - Overdose prevention education as a necessary component of the treatment and aftercare plan for any Member who has been using opioids.
- The provider will ensure program has clearly defined and formalized linkages to the following programs and services:
    - Adult Mobile Crisis Intervention (AMCI)
    - Acute Treatment Services (ATS) (ASAM Level 3.7)
    - Clinical Stabilization Services (CSS) (ASAM Level 3.5)
    - Transitional Support Services (TSS) (ASAM Level 3.1)
    - Structured Outpatient Addiction Program (SOAP)
    - Day Treatment
    - Partial Hospitalization Programs (PHP)
    - Community Crisis Stabilization (CCS)
    - CCA's Marie's Place
    - Regional court clinics
    - Sober housing
    - Licensed Community Mental Health Centers
    - Substance Use outpatient clinics
    - Recovery Learning Centers
    - Shelter programs
    - Criminal justice system

- State agencies (i.e., DMH, DDS, DCF)
- Massachusetts Rehabilitation Services (Mass Rehab)
- Community Health Centers
- MAT/MOUD treatment providers
- HIV testing and counseling
- Outpatient behavioral health services

In addition to the above discharge planning, community, and collateral linkages, RRS for Pregnant and Post-Partum includes:

- The provider ensures that upon discharge Members have an individualized Member aftercare plan which includes referrals to the following services, if indicated in the Member's treatment plan:
  - Housing preparation, Family transitional/permanent living opportunities.
  - Childcare service, Early Intervention programs, Women, Infant and Children (WIC) and other nutritional programs, high-risk infant/family support programs, Healthy Start
  - Vocational and educational rehabilitation services; and
  - Medication Assisted Treatment (MAT) services
  - Legal services and transitional assistance
- Primary health and mental health services (including pediatric care and specialized pediatric care as indicated), support services for survivors of intimate partner violence or sex trafficking, and other social services as needed.

In addition to the above discharge planning, community, and collateral linkages, RRS for Families includes:

- The provider ensures that aftercare planning is initiated at the time of admission, continues throughout the treatment episode, and includes the following:
  - Treatment and case management after discharge
  - Housing
  - Childcare
  - Transition to work
  - Engagement in treatment activities
  - Custody status
  - Health and other necessary social services

In addition to the above discharge planning, community, and collateral linkages, RRS for Co- Occurring Enhanced includes:

- The provider will ensure that clinicians and team members have training in evidence-based practices and emerging treatment protocols.
- With Member consent, the provider will collaborate in the transfer, referral, and/or discharge planning process to another treatment setting to ensure continuity of care.
- The provider maintains written affiliation agreements linkage agreements with local providers and levels of care (LOC) and demonstrates capacity to work collaboratively with these LOC. Staff members must be familiar with all of the following levels of care/services and can and will accept referrals from, and refer to, these levels of care/services when clinically indicated:
  - General and Inpatient psychiatric hospitals
  - Adult Mobile Crisis Intervention (AMCI)

- Emergency Departments (ED)
- Acute Treatment Services (ATS) (ASAM Level 3.7)
- Clinical Stabilization Services (CSS) (ASAM Level3.5)
- Transitional Support Services (TSS) (ASAM Level3.1)
- Structured Outpatient Addiction Program (SOAP)
- Day Treatment
- Partial Hospitalization Programs (PHP)
- Community Crisis Stabilization (CCS)
- CCA's Marie's Place
- Regional court clinics
- Sober housing
- Licensed Community Mental Health Centers
- Substance Use outpatient clinics
- Recovery Learning Centers
- Shelter programs
- Criminal justice system
- State agencies (i.e., DMH, DDS, DCF)
- Massachusetts Rehabilitation Services (Mass Rehab)
- Community Health Centers
- Recovery Learning Centers
- Recovery Coaches (RC)
- Recovery Support Navigators (RSN)
- Community Support Program (CSP) and specialty CSP services
- Mutual Aid programs including AA, NA, Al-Anon
- MAT/MOUD treatment providers
- HIV testing and counseling
- Outpatient behavioral health services

- With the Members consent, the provider collaborates with the Members PCP
- The provider ensures that the Member has transportation to and from external provider appointments. As a CCA Member, transportation is included as a benefit to CCA Members. The provider secures transportation for a CCA Member by calling the CCA Care Team @ 866-420-9332

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 a co-occurring physical health condition.
- Providers will be required to report Enterprise Service Management (ESM) data to BSAS at admission and discharge in compliance with 105 CMR 164 Licensure of Substance Use Disorder

Treatment Programs.

- The facility and/or program will develop and maintain a quality management plan that is consistent and that utilizes appropriate measures to monitor, measure, and improve the activities and services it provides.
- The facility utilizes a continuous quality improvement process and will include outcome measures and satisfaction surveys, to measure and improve the quality of care and service delivered to Members, including their families.
- Providers are required to collect and measure outcome data and incorporate the data in treatment plans in the medical records and inform clinical programming.
- 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 members relies on a collaborative partnership with Commonwealth Care Alliance and its provider network.
- All reportable adverse incidents will be reported to within one business day of their occurrence per 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, or has recently been discharged from services.
- The provider must report any adverse events that occur to the relevant authorities and CCA.
- 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.

DOCUMENT UPDATES:

- December 2024: Revised template