



Emergency Services Program (ESP) PERFORMANCE SPECIFICATIONS

Performance Specifications (PS) Title: Emergency Services Program (ESP)		
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COVERED SERVICES:

The **Emergency Services Program (ESP)** provides crisis assessment, intervention, and stabilization services 24 hours per day, seven days per week, and 365 days per year (24/7/365) to all CCA members who are experiencing a behavioral health crisis. The purpose of the ESP is to respond rapidly, assess effectively, triage and/or deliver a course of treatment intended to promote recovery, ensure safety, and stabilize the crisis in a manner that allows a member to receive any medical and/or behavioral health services in the community, or if medically/behaviorally necessary, arrange for transition to an inpatient or 24-hour diversionary level of care. The ESP provides crisis assessment, intervention, and stabilization for all CCA Members in crisis and provides solution-focused and strengths-oriented crisis intervention aimed at working with the Member and their family and/or other natural supports to understand the current crisis, identify solutions, and access resources. In collaboration with the Member, the ESP arranges the behavioral health services that the Member selects to further treat their behavioral health concerns based on the assessment. The ESP will coordinate with other involved service providers including the members' CCA Care Team and/or other providers to share information (with appropriate consent) and make recommendations for a treatment plan. The ESP also provides the Member and their family with resources and referrals for additional services and supports including recovery-oriented services in the community. In addition to the three basic elements of crisis assessment, intervention, and stabilization, the focus and duration of the initial intervention, the Member's participation in the treatment, and the number and type of follow-up services require the flexibility of the ESP provider and the Member to collaborate on a treatment plan.

ESP services are directly accessible to Members who seek behavioral health services on their own and/or who may be referred by any other Member or resource, such as family members, guardians, community-based agencies, service providers, primary care physicians, residential programs, state agency personnel, law enforcement, courts, etc. ESP services are community-based in order to bring treatment to Members in crisis, allow for Member choice, and offer medical and behaviorally necessary services in the least restrictive environment that are most conducive to stabilization and

Emergency Services Program (ESP) PERFORMANCE SPECIFICATIONS

recovery. Local ESPs provide crisis behavioral health services in the community, through mobile crisis intervention services, accessible community-based locations, and adult Community Crisis Stabilization (CCS) programs.

COMPONENTS OF SERVICES:

- ESP is a comprehensive, integrated program of crisis behavioral health services, including services delivered through the ESP's mobile crisis intervention and executed in an accessible, community-based location and/or in the ESP's adult Community Crisis Stabilization (CCS) program. ESP services are provided throughout the entire catchment area 24 hours a day, seven days a week, 365 days a year (24/7/365)
- The ESP provides ESP services on site at its community-based location (which is easy to locate, close to public transportation and is handicapped accessible) for a minimum of 12 hours per day on weekdays and 8 hours per day on weekends. Recommended minimum hours are 7 a.m. to 11 p.m. on weekdays and 11 a.m. to 7 p.m. on weekends
- The ESP provides Mobile Crisis Intervention services to any community-based location, including private homes, from 7 a.m. to 8 p.m. Outside of those hours, Mobile Crisis Intervention services are provided in residential programs and hospital EDs. ESPs are expected to provide community-based crisis intervention whenever it is safe for the member and possible to do so
- The ESP community-based location offers an environment that encourages Members to seek crisis services in the least restrictive community-based setting. The physical environment and interpersonal climate is one that is welcoming and communicates respect, patience, compassion, calmness, comfort, and support. Concurrently, the environment communicates that this is a setting to receive help for crisis behavioral health needs rather than for routine services or general support and socialization
- All ESP services in a given catchment area can be accessed through a toll free "800" phone number operated by the contracted ESP provider or directly through the local crisis call line 24/7/365
- The ESP operates a Community Crisis Stabilization (CCS) program that serves adults. The ESP's adult CCS is co-located with the ESP community-based location. (Refer to the CCA's Crisis Stabilization Performance Specifications for more details about ESP provider requirements relative to that ESP service component)
- The ESP conducts all clinical, medical, quality, administrative, and financial oversight functions across all the services provided by the ESP and all locations in which these services are provided, including any ESP services provided by subcontractors. More specifically, management functions include:
 - Staff recruitment, hiring, training, supervision, and evaluation
 - Crisis triage
 - Clinical and medical oversight
 - Quality management/risk management
 - Information technology, data management, and reporting
 - Claims and encounter form submission
 - Oversight of subcontracts
 - Interface with payors and for contract management purposes

