



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

Residential Rehabilitation Services for Substance Use Disorders are clinically managed, low-intensity residential services that provide a 24-hour, seven days per week, supervised structured and comprehensive rehabilitative environment. The services support Members' independence and resilience to help them fully stabilize in recovery.

Admission to RRS is appropriate for Members who meet the diagnostic and dimensional criteria specified in accordance with the ASAM® criteria for Clinically Managed, Low-Intensity Residential Services. RRS programs will provide 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, and 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 Members build 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-oriented 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 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 to support 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.

STANDARD RRS 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 and 130 CMR 418 Substance Use Disorder Treatment Manual, 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 a 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 implement a daily schedule of activities that facilitate participation and promote recovery.
- RRS providers ensure that, at a minimum, 5 hours of clinical programming, individual and/or group therapy per week are provided. Clinical and psychoeducational groups topics can include, but are 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 U.S. Food and Drug Administration (FDA) for the treatment of SUD
 - Tobacco cessation
 - HIV/AIDS, STIs, and viral hepatitis

- Recovery support groups
- For Members who have given consent, the provider makes documented attempts to contact, and involve, the guardian, family members, and/or significant others within one week of admission, unless clinically or legally contraindicated. The 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 MassHealth and CCA, additional SUD counseling and recovery services outside of RRS programming and criminal justice support.
- The provider begins working with the member immediately upon admission, and 2-3 times weekly thereafter, on aftercare planning to facilitate a smooth transition back to the community, with referrals to the most appropriate housing, educational/vocational supports, and community-based services for ongoing care.
- The provider admits and has the capacity to treat Members who are currently on Medication for Addiction Treatment (MAT)/Medication for Opioid Use Disorder (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 the following medication management activities are initiated for each Member upon admission:
 - Develop a list of current medications, i.e., those the Member was prescribed prior to admission to RRS and verify the prescriber(s)
 - Make clinical decisions based on the comparison and, when indicated, in coordination with the PCP
 - Coordinate with providers to make sure that Members have access to medications that they are prescribed and coordinate any changes in medication with current prescribers.
 - Oversee medication passes
 - Communicate the updated list of medications to the Member and to appropriate caregivers, PCP and other providers (with consent). All medication activities are documented in the Member's health record.
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- RRS staff are trained in 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 the 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.
- Provider trains staff on the use of ASAM® criteria

In addition to those listed under “Standard RRS Components of Service”, 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 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 those listed under “Standard RRS Components of Service”, 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.
- Mental, developmental, and/or other needs of infants is conducted and/or provided through linkages with relevant services.
- The arrangement of emergency hospital back-up for obstetric and gynecological services
- Arranging appointments for primary health, and mental health services including pediatric care, and specialized pediatric care as needed.
- Coordination of medical appointments during and after pregnancy, and verification of whether these appointments were attended is documented in the Members’ record.
- Collaboration 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.
- Referral and coordination as appropriate to CCA’s Doula program for One Care Members by calling 866-420-9332.
- Collaboration with early intervention, home visiting, and other home-based outpatient services so that the Member can receive care from outpatient providers in the RRS home.
- Facilitation of access, induction, maintenance, and ongoing support for Members enrolled in pharmacotherapies for opioid use.
- Arrangement of 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.
- Assistance in accessing WIC and nutritional programs.
- Coordinates 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 skills
 - Budgeting
 - Access to resources
 - 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 those listed under “Standard RRS Components of Service”, RRS for Families include the following additional components:

- Trauma-informed health and family needs assessment and integrated family treatment plan.
- At least five hours of individual, group, and family substance use counseling services based on an individualized treatment plan.
- 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.
- 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.
- Individualized, family centered discharge and aftercare planning.
- 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 a trauma-informed care delivery model.
- Coordination of the following services as needed:
 - Housing/job search activities
 - Self-help services
 - Assistance applying for public assistance and benefits
 - On-site developmental services/activities for children not accessing childcare in the community
 - Afterschool programming for school aged children and adolescents

In addition to those listed under “Standard RRS Components of Service”, RRS for Co-Occurring Enhanced Services include the following additional components:

- Ensuring 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:
 - Ensuring 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 for facilitating transportation to and from

the outsourced providers.

- Ensuring 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.
- Coordinated psychiatry services by providing infrastructure to ensure psychiatrists and mid-level staff coordinate with all other program staff, attend staff meetings, review treatment plans, and interact with Members. Such infrastructure includes, but is not limited to providing space on site, shared staff with an outpatient clinic, time in the daily schedule, procedures and protocols to ensure coordinated care.
- On-site nursing to oversee medication management, compliance, symptom management and support Members in maintaining medication regimes.
- Medication reconciliation upon admission.
- The Member's 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 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

STANDARD RRS 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 waived 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 and in 130 CMR 418 Substance Use Disorder Treatment Manual, 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.
 - One counselor or case manager, trained in addiction and mental health treatment, for every nine licensed beds.

