



Structured Outpatient Addictions Program (SOAP) 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.

Structured Outpatient Addictions Program (SOAP): is a short-term and clinically intensive structured day and/or evening substance use disorder services. This program focuses on transitioning Members who have been discharged from Acute Treatment Services (ATS) American Society of Addiction Medicine (ASAM®) Level 3.7 or Clinical Stabilization Services (CSS) ASAM Level 3.5 back to the community with the support of non-24-hour diversionary care, or who need more structured treatment than outpatient services. The program offers an outpatient multi-disciplinary treatment model to address the sub-acute needs of Members with addiction and co-occurring diagnosis and focuses on supporting the Member to transition back to and participate in the community, work, and family life. The SOAP team may incorporate evidence-based practices such as Motivational Interviewing into clinical programming to promote individualized treatment planning. These programs may include specialized services and staffing for targeted populations, including pregnant women or Members who are homeless. SOAP services are only provided in Department of Public Health (DPH)-licensed, freestanding facilities skilled in addiction recovery treatment, outpatient departments in acute-care hospitals, or licensed outpatient clinics and facilities. SOAP services must meet requirements as set forth in 130 CMR 418.000.

Enhanced Structured Outpatient Addictions Program (E-SOAP): ASAM® intensive outpatient services is a program that provides short-term, clinically intensive, structured day and/or evening substance use disorder services. E-SOAP specifically serves specialty populations including homeless individuals and people at risk of homelessness, and pregnant individuals. E-SOAP services must meet requirements as set forth in 130 CMR 418.000.

COMPONENTS OF SERVICES:

- The programs will comply with all applicable Department of Public Health (DPH) and Department of Mental Health (DMH) licensure and resulting requirements as set forth in 130 CMR 418.000.
- The SOAP meets the needs of Members who demonstrate symptomatology consistent with a DSM diagnosis, inclusive of psychosocial factors as well as psychiatric, substance use and/or co-occurring disorders that require structured interventions.
- An orientation packet is provided to every Member at the time of acceptance to the SOAP that describes:
 - The treatment philosophy and mission statement of the program
 - Criteria for admission and expectations for continued participation in the program
 - The components of the program and behavioral goals that can be accomplished by participation in the program.
 - The daily schedule of all treatment groups that make up the program

- Criteria for discharge from the program
- The procedure for making after-hours emergency contact with the program
- The procedure for communicating any complaints about the program to the provider and to CCA
- The continuum of care available during and following participation in the program
- The SOAP assists Members with access to psychiatric and psychopharmacology services, as clinically indicated, by providing this service directly within the SOAP provider agency or by referral supported by a Memorandum of Understanding (MOU) or Affiliation Agreement with other provider(s) for the same.
- The SOAP requests drug screening services when medically necessary as part of a diagnostic assessment or component of an individual treatment/ recovery plan that includes other clinical interventions. All requests must be made in writing by an authorized prescriber (i.e., physician, physician assistant, nurse practitioner). The prescriber documents medical necessity for the drug screening and test results are saved in the Member's medical record.
- Full therapeutic programming is provided at least 5 days per week with sufficient multidisciplinary team to render these services and manage a therapeutic milieu. The scope of required service components provided in this level of care includes, but is not limited to:
 - A multidimensional bio-psychosocial evaluation
 - Assignment of a primary counselor
 - Individual, group, and family counseling by a clinician
 - Treatment/recovery planning
 - Relapse prevention education, including structuring of time outside of program
 - Case management
 - Access to Peer and Recovery support services
 - Aftercare/discharge planning
 - Development and/or updating of crisis prevention plan, and/or safety plan
 - Access to medication evaluation and medication management, as needed, directly or by referral
 - Access to medical services for pregnant woman
 - Identification of family, community, and/or natural supports
 - Substance use assessment and treatment services, as clinically indicated
 - Nursing assessment and services as clinically indicated
 - Contact with Member's Primary Care Provider (PCP) with Member consent
- The SOAP provides a minimum of half a day of service (one 3.5-hour unit) including a combination of at least two groups and one brief individual meeting daily. The programming addresses the addictions recovery and behavioral health needs of specific populations as clinically indicated. A full day of SOAP (two units) provides a minimum of four groups and one brief individual meeting.
- The SOAP provides individual counseling at least once per week and one weekly group for family, guardian, and/or other natural supports to focus on understanding recovery and/or co-occurring conditions and support the Member.
- If a member experiencing a behavioral health crisis contacts the provider during business hours or outside business hours, the provider, based on their assessment of the Member's needs and under the guidance of their supervisor, is expected to:
 - Implement other interventions to support the Member and enable them to remain safely in the community including highlighting elements of the Member's crisis prevention plan and/or safety plan, encouraging implementation of the plan, offer constructive, step-by-step strategies which the Member may apply, and/or follow up and assess the safety of the Member and other involved parties, as applicable
 - Refer the Member to an Adult Mobile Crisis Intervention (AMCI) for emergency behavioral

