

PERFORMANCE SPECIFICATIONS

Performance Specifications (PS) Title: Acute Treatment Services (ATS) Level 3.7		
PS #: 002	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care <input checked="" type="checkbox"/> MAPD-MA Medicare Preferred <input checked="" type="checkbox"/> MAPD-MA Medicare Value <input checked="" type="checkbox"/> MAPD-RI Medicare Preferred <input checked="" type="checkbox"/> MAPD-RI Medicare Value <input checked="" type="checkbox"/> DSNP-RI Medicare Maximum	Prior Authorization Needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Notification of Admission Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Clinical: <input checked="" type="checkbox"/>	Operational: <input type="checkbox"/>	Informational: <input type="checkbox"/>
Medicare Benefit: <input type="checkbox"/> Yes <input type="checkbox"/> No	Approval Date: 06/03/2021	Effective Date: 08/21/2021
Last Revised Date: 08/17/2021; 10/18/2021	Next Annual Review Date: 06/03/2022; 08/17/2022; 10/18/2022	Retire Date:

COVERED SERVICES:

ATS provides services consisting of 24/7, medically monitored evaluation, care, and treatment services in a licensed acute care setting for members with a substance use disorder diagnosis. Withdrawal management services are delivered by nursing and counseling staff, under the consultation of a licensed physician, to monitor an individual's withdrawal from alcohol and/or other drugs and to alleviate symptoms. Services include a bio- psychosocial evaluation; individual and group counseling; psycho-educational groups; and discharge planning. In addition to 24/7 nursing care and observation, the team includes staff trained in addiction treatment and recovery principles who provide daily counseling and support.

Members who are appropriate for ATS level of care (LOC) are experiencing, or at high/or significant risk for withdrawal syndrome. These Members require 24-hour medically monitored nursing care and observation and cannot be effectively treated in a less intensive, non-medically resourced LOC but these Members do not require the medical and clinical intensity of a hospital based acute detoxification unit or the full resources of a general hospital, life-support equipment or psychiatric services. Referrals for ATS can originate from self-referral, physicians, Commonwealth Care Alliance (CCA) clinical staff, emergency rooms, state agencies or other ancillary providers.

Members with co-occurring disorders receive specialized services within the Enhanced Acute Treatment Services (E-ATS) LOC which is treatment for Individuals with Co-occurring Mental Health and Substance Use, ensuring treatment for their co-occurring psychiatric conditions. Pregnant women receive specialized services within the ATS to ensure substance use disorder treatment and obstetrical care.

Providers of this level of care are expected to accept and treat members to the unit 24 hours per day, 7 days per week.

COMPONENTS OF SERVICE:

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- The provider maintains all required licenses
- The provider notifies **CCA BH UM department within 48 hours of admission by calling 866-610-2273**
- The provider maintains full therapeutic programming utilizing professional staff, and if appropriate Recovery Coaches, 24/7 365 days a year
- Members have access to, on site, or by way of consultation, all services needed in their primary language. Services and all printed material are provided in a cultural, linguistic, and ethnically sensitive manner and in the Members primary language
- The provider must have written admission and discharge criteria and share that criteria with CCA's BH UM when asked
- The provider has the capacity to provide at a minimum the following:
 - Detoxification
 - Psychiatric consultation
 - Psychopharmacological consultation
 - Bio-psychosocial evaluation, monitoring and treatment
 - SUD evaluation and treatment
 - Medical monitoring and diagnostic services on site or by contract
 - 24-hour nursing care
 - Medication monitoring
 - Individual and group therapy
- The provider will maintain evidence-based and best practice addictions treatment in conjunction with the American Society of Addiction Medicine (ASAM) Criteria.
- Peer support and other Recovery Services
- Development and/or updating of crisis prevention plans
- Case management and structured treatment that includes the effects of substance use, mental health diagnosis, and recovery, including the complications associated with dual recovery
- Medication reconciliation between Member's medication at time of admission and time of discharge
- Discharge and aftercare planning and coordination
- The provider has the capacity to admit, discharge, and treat members 24/7, 365 days a year
- In addition to the initial assessment required by 105 CMR 164.072 (Licensure of Substance Use Facilities), the provider shall ensure that a thorough physical examination using ASAM criteria, is completed for all members within 24 hours of admission
- Multidisciplinary treatment plans are completed in accordance with criteria from the ASAM.
- The provider will admit and have the ability to treat members who are currently prescribed Methadone or other opiate replacement treatments. The ability to treat such members can be in conjunction with other licensed providers
- Substance use withdrawal management protocols including, but not limited to, opioids and sedative-hypnotics, alcohol, and stimulants are individualized, documented, and available on-site
- When consent is obtained for adult members, the provider documents attempts to contact guardian, family members, and/or significant others within 24 hours of admission

