



PERFORMANCE SPECIFICATIONS

Performance Specifications (PS) Title: Enhanced Community Crisis Stabilization (E-CCS)		
PS #: 007	<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 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: 7/1/2021	Effective Date: 9/28/2021
Last Revised Date: 08/27/2021; 10/18/2021	Next Annual Review Date: 7/1/2022; 08/27/2022;10/18/2022	Retire Date:

COVERED SERVICES:

The Enhanced Community Crisis Stabilization (E-CCS) service is an alternative to or diversion from inpatient hospitalization, offering psychiatric stabilization to Members with a more acute psychiatric presentation and/or medical co-morbidity than is typically managed at CCS, including provision of withdrawal management services.

Providers contracted for this level of care are expected to comply with all of the requirements of these service specifications as well as the CCA’s CCS Performance Specifications. Please refer to CCS Performance Specifications for details.

ADMISSION CRITERIA:

- E-CCS provides staff-secure, safe, and enhanced crisis stabilization treatment services in a unique community-based program that serves as a medically necessary, less-restrictive, and voluntary alternative to inpatient psychiatric hospitalization
- E-CCS is primarily used as a diversion from an inpatient level of care; however, the service may be used secondarily as an alternative to boarding for voluntary inpatient/Enhanced Acute Treatment Services (E-ATS)/Acute Treatment Services (ATS) level of care, or as transition from inpatient services if there is sufficient service capacity and the admission criteria are met. E-CCS will accommodate referrals for ATS levels of service
- E-CCS provides a distinct level of care where primary objectives of active multi-disciplinary treatment include:
 - detox protocol
 - medication management
 - accommodation of Members with co-morbid medical conditions not typically admitted to CCS, and those with more acute psychiatric symptomology not typically managed in CCS
- E-CCS will be used as a step-down from an inpatient psychiatric admission if appropriate
- E-CCS will also offer all other services provided in a CCS setting
- E-CCS is responsible for ensuring that each Member has access to medications prescribed, even if the Member does not have a current script filled for physical, medical, and behavioral health conditions Neither medication access nor compliance should be considered a barrier to admission at the E-CCS level of care
- E-CCS will maintain stock medication to ensure access to medications prescribed
- E-CCS will provide medications to Members who have had symptom recurrence from substance use but are primarily in need of a mental health psychiatric intervention. These Members may be uncomfortable due to mild withdrawal symptoms from opiates

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- E-CCS will collaborate with Opioid Treatment Program (OTP)/Office-Based Opioid Treatment (OBOT) as needed, which will better serve a dually-diagnosed Member who may have experienced a brief symptom reoccurrence
- E-CCS will have on-site and supply the immediate availability of the medication E-kit which allows prescribing staff the ability to provide comfort to Members while on-going assessment for opioid treatment during a psychiatric crisis is underway
- E-CCS is required to update its available bed capacity three times each day, at a minimum, once per shift, seven days per week, and 365 days per year on the Massachusetts Behavioral Health Access website (www.MABHAccess.com)
- E-CCS must keep all administrative and contact information up to date on the website
- E-CCS is also responsible for training staff in locating other services for Members, particularly in planning aftercare services
- E-CCS prioritizes Members residing in the ESP catchment area, but is encouraged to admit Members residing outside the catchment area when beds are available, and the Member meets all admission criteria
- The medical staff covering E-CCS may perform routine medical clearance for Members evaluated in the community who do not present with issues requiring medical intervention in an emergency department

PROCESS SPECIFICATIONS:

- ESP Providers are responsible for making a clinical determination for E-CCS level of care with the support of their nurse manager and/or on-call psychiatrist regarding medical concerns
- Triageing E-CCS referrals should be done expeditiously, with 90 percent accepted/declined within 60 minutes
- Medical clearance may be performed at the E-CCS by medical staff (nursing/psychiatry) when no medical issue beyond the E-CCS scope of practice is present.
- E-CCS Provider is expected to notify CCA BH UM @ **866-610--2273** of admission to E-CCS within 24 hours of admissions
- If a member stay goes beyond 5 days, the E-CCS facility is responsible for conducting a clinical review with CCA's BH UM for authorization of additional days **by calling CCA BH UN @ 866-610--2273**

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



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- 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 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 E-CCS staffing will be the SAME as required in CCS with the following modifications:

- **Supervising professional – nurse manager**
 - Increased administrative functions over nursing and pharmacy. Ensure that policies/procedures are in place to expedite admissions and accommodate needs of Members admitted to E-CCS
- **Registered nurse (RN)**
 - Replacing a licensed practical nurse (LPN) with an RN on second shift seven days a week
 - Add day-shift RN position - 1 FTE



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- **LPN**
 - Add 1.6 LPN for overnights and weekends Psychiatry (medical doctor (MD)/advanced practice registered nurse (APRN))
 - Increase onsite time to six hours per week
 - Increase payment for on-call coverage
- **Peer/recovery coaches**
 - Increase FTE from .6 FTE to 1.4 FTE
- **Certified nursing assistant (CNA)**
 - Add 2.8 FTE (day and evening shifts)
 - New position to accommodate Members needing activities of daily living (ADL) assistance and support nursing staff

TREATMENT PLANNING, DOCUMENTATION:

- E-CCS staff is expected to conduct clinical reviews with the CCA BH UM staff when requested
- E-CCS staff is expected to **contact the CCA Care Team using CCA's Provider Services Line 866-420-9332 (option #4)** to discuss member medical and or behavioral health history and current supports in place. As a payor and provider, CCA is able to discuss detailed information about a Members current providers and treatment as well as historically effective treatment

DISCHARGE PLANNING, AFTERCARE AND COMMUNITY COLLATERAL LINKAGES:

- E-CCS staff is expected to contact **the CCA Care Team using CCA's Provider Services Line 866-420-9332 (option #4)** discuss members after-care plan and/or medical and or behavioral health history and current supports in place. As a payor and provider, CCA is able to support on-going clinical care post discharge as well as support with transportation, DME and other service needs in the community
- E-CCS, with **consultation from CCA's Care Team** will be responsible to develop an aftercare plan including all necessary appointments for follow-up treatment. Members who leave the facility with medications will have a medication follow-up plan scheduled within 2 weeks of discharge
- E-CCS will coordinate transportation with CCA's care team for Members aftercare plan
- **E-CCS will fax discharge plan to CCA at 855-341-0720 within 48 hours of discharge**
- E-CCS maintains a linkage with medication-assisted treatment (MAT) providers to provide induction to Members admitted to E-CCS who would benefit from MAT
- E-CCS leadership, ESP management, and direct care staff develop and document organizational and clinical linkages with each of the high-volume referral sources
- ESPs hold regular meetings and communicate with the ESPs on clinical and administrative issues, as needed, to enhance continuity of care for Members

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
- Clinical outcomes data must be made available to Commonwealth Care Alliance (CCA) upon request, and must be consistent with CCA's performance standards for E-CCS and CCS



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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 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]



Signature

Chief of Psychiatry

Title [Print]

7/1/2021

Date

Doug Hsu

CCA Senior Operational Lead [Print]



Signature

VP, Medical Policy & Utilization Review

Title [Print]

7/1/2021

Date

Lori Tishler

CCA CMO or Designee [Print]



Signature

SVP, Medical Services

Title [Print]

7/1/2021

Date