



PERFORMANCE SPECIFICATIONS

Performance Specifications (PS) Title: Clinical Stabilization Services (CSS) ASAM Level 3.5		
PS #: 008	<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: 07/01/2021	Effective Date: 09/28/2021
Last Revised Date: 08/17/2021; 10/18/2021	Next Annual Review Date: 07/01/2022; 08/17/2021/ 10/18/2022	Retire Date:

COVERED SERVICES:

Clinical Stabilization Services (CSS) is a program that provides post-detoxification and residential treatment intervention in the form of a structured and intensive residential experience to individuals in need of this level of care (LOC). CSS serves adult members experiencing substance use with the potential to respond to active treatment, who need a protected and structured environment where outpatient, partial hospital or inpatient treatments are not appropriate. With realistic discharge goals and support from family and other natural supports, CSS can usually be completed in less than 30 days.

The goal of CSS is to stabilize members who are in early recovery and to increase their retention in treatment. CSS provides individual treatment in the least restrictive environment. These services, which usually follow Acute Treatment Services (ATS) for SUD/ASAM Level 3.7 provide a multi-disciplinary treatment intervention which emphasizes individual, group, family, and other forms of therapy including supervision, observation, support, intensive education, and counseling regarding the nature of addiction and its consequences. Relapse prevention and aftercare planning including connection to recovery-oriented services and peer support are integrated into treatment and discharge planning.

COMPONENTS OF SERVICES:

- The provider maintains all required licenses
- The provider notifies **CCA BH UM department within 48 hours of admission by calling 866-610-2273**
- CSS is a less intensive level of care (LOC) than both Acute Treatment Services (ATS) and ASAM Level 4 detoxification. Full therapeutic programming is provided with sufficient professional staff to manage a therapeutic milieu of services seven days per week, including weekends and holidays. The scope of available services on site include but are not limited to:

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- Psychosocial evaluation, monitoring and treatment
- Medical evaluation/Nursing assessment
- Individual and group therapy
- Behavioral/health/medication education & planning
- Psycho-education
- Family evaluation and therapy
- Relapse prevention
- Rehab counseling
- High risk/HIV education
- Relapse prevention
- Recovery Coaching
- Peer counseling
- Discharge planning/aftercare planning/coordination including support with arranging transportation
- Case management
- The provider is responsible for ensuring that each Member has access to medications prescribed for physical and behavioral health conditions, has documented policies and procedures in place to allow for the safe and appropriate self-administration of medication(s) by Members and documents in the Member's health record
- The provider engages in a medication reconciliation process in order to avoid inadvertent inconsistencies in medication prescribing that may occur in transition of a Member from one care setting to another. The provider does this by 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 CSS. The provider engages in the process of comparing the Member's medication orders newly issued by the CSS to all of the medications that he/she has been taking in order to avoid medication errors. This involves:
 - Developing a list of current medications, i.e., those the Member was prescribed prior to admission to the CSS
 - Developing a list of medications to be prescribed in the CSS
 - 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 clinician (PCP)
 - Communicating the new list to the Member and, with consent, to appropriate caregivers, the Member's PCP, and other treatment providers
 - Providers may also contact CCA Clinical Team for clarification of medication information
- The provider provides access to peer support and recovery-oriented activities
- When consent is obtained, the facility, at a minimum, makes documented attempts to contact the guardian, family members, and/or significant others within 24 hours of admission unless clinically contraindicated
- The program will admit and have the capacity to treat members who are currently receiving opiate replacement therapy. This may be accomplished through active affiliation agreements

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with providers licensed to provide such treatments

- The program will adhere to all provisions as stated in Chapter 258 “An Act to Increase Opportunities for Long-term Substance Use Recovery”
- A registered nurse or his/her designee will evaluate each member within three hours of admission to assess the medical needs
- Staff are trained in linguistic, cultural, gender, sexual orientation, and ethnic competency as appropriate to the needs of the population served
- Programs are encouraged to have specialized groups to address gender specific issues, poly-substance use, dual diagnosis, etc.
- The provider admits pregnant Members and has documented, appropriate policies and procedures and collaborative agreements for coordinating prenatal care with obstetrics/gynecology providers, in order to ensure the health and safety of the Member
- Programs will have procedures in place to allow for the safe, appropriate and self-administration of medication(s) to members

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



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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 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 complies with the staffing requirements of the applicable licensing body
- The provider ensures that Members have access to supportive milieu and clinical

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staff 24 hours per day, 7 days per week, 365 days per year