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Training Expectations

It is the expectation of CCA that all contracted providers will offer ongoing staff training in order to best serve the diverse identities and experiences of the CCA Member population. Staff training should be inclusive of, but not limited to:

- Social determinants of health (SDOH)
- Trauma-informed behavioral health and medical care (including, but not limited to, ways in which the ACE study informs care delivery for Members, and trauma-specific treatment approaches)
- Best practices in delivering LGBTQIA+ inclusive and affirming— and, specifically, transgender inclusive and affirming— behavioral health and medical care
- Best practices in delivering culturally responsive, inclusive, and anti-racist behavioral health and medical care
- Best practices in health equity and inclusivity for Members of various racial, ethnic, and cultural backgrounds, as well as disabled Members, Members of various religious backgrounds, and Members with multiply marginalized identities
- Organizational strategies and resources for accessing interpreter services for Members who primarily communicate in languages other than English (including ASL)

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

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

- Consistently using the name and pronouns that the Member uses for themselves, even if this is not the name and/or pronoun set reflected in the Member's legal identification and/or CCA insurance card
- Making admission decisions without regard to the Member's gender identity
- Making rooming decisions based on the Member's clinical needs and preferences, and the recommendation of the Member and their ongoing clinical team (e.g.: not mandating that a transgender Member requires a single room based solely on their gender)
- Making determinations about access to any gender-based/gender separated service based on the gender with which the Member identifies, even if this is not the gender reflected in the Member's legal identification and/or CCA insurance card
- Ensuring that staff are regularly trained in best practices in delivering LGBTQIA+ inclusive and affirming— and, specifically, transgender inclusive and affirming— behavioral health and medical care

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

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

- Consistently using the name and pronouns that the Member uses for themselves, even if this is not the name and/or pronoun set reflected in the Member's legal identification and/or CCA

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insurance card

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

Trauma-Informed Care Expectations

It is the expectation of CCA that all contracted providers will provide care to our Members that is fundamentally trauma-informed. Trauma-informed care is inclusive of, but not limited to:

- Providing staff with ongoing training in trauma-informed behavioral health and medical care (including, but not limited to, ways in which the ACE study informs care delivery for Members, and trauma-specific treatment approaches)
- Providing comprehensive trauma screening as part of the standard evaluative process, in order to avoid potentially traumatic re-screening
- Integrating knowledge of trauma, and trauma responsiveness, into the creation and implementation of policies and procedures
- Including the Member’s voice, involvement, and feedback in treatment planning—including offering harm reduction strategies in all aspects of treatment
- Seeking to avoid re-traumatization for Members receiving care by creating a safe treatment environment

Offering trauma-specific treatment interventions and approaches

STAFFING REQUIREMENTS:

- The provider is staffed with sufficient appropriate personnel to accept admissions and conduct discharges 24 hours per day, 7 days per week
- The provider ensures that staffing includes a multidisciplinary treatment team consisting of nursing staff, credentialed counseling staff, physician coverage, psychiatric coverage, psychiatric consultation and clinical assistant/nurses aid staff with skills and experience in the treatment of individuals with substance abuse and dependence
- The provider ensures that all staff have appropriate supervision in line with credentials and licensure
- The provider shall designate a physician as Medical Director who shall be responsible for administering all medical services performed by the provider. The Medical Director shall have completed a minimum of six months’ clinical training experience with individuals with alcohol and other drug-dependencies or 40 hours of documented continuing education credit in treating individuals with substance use within the first 12 months of employment
- The provider designates a physician as medical director with demonstrated training, experience, and expertise in the treatment of substance use, and who is responsible for overseeing all medical services performed by the provider. The medical director is responsible for clinical and medical oversight, quality of care, and clinical outcomes, in collaboration with the nursing and clinical leadership team

