



PERFORMANCE SPECIFICATIONS

Performance Specifications (PS) Title: Enhanced Acute Treatment Services (E-ATS) ASAM Level 3.7		
PS #: 003	<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:

E-ATS provides services consisting of 24/7, medically monitored evaluation, care, and treatment services in a licensed acute care setting for members with co-occurring substance use and mental health diagnosis. The approach is highly structured to meet these challenges and to work with the Member to manage behavior and treat, simultaneously, mental health and substance use issues. 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: 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 E-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 E-ATS can originate from self-referral, physicians, Commonwealth Care Alliance (CCA) clinical staff, emergency rooms, state agencies or other ancillary providers.

Pregnant women receive specialized services within the E-ATS to ensure substance use 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.

Individuals may be admitted to an E-ATS program directly from the community, including referrals from Emergency Services Program providers, or from an emergency department.

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COMPONENTS OF SERVICE:

Include the following:

- The facility maintains all required licenses
- The facility notifies CCA BH UM within 48 hours of an admission by contacting **CCA' Provider Services line @ 866-420-9322 option # 5 (BH authorization)**
- The provider will maintain evidence-based and best practice addictions treatment in conjunction with the American Society of Addiction Medicine (ASAM) Criteria.
- Full therapeutic programming is provided with sufficient professional staff to manage a therapeutic milieu of services 24/7/365 including weekends and holidays. The scope of available services includes, but is not limited to:
 - Detoxification
 - Psychiatric and medical evaluation
 - Pharmacological services
 - Bio-psycho-social assessment including SUD assessment, evaluation and treatment
 - Relapse prevention and communicable diseases education
 - Development of behavioral/ treatment and recovery plan
 - Individual therapy
 - Group therapy
 - Family evaluation and therapy
 - Psychological testing
 - Vocational assessment
 - Rehab and recovery resources and counseling
 - Behavior plans
 - Aftercare and discharge planning
- A behavioral health multidisciplinary team is assigned to each Member within 24 hours of admission to meet with Member to create and review the Member's treatment plan. In addition, the treatment plan should be modified as needed during the Member's stay
- The facility is expected to provide a comprehensive, formal structured treatment program which, at a minimum, includes 3 hours or more of psychoeducational groups/day. Additional psychoeducational groups are conducted on health-related issues, at least one hour per week of which will be devoted to HIV/hepatitis risk and the AIDS virus. Treatment programming includes education and support on the effects of substance uses and recovery and complication related to dual recovery.
- Member's agreement/disagreement with the treatment/discharge plans should be documented in the Member's record.
- All urgent consultation services resulting from the initial evaluation and physical exam, or as subsequently identified during the admission, are provided within 24 hours of the order for these services. Non-urgent consultation services related to the assessment and treatment of the Member while in the E-ATS program are provided in a timely manner, commensurate with the level of need. Routine medical care (not required for the diagnosis related to the presenting problem) may be deferred, when appropriate, if the length of stay in the E-ATS program is brief
- Substance-specific detoxification protocols are individualized, documented, and available on-site. At minimum, these include detoxification protocols for alcohol, stimulants, opioids, and

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sedative hypnotics (including benzodiazepines).

- A psychiatrist evaluates each Member on the day of admission to assess the medical, psychiatric, substance abuse, pharmacological and treatment needs of the Member and meets face to face at least 3 times per week thereafter. Facility must promote continuity of care for Members who are readmitted to behavioral health inpatient and 24-hour diversionary services by offering them readmission to the same provider when there is a bed available in that facility.
- The provider is responsible for ensuring that each Member has access to medications prescribed for physical and behavioral health conditions, and documents so in the Member's health record including a reconciliation process to avoid inconsistencies in medication prescribing that may occur in transition of a Member from one care setting to another.
- Medication reconciliation includes reviewing the Member's complete medication regimen at the time of admission (e.g., transfer and/or discharge from another setting or prescriber) and comparing it with the regimen being considered in the E-ATS program including:
 - Developing a list of current medications, i.e., those the Member was prescribed prior to admission to the E-ATS program
 - Developing a list of medications to be prescribed in the E-ATS program
 - Comparing the medications on the two lists
 - Making clinical decisions based on the comparison and, when indicated, in coordination with the Member's primary care provider (PCP)
 - Communicating the new list to the Member and, with consent, to appropriate caregivers, the Member's PCP, and other treatment providers.
- The program admits and has the capacity to treat Members who are currently on methadone maintenance or receiving other opioid replacement treatments. Such capacity may take the form of documented, active Affiliation Agreements with a facility licensed to provide such treatments
- Unless clinically contraindicated by the treatment team and when consent is given, the facility schedules family meetings, conferences or joint treatment sessions with the guardian, family members, caretakers and/or significant others of the Member at least twice per week or to the maximum extent the family participation is possible
- All of the above criteria are documented in the Members health record