Emergency Services Program (ESP) PERFORMANCE SPECIFICATIONS

- The ESP's priority is to ensure safety by providing immediate intervention in life-threatening situations involving imminent risk of suicide; homicide (except in cases where law enforcement is clearly needed); or significant violence directed toward self, person(s), or property
- The ESP responds to all requests for crisis assessment, intervention, and stabilization in a timely fashion, in order to be responsive to the Member's and/or caretakers' sense of urgency; intervene in behavioral health crises early; and prevent the adverse impact that delay treatment and impact Members, families, and settings in which those Members await these services, particularly hospital emergency departments (EDs)
- The ESP response is to help minimize the duration of Members' time in the more restrictive setting of the ED, thereby contributing to efforts to reduce ED overcrowding and boarding. The ESP ensures that a maximum response time of 60 minutes from the time of the Member's readiness for ESP crisis assessment is provided in every encounter
- **ESP providers are required to call CCA's Behavioral Health (BH) Utilization Management Team to provide notification of admission (or notification that a member is awaiting placement) by calling 866-420-9332.** For Members who are boarding in the ED or on an inpatient medical floor awaiting placement to an inpatient psychiatric facility, **ESPs are also expected to conduct a mental status update every 24 hours with the member and relay this information back to the CCA's BH Utilization Management Team.** The ESP also conducts care coordination while the member is awaiting inpatient placement.
- ESP core services include the following with the goal of providing crisis stabilization:
 - Crisis screening, or crisis assessment
 - Short-term crisis counseling
 - Crisis interventions
 - Medication evaluation (The ESP provides access to psychiatric and medication evaluations 24/7/365 through which medication is prescribed according to written policies and procedures and applicable Massachusetts General Laws)
 - Assessment of current or past use of substances and indications for arranging immediate medical treatment or medical follow-up, including the capacity to screen for intoxication or withdrawal
 - **When clinically appropriate ESP will discuss with CCA BH UM to determine if "Specializing" services are an option for Members awaiting inpatient placement**
- ESP services are available to Members who present with:
 - Mental health concerns
 - Substance use concerns
 - Co-occurring mental health and substance use
 - Co-occurring mental health and medical conditions
- The ESP delivers the above-mentioned services incorporating culturally and linguistically sensitive approaches to all Members including but not limited to:
 - Intellectual and developmental disabilities
 - Deaf and hard of hearing
 - Blind, deaf-blind, and visually impaired
 - Cultural and linguistic populations
 - Elders
 - Veterans

Emergency Services Program (ESP) PERFORMANCE SPECIFICATIONS

- Homeless
- Gay, Lesbian, Bisexual, Transgender, Queer, Questioning, Intersexed (LGBTQI)
- The ESP ensures that, upon the request of a court clinician conducting a psychiatric evaluation pursuant to M.G.L. c. 123 12(e), a crisis assessment is provided, appropriate diversionary services are identified, and assistance is provided to access the diversionary service
- The ESP ensures that the principles of wellness, resiliency, rehabilitation, and recovery are central to their triage and treatment plans for of all Members to whom they provide crisis behavioral health services to including integration of specific recovery-oriented services such as Recovery Coaches (RC), Recovery Support Navigators (RSN) and Certified Peer Specialists
- The ESP continually assesses risk for Members who participate in ESP services, as well as for staff who provide these services and takes action to mitigate risk to the extent possible. Strategies include but are not limited to:
 - Offering alternative venues for services and acknowledging that some Members will continue to require the services of a hospital ED
 - Providing technology resources, including cell phones with GPS and laptops
 - Enhancing staff infrastructure to include Certified Peer Specialist, RC, RSN and bachelor's level staff to support Members and their families, as well as to be available to provide a two-person response and support to a master's level clinician during a crisis intervention
 - Identifying specific "safety" staffing in the ESP community-based location who can offer and promote a calm and safe environment, mitigate risk, and facilitate safety in these settings enabling providers to ensure that at least two staff are present in the community-based location during at least high-volume operating hours
- The ESP is organized around the diversion of behavioral health utilization from the ED when there is not a physical condition or level of acuity that requires medical assessment and intervention, while understanding that CCA members are entitled to seek emergency services in an ED if they believe they have an emergency medical condition
- The ESP develops and implements specific strategies to change referral and utilization patterns in its communities and shift volume from hospital EDs to its community-based services including the ESP community-based locations, and adult CCS's
- ESPs create a service pathway that screens for the need to refer up to a hospital ED rather than step-down from hospital-based emergency care by identifying and implementing strategies that maximize utilization of community-based diversionary services and reduce unnecessary psychiatric hospitalization
- ESPs are responsible for arranging transportation for Members. **CCA member benefits include transportation. The ESP provider contacts Commonwealth Care Alliances (CCA' s) Care Team for support with arranging needed transportation. The CCA Care Team can be reached by calling 866-420-9332 (Option #4)**
- The ESP implements protocols regarding medical evaluation or "clearance." The ESP refers differentially to hospital EDs and primary care practitioners (PCP), within a timeframe that is based on the urgency of that need
- The ESP develops protocols for obtaining and disseminating information related to risk management/safety plans with outside providers, family/natural supports and ESP clinicians
- The ESP should utilize, as necessary, the Massachusetts Behavioral Health Access website