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- When possible, the provider will have staff who have “lived experience” as part of the member’s treatment team and/or treatment planning
- Staffing should embrace Recovery principles and reflect the cultural, gender, and linguistic needs of the community it serves

ASSESSMENT, TREATMENT, RECOVERY PLANNING AND DOCUMENTATION:

- The provider will ensure that assessments, including a full bio-psychosocial assessment, are completed by a multi-disciplinary treatment team assigned to the Member and that the treatment team has met to review, at the very least, a provisional assessment and initial plan within 24 hours of admission. The expectation is that the team will invite the Member to participate in the development of the treatment and discharge plan
- A comprehensive nursing assessment is conducted at the time of admission, which may include a Clinical Institute Withdrawal Assessment (CIWA), Clinical Opiate Withdrawal Scale (COWS), Addictions Severity Index and/or a Stages of Change Readiness Assessment. Results are documented in the Member’s health record
- The provider ensures that a physical examination, conforming to the principles established by the American Society of Addiction Medicine (ASAM) is completed for all Members within 24 hours of admission. Exams completed by non-physician staff need to be reviewed by the nursing supervisor prior to implementation
- The provider ensures appropriate drug screens/tests, urine analysis, and laboratory work as clinically indicated is completed and documents these activities in the Member’s health record
- The provider ensures the continuous assessment of the Member’s mental status throughout the Member’s treatment episode and documents such in the Member’s health record
- The provider will maintain evidence-based and best practice addictions treatment in conjunction with the American Society of Addiction Medicine (ASAM) criteria
- With the consent of the Member, the provider ensures that a treatment/recovery plan is completed and makes best efforts to involve current community-based providers including PCP’s, Peer and Recovery coaches, involved state agencies, behavioral health providers, family members, parents/guardians/caregivers, and/or significant others in the treatment planning process. Consent or refusal to include the above mentioned is documented in the Members health record
- The provider will reach out to the Member’s CCA Clinical Team **via CCA’s Provider Line (@ 866-420-9332)** to obtain appropriate collateral information and to inform CCA’s Clinical Team of the treatment plan as well as aftercare plan. CCA’s Clinical Team can support continuity of care upon discharge including support with transportation authorizations. Please verify that your CCA Plan covers Transportation as a benefit. [for certain CCA MAPD Products. Not all CCA MAPD plans have transportation as a benefit](#)
- Treatment/recovery and discharge plans are reviewed by the multi- disciplinary treatment team with each Member at least daily at a minimum and are updated accordingly, based on each Member’s individualized progress. Assessments, treatment and discharge plans, reviews, and updates are documented in the Member’s health record

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- For all women of childbearing age, a pregnancy test is administered prior to the administration of any medication(s) and the provider coordinates care with Members PCP and OB/GYN.

DISCHARGE AND COMMUNITY AND COLLATERAL LINKAGES:

- The provider conducts discharges 7 days per week, 365 days per year
- If clinically indicated at the time of discharge, the provider ensures that the Member has a current crisis prevention, safety plan or relapse prevention plan in place that has been reviewed with the Member.
- For One Care and SCO products and with Member consent, the provider will work with the local Emergency Services Program (ESP) to collaborate on including the Members Crisis plan into the ESP EHR if the Member is at high risk for self-harm
- Elements of the discharge plan incorporate the member's identified Social Determinants of Health (SDOH) needs and concerns including, but not limited to, housing, finances, healthcare, transportation, familial, occupational, educational, and social supports
- The provider will maintain formal active affiliation agreements for service linkages with all of the following levels of care, including at a minimum an effective referral process as well as the transition aftercare and discharge process, and must be able and willing to accept referrals from and refer to these levels when clinically indicated:
 - Emergency service and crises stabilization (ESP) (for One Care and SCO Products)
 - Psychiatric inpatient services
 - Level IV medically managed detoxification
 - Clinical Stabilization Services (CSS)
 - Structured Outpatient Addiction Programs (SOAP)
 - Partial Hospital Program (IOP)
 - Dual diagnoses acute Treatment
 - Substance abuse halfway housing and long-term residential
 - Residential Rehabilitation Services (RRS)
 - Opioid replacement services
 - Transitional housing
 - Recovery coaching and Recovery Support Navigator services
 - Outpatient Counseling
 - Medication management
 - Community Support Program (CSP) and or the CSP- Chronically Homeless Individuals (CHI) program as appropriate
 - Sober Homes
- The provider ensures that a written aftercare plan is available to the member on the day of discharge. When consent is given, a copy of the written aftercare plan is forwarded at the time of discharge to the referral source, family/guardian/significant other, outpatient or community-based provider, PCP, school, state agencies that are significant to the member's aftercare
- Aftercare plan will include the following appointments:
 - An outpatient therapy appointment scheduled within 7 days of discharge from the facility
 - An appointment for medication management (as indicated) within 14 days of discharge