STAFFING REQUIREMENTS:

- The provider complies with the staffing requirements of the applicable licensing body
- The provider is staffed with sufficient appropriate personnel to accept admissions 24/7, 365 days per year, and to conduct discharges 7 days per week, 365 days per year.
- The provider utilizes a multi-disciplinary staff, including the following, all with established skills, training, and/or expertise in the integrated treatment of individuals with substance use and/or dependence as well as co-occurring psychiatric disorders:
 - A licensed, master's-level clinician responsible for clinical supervision; master's level clinician responsible for assessment and treatment services;
 - Physician and psychiatry staff, as outlined below;
 - Registered nurse (RN), nurse practitioner, or physician assistant; and
 - Licensed practical nurse (LPN), case aides, and case management staff.
- The provider designates a physician, licensed to practice medicine in the Commonwealth of

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MA, as medical director with demonstrated training, experience, and expertise in the treatment of substance use and co-occurring diagnosis, and who is responsible for overseeing all medical services performed by the program. The medical director is responsible for ensuring each Member receives a medical evaluation, including a medical history and ensuring that appropriate laboratory studies have been performed. The medical director is integrated into the administrative and leadership structure of the E-ATS program and is responsible for clinical and medical oversight, quality of care, and clinical outcomes, in collaboration with the nursing and clinical leadership team.

- A physician (MD) is on call 24/7, in order to respond to medical emergencies, and is available for a phone consultation within 60 minutes of request.
- The provider has adequate psychiatric coverage to ensure all performance specifications related to psychiatry are met.
- An attending licensed psychiatrist provides psychiatric consultation and psychopharmacological services to Members in the E-ATS program. The medical director may also provide on-site psychopharmacological services, in consultation with the psychiatrist. The program may also utilize a psychiatric nurse mental health clinical specialist (PNMHCS) to provide on-site psychopharmacological services to Members, The program may also utilize a psychiatry fellow/trainee to provide on-site psychopharmacological services to Members, in conformance with the Accreditation Council for Graduate Medical Education (ACGME, www.acgme.org), in compliance with all Centers for Medicare & Medicaid Services (CMS) guidelines for supervision of trainees by attending physicians, and under the supervision of the medical director or another attending psychiatrist, as outlined within these performance specifications.
- When the attending psychiatrist is not scheduled to work or is out for any reason (e.g., vacation, illness, etc.), he/she designates a consistent substitute, as much as possible, to ensure that the Member receives continuity of care. In these instances, the functions of providing psychiatric consultation and psychopharmacological services may be designated to a covering psychiatrist, or to a PNMHCS or a psychiatry fellow/trainee acting under the psychiatrist's or medical director's Member-specific supervision.
- For programs that utilize a psychiatry fellow/trainee to perform psychiatry functions, all of the following apply:
 - The psychiatry fellow/trainee must be provided sufficient supervision from psychiatrists to enable him/her to establish working relationships that foster identification in the role of a psychiatrist;
 - The psychiatry fellow/trainee must have at least two (2) hours of individual supervision weekly, in addition to teaching conferences and rounds;
 - If a psychiatry fellow/trainee conducts the initial face-to-face psychiatric evaluation of the Member, he/she presents the Member to the attending psychiatrist, or other psychiatrist on duty, within 24 hours; and
 - The program must use the following classification of supervision:
 - Direct supervision – the supervising physician is physically present with the fellow and Member.
 - Indirect supervision:
 - with direct supervision immediately available – the supervising