Emergency Services Program (ESP) PERFORMANCE SPECIFICATIONS

(www.MABHAccess.com) to locate services

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

Emergency Services Program (ESP) PERFORMANCE SPECIFICATIONS

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 staffing requirements in the service-specific performance specifications, and the credentialing criteria and has the resources to support the management and delivery of ESP services, including administrative and financial oversight, medical leadership, and technology infrastructure
- ESP staffing resources are best deployed in an integrated and flexible manner, using all available resources to respond to the needs of Members taking into consideration fluctuations in volume, intensity and location of services
- ESP staffing is based on a multidisciplinary team, including the following positions:

ESP Medical Director: is a board-certified or board-eligible psychiatrist who is responsible for clinical and medical oversight and quality of care across all ESP service components. It is expected that the ESP provider will appoint one of the psychiatrists to staff both the ESP and the CCS as the ESP's Medical Director as the needs dictate. The medical director:

- Coordinates the functions relating to the psychiatric care delivered by them and/or other psychiatric clinicians during business hours and the after-hours psychiatric consultation function fulfilled by them and/or other psychiatric

Emergency Services Program (ESP) PERFORMANCE SPECIFICATIONS

- clinicians
 - Supervises all psychiatric clinicians performing psychiatric functions in any of the ESP service components
 - Responsible for developing and maintaining relationships with medical providers and other stakeholders in the catchment area, including medical directors at local outpatient, diversionary, inpatient services programs, hospital emergency department (ED) physicians, and PCPs
 - Responsible for developing and maintaining relationships with CCA's medical and Health Outreach ED2 Home staff where the catchment area aligns with the following Emergency Departments: Boston Medical Center, Baystate Medical Center, BIDMD and North Shore Medical Center
 - Is available for clinical consultation to ESP staff members and community partners, including negotiating issues related to medical clearance and inpatient admissions
- *ESP Director*: is a full-time position staffed by a master's or doctoral level licensed behavioral health clinician and who shares responsibility with the ESP Medical Director for the clinical oversight and quality of care across all ESP service components. The ESP director is also responsible for:
 - Administrative and financial oversight of the ESP contract, along with administrative and financial leadership of the contracted ESP provider agency
 - Ensures compliance with all requirements set forth by CCA, including standard clinical assessment tools and data collection mechanisms
 - Ensuring the provision of the core ESP service of crisis assessment, intervention, and stabilization to clients for all ESP service components and locations, including both Mobile Crisis Intervention services and those provided on-site in the ESP's community-based location
 - Staff recruitment, orientation, training, and supervision including administrative and clinical supervision to key program level supervisory staff. The ESP Director also develops and maintains working relationships with all appropriate community stakeholders
- *Quality Management*
 - Ensuring all ESP reporting requirements including utilizing data reporting, compliance with standards of care, and implementation of quality improvement initiatives are in good order
 - Managing, resolving, and reporting all critical incidents, complaints, and grievances
 - Advising clinical staff on risk assessment, risk management/safety planning, and risk management
 - Implementing and utilizing all assessment and/or outcomes tools in collaboration with the ESP Director as required by the ESP contract with CCA
- *Clinical Supervisor(s)*: are licensed, master's or doctoral level behavioral health clinicians who provide clinical supervision to all direct service staff across the ESP service components

