

PERFORMANCE SPECIFICATIONS

Performance Specifications (PS) Title: Acute Treatment Services (ATS) Level 3.7		
PS #: 002	x SCO x One Care	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: 06/03/2021	Effective Date: 08/21/2021
Last Revised Date:	Next Annual Review Date: 06/03/2022	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: 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:

- 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

PERFORMANCE SPECIFICATIONS

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 Members 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.

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

PERFORMANCE SPECIFICATIONS

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
- 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

PERFORMANCE SPECIFICATIONS

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 Care Team **via CCA's Provider Line (@ 866-420-9332)** to obtain appropriate collateral information and to inform CCA's Care Team of the treatment plan as well as aftercare plan. CCA's Care 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
- 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. If appropriate 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 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

PERFORMANCE SPECIFICATIONS

- 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
- The aftercare plan will detail the dates, times and contact information for the Member including the contact for the Members CCA Care Team via CCA's Provider Line (@ 866-420-9332). If possible and the Member agrees, the aftercare plan can be photographed on the Member's phone or other device for easy access. Facility staff could support the discharge plan by helping the Member enter reminders on the Member's phone / device
- Once a discharge date is determined, the provider will reach out the Member's CCA Care Team to coordinate the Members aftercare plan with the **CCA Care Team (@ 866-420-9332/option #4)**. CCA's Care Team can assist with transportation authorizations to aftercare appointments and pharmacy needs as well as follow-up with aftercare appointments. **The Member's discharge plan will be faxed to CCA BH UM department at 855-341-0720**
- 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)

PERFORMANCE SPECIFICATIONS

upon request, and must be consistent with CCA's performance standard for 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 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).



PERFORMANCE SPECIFICATIONS

Approvals:

Peggy Johnson

CCA Senior Clinical Lead [Print]

Peggy Johnson

Signature

[Click here to enter text.](#)

CCA Senior Operational Lead [Print]

Signature

Lori Tishler, MD

CCA CMO or Designee [Print]

Lori Tishler

Signature

Chief of Psychiatry

Title [Print]

06/03/2021

Date

Title [Print]

Date

Senior Vice President, Medical Services

Title [Print]

06/03/2021

Date

Not Effective until 08/21/2021