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- physician is physically within the program and is immediately available to provide direct supervision.
- with direct supervision available – the supervising physician is not physically present within the program but is immediately available by means of telephonic and/or electronic modalities and is available to provide direct supervision.
 - Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.
- A psychiatrist is on call 24 hours a day, seven days a week and is available for a phone consultation within 60 minutes of request.
 - The provider provides all staff with supervision. The provider ensures that supervision of nursing staff is overseen by a registered nurse and that supervision of behavioral health clinicians is overseen by an independently licensed behavioral health clinician.
 - The provider documents regularly scheduled, in-service training sessions for all staff on the following topics, at a minimum:
 - The program's All Hazards Emergency Response Plan;
 - HIV/AIDS, sexually transmitted diseases (STDs) and Viral Hepatitis;
 - Universal health precautions and infection control;
 - Substance uses including tobacco and nicotine addiction, clinical assessment and diagnosis, treatment planning, relapse prevention and aftercare planning;
 - The stages of change;
 - Role of Recovery and Peer Specialists in the recovery process
 - Motivational Interviewing;
 - Co-occurring disorders, including mental health disorders, gambling and other addictive behaviors;
 - Effects of substance uses on the family, family systems, and related topics such as the role of the family in treatment and recovery; and
 - Cultural competency including culturally and linguistically appropriate services (CLAS) or standards.

ASSESSMENT, TREATMENT, RECOVERY PLANNING AND DOCUMENTATION:

- The provider accepts admissions 24/7, 365 days per year
- The provider assigns a multi-disciplinary treatment team to each Member within 24 hours of admission
- The provider will ensure that assessments, 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. The assessments will include:
 - A full bio-psychosocial assessment
 - Comprehensive nursing assessment including the Clinical Institute Withdrawal Assessment (CIWA), Clinical Opiate Withdrawal Scale (COWS), Addictions Severity Index and/or a Stages of Change Readiness Assessment. If an RN is not available, the

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assessment can be conducted by an LPN acting under an RN or physician supervision. the Results are documented in the Member’s health record

- A full medical and psychiatric examination including
 - Tests for the presence of opiates, alcohol, benzodiazepines, cocaine and other drugs of addiction
 - A brief mental status exam
 - An assessment of medical issues
 - A history of the use of alcohol, tobacco, and other drugs, including age of onset, duration, patterns and consequences of use; use of alcohol, tobacco, and other drugs by family members; and types of and responses to previous treatment
 - An assessment of the Member’s psychological, social, health, economic, educational/vocational status; criminal history; current legal problems; co-occurring disorders; trauma history; and history of compulsive behaviors such as gambling
 - An assessment of the Member’s HIV risk status and TB risk status;
 - If a need for further evaluation is identified, the provider conducts or makes referral arrangements for necessary testing, physical examination, and/or consultation. All such activities are documented in the Member’s health record
 - The initial assessment concludes with a diagnosis of the status and nature of the Member’s substance use, or a mental health disorder due to use of psychoactive substances. A counselor/clinician meets with the Member for the purposes of assessment, counseling, treatment, case management, and discharge planning
- 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 treatment/recovery plan, at a minimum, includes the following:
 - A statement of the Member’s strengths, needs, abilities, and preferences in relation to his/her substance use treatment, described in behavioral terms
 - Evidence of the Member’s involvement in formulation of the treatment/recovery plan, in the form of the Member’s signature attesting agreement to the plan
 - Service to be provided
 - Service goals, described in behavioral terms, with time lines
 - Clearly defined staff and Member responsibilities and assignments for implementing the plan;
 - Description of discharge plans and aftercare service needs;
 - Aftercare goals
 - The date the plan was developed and revise
 - Signatures of staff involved in the formulation or review of the plan
- The psychiatrist consults with the treatment team and makes best efforts to consult with outpatient prescribers prior to any psychotropic medication changes, and these changes are made if indicated.
- The provider will maintain evidence-based and best practice addictions treatment in conjunction with the American Society of Addiction Medicine (ASAM) criteria

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- 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 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
- 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
- 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
- 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)
 - 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 use halfway housing and long-term residential
 - Residential Rehabilitation Services (RRS)
 - Opioid replacement services
 - Transitional housing

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- 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 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
- Prior 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 CareTeam 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)** d 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 covers Transportation as a benefit.
 - ~~for certain CCA MAPD Products. Not all CCA MAPD plans have 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:

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- 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 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 E-ATS level of care
- 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 Provider 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]

Chief of Psychiatry

Title [Print]

06/03/2021

Signature

Date

[Click here to enter text.](#)

CCA Senior Operational Lead [Print]

Title [Print]

Signature

Date

Lori Tishler, MD

CCA CMO or Designee [Print]

Senior Vice President, Medical Services

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06/03/2021

Signature

Date