Emergency Services Program (ESP) PERFORMANCE SPECIFICATIONS

- *Triage clinicians*: are bachelor's or master's level behavioral health clinicians answer all incoming phone calls and are responsible for triaging calls to the appropriate ESP service component, or to another appropriate resource, including 911 in acute emergencies. Triage clinicians provide general information to callers, serving as a resource by assisting them in accessing care throughout the behavioral health system. Triage clinicians facilitate access to diversionary services, including setting up urgent psychopharmacology appointments
- *Clinicians*: are master's or doctoral level behavioral health clinicians who provide crisis assessment, intervention, and stabilization services across all service component
- *Psychiatry*: include board-certified or eligible MDs and Psychiatric Nurse Mental Health Clinical Specialists who provide psychiatric or psychopharmacological consultation across all ESP service components
- *Psychiatric consultation (after hours)*: are board-certified or board-eligible psychiatrist and/or Psychiatric Nurse Mental Health Clinical Specialist providing consultation outside regular business hours. to ESP staff members and others involved in the assessment, treatment, and/or disposition planning for Members
- *Certified Peer Specialists* are responsible for:
 - Supporting a welcoming, comfortable and supportive facility environment to Members
 - Support to the Member, updating them on the ESP process as it unfolds, and offering concrete assistance and comfort such as food and drink
 - Conveying hope and providing psycho- education including information about wellness, recovery, rehabilitation, and crisis self-management
 - Having an in-depth knowledge of the particular catchment area served by the ESP and can facilitate access to specific community-based resources, including recovery-oriented and Member-operated programs such as Recovery Learning Centers
 - Assist in arranging the services to which the Member is being referred after the ESP intervention as well as support the Member and family during the transition to those follow-up services
 - Provide similar services in the ESP's CCS as staffing and time permit. ESPs are required to employ one or more Certified Peer Specialists to work in the ESPs' community-based locations
- *Bachelor's level staff*: whose responsibilities include:
 - Supporting the master's level clinicians in providing ESP services to Members, particularly during Mobile Crisis Intervention services, as well as in the community-based location
 - Help to support the Member and their family including assisting with implementing the disposition determined by the master's level clinician. This "team" approach supports efficiency and builds in safety to the system by allowing mobile response master's level clinicians to focus exclusively on the

Emergency Services Program (ESP) PERFORMANCE SPECIFICATIONS

provision of direct clinical services. ESP providers are encouraged to hire bachelor's level staff who are also credentialed as Certified Peer Specialists

- *“Safety” staff* positions in the ESP community-based location serve as a flexible resource to support ESPs in maintaining a calm and safe environment, mitigating risk, and allowing services to be delivered safely in a community-based setting. ESPs may choose to use these positions in a variety of ways that contribute to a safe environment. This staffing will enable providers to ensure that a minimum of two people are present in the ESP's community-based location during at least high-volume operating hours, or during low-volume hours when fewer clinical staff are working
- The ESP provides consultation by a psychiatrist or Psychiatric Nurse Mental Health Clinical Specialist, 24/7/365 inclusive of a telehealth (video and phone) consultation within 15 minutes of request to provide timely face-to-face psychiatric and medication evaluations for Members assessed during an ESP intervention
- ESP staff receives ongoing supervision appropriate to their discipline and level of training and licensing. For Certified Peer Specialists this supervision includes peer supervision
- The ESP ensures that all staff has access to appropriate and on-going training for all of the following populations:
 - Adults
 - Persons with mental health conditions
 - Persons with a substance use disorder condition(s)
 - Persons with co-occurring mental health and substance use condition(s)
 - Persons with co-occurring behavioral health and medical condition(s)
 - Intellectual and developmental disabilities
 - Deaf and hard of hearing
 - Blind, deaf-blind, and visually impaired
 - Culturally and linguistically diverse populations
 - Elders
 - Veterans
 - Homeless
 - Gay, Lesbian, Bisexual, Transgender, Queer, Questioning, Intersexed (LGBTQI)

TRIAGE, CRISIS ASSESSMENT AND INTERVENTION, TREATMENT/STABILIZATION AND DOCUMENTATION:

- The ESP accepts requests/referrals for ESP services directly from Members who seek them on their own and/or who may be referred by any other Member or resource, such as family members, guardians, community-based agencies, service providers, primary care physicians, residential programs, schools, state agency personnel, law enforcement, courts
- All ESP referrals are triaged to the most appropriate ESP service components and in the least restrictive setting that ensures safety and meets the Members and the family needs
- Triage calls may be answered by master's-level staff, or by bachelor's-level staff with master's-level clinicians and supervisors available to consult with bachelor's-level staff and takecalls

Emergency Services Program (ESP) PERFORMANCE SPECIFICATIONS

when indicated. The ESP is expected to develop and maintain written protocols for this back-up and decision-making regarding access to master's-level clinicians