- At least two full-time care staff present on each shift as outlined below and in 101 CMR 164, seven days per 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, prorated according to the number of 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
 - At minimum, there are at least two recovery specialists or case aides present for each overnight shift.
 - Where the resident census exceeds 100 residents, the provider ensures four direct care staff are present on all shifts.
- The provider uses medication specialist staff (MMS) to keep records of members' medications and oversee medication management.
- 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.
- At minimum, there is one staff person trained in CPR and Naloxone administration on duty each shift.
- The provider ensures that all staff receive supervision consistent with licensure standards.

In addition to the above Standard RRS staffing requirements, RRS for Young Adult RRS (ages 18-25) includes:

- 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.
- One full-time Clinical Supervisor who provides a combination of individual, group, and family clinical services, as well as supervision of staff. The clinical supervisor will support the program director in providing individual and group supervision to direct care staff.
- One full-time Case Manager to provide aftercare coordination and additional case management needs with providers and recovery services.
- 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 Standard RRS 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 Standard RRS staffing requirements, RRS for Families includes:

- One full-time Program Director who is responsible for all administrative and management functions of the program, including budget and personnel.
- 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.
- 8.5 full-time Recovery Specialists who have caseloads and provide individual, group, and case management services under the supervision of the clinical director, as required under the LADC guidelines for Level II and III clinicians.
- 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.
- One full-time Child Service Assistant who will assist the Child Service Coordinator in developing the children's part of service plan.
- Sufficient staff to have a minimum of two direct care/Recovery Specialists covering 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 Standard RRS 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 in 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 and 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

STANDARD RRS 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 an 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 Member's 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
 - Make 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 needed 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 and ensures that this information is documented in the Member's 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
 - 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
 - Peer Recovery Coach services
 - Recovery Support Navigator services
- 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.
- The provider collaborates in the transfer, referral, and/or discharge planning process to ongoing recovery and/or treatment services, with Member consent, to ensure continuity of care.
- Staff members are familiar with all of the community collateral and supportive levels of care/services and are able and willing to accept referrals from, and refer to, these levels of care/services when indicated.
- The provider maintains written affiliation agreements, or linkage agreements with local providers of these levels of care necessary to meet the needs of Members being served at the RRS and that refer a high volume of Members to its program and/or to which the program referrals a high volume of Members. Such agreements include the referral process, as well as transition, aftercare, and discharge processes. Affiliations include, but are not limited to:
 - Community Behavioral Health Centers (CBHC)
 - Behavioral Health Urgent Care (BHUC)
 - Community Mental Health Centers
 - Mobile Crisis Intervention (MCI)
 - Opioid Treatment Programs (OTP)

- The provider collaborates with the PCP and other community providers with Member consent.
- Coordination of transportation to and from external provider appointments. Transportation to covered medical appointments within 50 miles is included as a benefit to CCA Members. The provider secures transportation for a CCA Member by calling the CCA Care Team at 866-420-9332
- The provider works collaboratively with multiple systems, such as SUD treatment providers, primary care, community-based support services, housing services, mental health providers, and the criminal justice system, as appropriate.
- A clinical supervisor reviews and approves the aftercare plan and ensures that this information is documented in the Members record.

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

- Aftercare planning is initiated 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.
- 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 Standard RRS discharge planning, community, and collateral linkages, RRS for Pregnant and Post-Partum includes:

- An individualized Member aftercare plan available to the member upon discharge 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 and/or 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.
- Documented operational agreement with obstetrical practices and/or birthing hospitals in the area, allowing for coordinated prenatal and postpartum care.
- Collaboration with early intervention and other home-based outpatient services so that Members can receive care from outpatient providers on-site.

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

- A trauma-informed health and family needs assessment.
- An individualized SUD treatment plan for the parent/caregiver, as well as an integrated family treatment service plan for the entire family.
- 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
- Formalized linkages to the following:
 - Mental health, physical health and social services
 - Opioid treatment services
 - HIV testing and counseling sites
 - The Department of Early Education and Care's childcare services through childcare resource and referral agencies
 - Communication with parents/caregivers, program staff, case managers and other professionals working with the family
 - Referrals for children's medical and/or mental health services, and appropriate follow-up activities
 - Housing resources

- Other state agencies as indicated (ex: DMH, DYS, DCF, DDS, MRC)
- Job readiness, skill building and search service resources
- Educational and training resources
- Legal aid
- Childcare

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

- Training in evidence-based practices and emerging treatment protocols for clinicians and team members.
- With Member consent, coordinating transfer, referral, and/or discharge planning process to another treatment setting to ensure continuity of care.
- The creation of an individualized aftercare plan that includes:
 - A connection to a community-based prescriber for mental health and addiction related medications as appropriate
- Written affiliation 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 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
 - 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

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 or 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 members rely 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
- March 2026: Annual review; revised description of RRS service and medication related requirements