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- from the facility
- Other referrals, including but not limited, to Recovery support, referrals to self-help groups, housing, etc. will be included in the aftercare plan.
- All referrals will be documented in the Member's records
- Clinical TeamClinical Team**Clinical Team**Clinical TeamPrior to discharge, the provider assists Members in obtaining post- discharge appointments including:
 - An appointment within seven (7) calendar days of discharge for outpatient therapy services (which may be an intake appointment for therapy services)
 - An appointment within 14 calendar days of discharge for medication monitoring, if necessary
 - All discharge planning activities are documented in the Member's health record and clearly written on the discharge plan and reviewed with the Member prior to discharge
 - The **Provider notifies CCA BH UM to alert CCA of Members discharge date and discharge plan. CCA BH UM can be contacted at 866-420-9332. The Member's discharge plan will be faxed to CCA BH UM department at 855-341-0720**
 - If there are barriers to accessing covered services, the provider **notifies CCA's Clinical Team by calling CCA's Provider Line at 866-420-9332 (option #4) and** asking to speak to the Members Clinical Team
 - The provider will reach out to the Member's CCA Clinical Team **via CCA's Provider Line (@ 866-420-9332)** to obtain appropriate collateral information and to inform CCA's Clinical Team of the treatment plan as well as aftercare plan. CCA's Provider Line and/or Clinical Team can support continuity of care upon discharge including support with transportation authorizations. Please verify that your CCA Plan offer transportation as a benefit
- Medication/MAT will be reviewed with the member to ensure that they know the date and time of their first appointment and the Members are clear on what medication for MAT they will be prescribed

QUALITY MANAGEMENT:

- The facility will develop and maintain a quality management plan which 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 success of the program and certainly the care and well-being of the members relies on a collaborative partnership with Commonwealth Care Alliance and its provider network
- Providers are required to collect and measure outcome data and incorporate the data in treatment plans in the medical records
- Clinical outcomes data must be made available to Commonwealth Care Alliance (CCA) upon request, and must be consistent with CCA's performance standard for ATS level of care

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- Providers will comply with all applicable laws and regulations including but not limited to any and all applicable Medicare and/or Medicaid laws, regulations and instructions of CMS and/or EOHHS relating to addressing and reporting Serious Reportable Events (SREs). Network providers will comply with all requirements contained in their contract with CCA including any corrective actions required by CCA. or applicable regulatory agencies. A more complete list of SRE's can be found in Section 11 of CCA's Providers Manual.

REIMBURSEMENT:

Please refer to CCA's Covered Services and Prior Authorization PDF in the Provider Manual

Link: [HERE](#)

BILLING PROCEDURES:

Claims are to be submitted on the applicable industry standard claim forms and shall include, at a minimum, the following information:

- Member's name and address
- Member's Date of Birth
- Member's CCA ID Number
- CCA Provider Number
- Date of Service
- Diagnosis, using appropriate and applicable code
- Services, equipment, supply or treatment/procedure provided, using applicable coding (i.e., HCPCS)
- Provider's Usual Charges

Insurance eligibility must be confirmed on a regular and frequent basis. Eligibility may be confirmed by utilizing the current MassHealth Provider Online Service Center on the Eligibility Verification System (EVS).



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Approvals:

Peggy Johnson

CCA Senior Clinical Lead [Print]

Peggy Johnson

Signature

Chief of Psychiatry

Title [Print]

06/03/2021

Date

[Click here to enter text.](#)

CCA Senior Operational Lead [Print]

Signature

Title [Print]

Date

Lori Tishler, MD

CCA CMO or Designee [Print]

Lori Tishler

Signature

Senior Vice President, Medical Services

Title [Print]

06/03/2021

Date