- The provider utilizes a multi-disciplinary staff including nurses, counselors, physicians, psychiatrists, care coordination staff, recovery specialist staff, and clinical staff with skills, training, and/or expertise in established treatment protocols for Members with substance use including:
 - **Program Director:** 1 FTE who oversees the entirety of the program
 - **Clinical Director:** 1 FTE clinician with a master's degree, licensure and a minimum of 3 years' experience providing clinical supervision to an interdisciplinary team in a substance use setting
 - **Nursing:** 4 days hours per day and 7 days a week with LPN coverage acceptable with RN oversight
 - **Counseling:** 1:8 counselor to Member ratio, 7 days per week and 12 hours per day. Counselors must have a CAC, CADAC, LADC I, or LADC II credential, or the equivalent as defined by DPH Bureau of Substance Abuse Services (BSAS) or provide evidence of receiving a waiver from DPH BSAS to perform at this level
 - **Recovery Specialist (RS):** 1:16 RS to Member ration. RS must have a CAC, CADAC, LADC I, or LADC II credential, or the equivalent as defined by DPH Bureau of Substance Abuse Services (BSAS), *OR* provide evidence of receiving a waiver from DPH BSAS to perform at this level
 - **Care Coordinator:** 1:15 coordinator-to-Member ratio, Monday – Friday, at least eight hours per day. Care coordinators have an associate's or bachelor's degree, along with knowledge of the addiction treatment continuum and related community-based resources, *OR* provide evidence of 1: receiving a waiver from DPH BSAS to perform at this level
 - **Physician Coverage:** The provider has documented policies and procedures that require contacting the Member's PCP in the event of non-emergency illness and for calling emergency services when deemed appropriate for primary care coordination. A physician is available for consultation to staff 24 hours per day, 7 days per week, as outlined in the DPH regulations
- Psychiatric and pharmacological consultation and direct services are provided by referral to a psychiatrist or a psychiatric nurse mental health clinical specialist (PNMHCS) who meets credentialing criteria
- The provider ensures that all staff receive supervision consistent with credentialing criteria
- The provider ensures that team members have training in evidence-based practices and are provided with opportunities to engage in continuing education to refine their skills and knowledge in emerging treatment protocols

ASSESSMENT, TREATMENT/RECOVERY PLANNING AND DOCUMENTATION:

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- The provider accepts admissions 24/7, 365 days per year
- The provider determines at the time of admission the medical and psychiatric appropriateness of all self-referred Members, based on ASAM medical necessity criteria for CSS, and documents in the Member's health record
- A comprehensive nursing assessment, including a complete bio-psychosocial assessment is conducted at the time of admission, which includes obtaining a Clinical Institute Withdrawal Assessment (CIWA) score and Clinical Opiate Withdrawal Scale (COWS) score. Results are documented in the Member's health record
- The provider ensures that a treatment/recovery plan is completed in conjunction with the Member and, with Member consent, the family, guardian, individual natural supports, and current community-based providers are included in the treatment/recovery plan
- The provider assigns a multi-disciplinary treatment team to each Member within 24 hours of admission. The nursing or counseling staff develops and reviews the assessment and individualized initial treatment/recovery and initial discharge plans with the Member within 48 hours of admission
- The provider ensures that a physical examination which conforms to the principles established by the American Society of Addiction Medicine (ASAM) is completed for all Members within 24 hours of admission. If the examination is conducted by a qualified health professional who is not a physician, the results and any recommendations arising from the examination are reviewed by the nursing supervisor prior to implementation
- For all women of childbearing age, a pregnancy test is administered prior to the administration of any medication(s)
- The provider makes arrangements to obtain appropriate drug screens/tests urine analysis, and laboratory work as clinically indicated, and documents these activities in the Member's health record
- The provider ensures continuous assessment of the Member's mental throughout the member's treatment episode and documents in the Members medical record

DISCHARGE PLANNING, COMMUNITY AND COLLATERAL LINKAGES:

- The provider conducts discharges 7 days per week, 365 days per year
- At the time of discharge, and as clinically indicated, the provider ensures that the Member has a current crisis prevention plan, and/or safety plan, and/or relapse prevention plan and that Member has a copy of upon discharge
- Components of discharge planning incorporate the member's identified concerns including, but not limited to, housing, finances, food security, healthcare, transportation, recovery, familial, occupational, educational, and social supports
- All members discharged from the program are given the option of participating in discharge planning. All members who are discharged sign their discharge or refusal is documented
- 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:

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- Inpatient mental health facilities
- ASAM Level 4 Detoxification 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
- Structured Outpatient Addiction Programs (SOAP)
- Regional court clinics
- Residential Support Services (halfway house)
- Opioid Replacement Therapy
- Department of Mental Health (DMH) residential programs
- Transitional supportive housing
- Transitional Support Services (TSS) for substance use disorders
- Sober housing
- Outpatient counseling services
- Shelter programs
- Recovery Learning Communities (RLCs)
- For One Care and SCO Products:
 - With Member consent and as applicable, the provider may contact the Member's local ESP to request assistance with developing or updating the plan. With Member consent, the provider sends a copy to the ESP Director at the Member's local ESP.
- 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**
 - If there are barriers to accessing covered services, the provider **notifies CCA's Care 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 for certain CCA MAPD Products. Please verify that your CCA Plan covers Transportation as a benefit. Not all CCA MAPD plans have transportation as a benefit
- The program develops a community-based relationship with the following systems:
 - Corrections



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- Probation
- Courts
- Police
- Consumer groups
- Other relevant community agencies
- Homeless services providers/advocates

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
- 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 standards for CSS
- 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 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.

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



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- Diagnosis, using appropriate and applicable code
- Services, equipment, supply or treatment/procedure provided, using applicable procedure 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).

REIMBURSEMENT:

Please refer to CCA’s Covered Services and Prior Authorization PDF in the Provider Manual Link: [HERE](#)

Approvals:

Peggy Johnson

CCA Senior Clinical Lead [Print]

Chief of Psychiatry

Title [Print]

7/1/2021

Signature

Date

Click here to enter text.

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Date