health crisis assessment, intervention, and stabilization

- The SOAP is responsible for updating its availability capacity, once per week on the Massachusetts Behavioral Health Access website (www.MABHAccess.com). The SOAP is also responsible for keeping all administrative and contract information up to date on the website. The program is also responsible for training staff on the use of the website to locate other services for Members, particularly in discharge planning.

STAFFING REQUIREMENTS:

SOAP

- The programs will comply with all applicable requirements as set forth in 130 CMR 418.000 and meet the minimum requirements set forth in 105 CMR 164: Licensure of Substance Use Disorder Treatment Programs.
- The program will follow formal procedures for credentialing, periodic re-credentialing, supervision, orientation to policies and procedures, and training of all staff including special attention to trainings that focus on co-occurring mental health and substance use diagnosis.
- The SOAP ensures that a full-time program director (or their clinically licensed designee) who is responsible for the daily administration and operation of the program.
- The program employs a Clinical Director who is employed on a full-time basis and is responsible for adequacy and appropriateness of member care, and oversight of quality management.
- The program must employ sufficient staff that meet the requirements set for in 105 CMR 164 to ensure that individual, group, family counseling and treatment planning is provided to meet the needs of Members receiving services.
- The program must designate a case manager responsible for supporting Members in obtaining medically necessary services providing information, referral coordination, discharge planning, and follow-up.
- The program must employ at least one independently licensed clinician, in addition to the Clinical Director, to support additional oversight of clinical adequacy, and appropriateness of member care and quality management of the program.

E-SOAP

- Programs must meet all requirements for SOAP services set in 130 CMR 418.000 and must designate a minimum, of the following:
- Program employs a full-time case manager, working under the supervision of the clinical director. Case managers must ensure Members are connected to appropriate services, including OB/GYN, pediatrics, family care providers, CSP-HI, CSP-TPP, housing resources, school resources, and other medical/social service providers or state agencies (i.e., DMH, DCF).
- The program must employ at least one independently licensed clinician, in addition to the Clinical Director, to support additional oversight of clinical adequacy, and appropriateness of member care and quality management of the program.
- In addition, the program must ensure that clinical staff are trained and able to deliver the following services including family and adolescent counseling, services for Members experiencing or at risk of experiencing homelessness and pregnant Members.
- Staffing should reflect the cultural, gender, and linguistic needs of the community it serves.
- The SOAP provides staff orientation and at least annual training that includes but is not limited to the treatment of substance use disorders and co-occurring diagnosis, stages of change and motivational interviewing.

PROCESS SPECIFICATIONS:

ASSESSMENT, TREATMENT/RECOVERY PLANNING AND DOCUMENTATION:

- The SOAP ensures that a daily treatment team meeting convenes to address programming issues and to review Member participation.
- The provider tracks all referrals to the program, by referral source, and if the referral is not accepted, the reason for the refusal is documented.
- A multidisciplinary treatment plan will be developed, based on a thorough biopsychosocial assessment, within 72 hours of admission.
- The SOAP program ensures the following are included in the Member's medical record:
 - Progress note documenting the completion of the biopsychosocial assessment during the first visit
 - One progress note for every 3.5-hour unit attended by the Member that summarizes the Member's participation in their treatment/recovery plan as observed in two groups, a brief individual meeting, and Member specific multidisciplinary treatment team discussion that day
 - A progress note for every individual session
 - A progress note for every family session or contact
 - Ongoing documentation of case management services provided and referrals and or appointments made for Member's behalf
 - A progress note for any psychopharmacology and/or psychiatric contact provided within the SOAP by the SOAP provider
 - A progress note that documents any drug screening/testing administered, medical necessity and results documented
 - Documentation of any missed sessions and attempts to make follow-up contact, reasons given for absence, and staff rationale for continuation or discontinuation of the SOAP
 - A progress note for any after-hours/emergency contact that occurs
 - Indication of the strengths of the individual and their family/natural supports as identified. Commonwealth Care Alliance (CCA) can support and collaborate with the SOAP team concerning details of a member's history, both medical and behavioral. CCA's Care Team can be reached by contacting CCA's Provider Line 866- 420-9332.

DISCHARGE PLANNING, COMMUNITY AND COLLATERAL LINKAGES:

- Discharge is a planned process that begins upon admission and development of a treatment plan and is continuous throughout treatment with updates as necessary and clinically appropriate.
- Case management services begin when a Member is admitted into the program and focuses on establishing linkages in the community to assist the Member with engaging in community services during the course of treatment and upon discharge. Discharge plans should include Member's concerns and Member's social risk factors including those related to housing, food security, peer and/or recovery and relapse services, finances, health care, transportation, occupational and education concerns as well as social supports.
- The provider collaborates with all of the following levels of care/services for service linkages and care coordination, and is able and willing to accept referrals from and refer to these levels of care/services when clinically indicated:
 - Inpatient mental health facilities
 - ASAM Level 4 Detoxification Services
 - Acute Treatment Services (ATS) for Substance Use Disorders ASAM Level 3.7
 - E-ATS for Individuals with Co-occurring Mental Health and Substance Use Disorders ASAM Level 3.7
 - Clinical Support Services (CSS) ASAM Level 3.5
 - All Residential Rehabilitation Services (RRS) ASAM Level 3.1

- Opioid Treatment Services (OTPs, OBOT)
- Community Behavioral Health Centers (CBHCs)
- State agencies (DMH, DDS, DCF, MRC)
- Transitional Support Services (TSS) for substance use disorders
- Sober housing
- Outpatient counseling services
- Recovery Coach (RC) and Recovery Support Navigator (RSN)
- Shelter programs
- Regional court clinics
- Recovery Learning Communities (RLCs)
- The treatment team implementing the Member's discharge plan ensures that the above concerns and planned aftercare are documented in the Member's record.
- As appropriate, and with written consent of the Member, family/significant others, guardians, and other appropriate individuals/agencies will be included in the planning with the Member.
- Prior to discharge, the Member participates in the development of a written Crisis/Relapse Prevention plan for discharge.
- The discharge plan including referral to any agency, appointment times and locations, transportation, medication information, emergency and crisis information is given to the Member and/or the Member's family or guardian (with Member's consent) at the time of discharge.
- The provider will develop linkages to outside referrals and state agencies that ensure a smooth transition from the SOAP to other services including but not limited to medication management, outpatient therapy and continuation of recovery and relapse prevention supports.
- The provider contacts CCA's Clinical Team for support with arranging needed aftercare transportation. Transportation to covered medical appointments within 50 miles is a CCA provided benefit. The CCA Care Team can be reached by calling 866-420-9332.

QUALITY MANAGEMENT:

- 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.
- The SOAP program will apply strategies to improve outcomes within their individuals served to:
 1. Increase Members in Medication Assisted Treatment (MAT) / Medication for Opioid Use Disorder (MOUD)
 2. Decrease unnecessary ED visits
 3. Increase utilization to BH diversionary services to divert when appropriate from inpatient levels of care
- 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 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 CCA 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.
- Providers are required to report Enterprise Service Management (ESM) data to Bureau of Substance Addiction Services (BSAS) at admission and discharge in compliance with 105 CMR 164 Licensure of Substance use Disorder Treatment Programs.
- 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