- An ESP clinician begins a crisis assessment as soon as possible and no later than one hour from the time of Member readiness defined as the point at which the Member is able to participate in a behavioral health assessment (is awake, sufficiently cleared of substances that may impair the evaluation). Readiness should not be solely based on urine and/or drug screen, serum drug test or alcohol test
- If the assessment occurs in a hospital ED, Members are considered to be ready for the behavioral health evaluation to begin when medical clearance has been completed, as required by each hospital's ED protocol. If the evaluation occurs in the community, medical clearance may or may not be required, depending on the presentation of the Member
- For all calls requesting mobile crisis intervention services:
 - The ESP accepts calls from all referral sources as noted above and provides a *readiness* system that includes:
 - An early notification for triage, dispatching, and staff management purposes where the referral source can call the ESP and give them notification that a Member needs an assessment but is waiting for readiness
 - The early notification (ESP triage) clinician alerts ESP staff keeping them informed about an impending referral, the referral source informed about the anticipated response time, including if the ESP is unable (in the rare circumstances) to respond within the required one-hour time frame. The ESP arranges the necessary staff resources or otherwise ensures a response as close to this time frame as possible, keeping the referral source informed in the process
 - If an occurrence of the ESP being unable to arrive within one hour of time of readiness occurs in a hospital ED setting, the ED has the option to perform the crisis assessment and intervention utilizing an internal hospital staff that has a master's or doctoral level degree and then present the clinical information directly to the ESP provider post assessment. When an ED does the assessment under these circumstances, it is expected that they will also complete the bed search, if needed, and follow the case through to disposition
- **Triage and disposition decisions are made in collaboration with the CCA medical necessity guidelines and CCA's Behavioral Health Utilization Management Team**
- The ESP staff are responsible for
 - Determining if the Member has of an established risk management/safety plan, and/or access to any risk management/safety plan on file at the ESP for the given Member
 - Updating any existing risk management/safety plan or create one with the Member to include the presenting problem, the specific problem to be addressed along with a treatment plan, preferred disposition plan, and the involvement of others who may be available to support the Member before or during crisis (i.e., providers, agencies, significant others, and/or family members). The purpose of this plan is to expedite a Member-focused disposition based on the experience gained from past treatment interventions

Emergency Services Program (ESP) PERFORMANCE SPECIFICATIONS

- The ESP is required to document each ESP encounter to include at a minimum:
 - Name of Member; date and time of request; start time; location
 - Presenting problem, mental status exam, involvement of other person(s) and agencies, action taken and clinical/diagnostic formulation
 - Reason for rule-out of less restrictive alternatives
 - Target problems to be addressed at the next level of care
 - Identifying information, signature, and title of staff person
 - Assessment includes short-term treatment planning with goals focused on pre-crisis and crisis intervention, stabilization, and disposition(s) in accordance with written risk management/safety plans when available
- ESP assessments and dispositions are reviewed on a scheduled basis for clinical appropriateness by the ESP director, medical director, and/or designee and documented in the Member's record within 48 hours of the intervention. The ESP implements an ongoing feedback loop to continually educate staff about opportunities to improve quality of care, including the identification of diversion opportunities
- The ESP's medical director is responsible for implementing written procedures for assessing medical needs (with specific sensitivity to recognizing valid medical concerns of those presenting with mental health and/or substance use conditions), including the need for a medical evaluation, medical stabilization, or a referral to a hospital for emergency medical services
- The ESP manages the flow of communication throughout the ESP process with a given Member. ESP staff checks in with and updates Members and the family/significant others accompanying them regarding the status of the evaluation and/or disposition process no less than every 30 minutes
- ESPs are responsible to keep the referral source and/or stakeholders informed regarding the setting in which the ESP services are being provided, such community-based or in a hospital ED
- ESP clinician provides crisis counseling and crisis intervention during and subsequent to the crisis evaluation. The ESP clinician listens and offers support, provides solution-focused and strengths-oriented crisis intervention aimed at working with the Member and his/her family and/or other natural supports to understand the current crisis, identify solutions, and access resources and services for comfort, support, assistance, and treatment
- Telehealth contact is acceptable and is recognized as a therapeutic and may be utilized when clinically indicated and as defined by internal program policies and procedures
- Commonwealth Care Alliance (CCA), as a payor and provider of services, can support and collaborate with the ESP team concerning details of a Member's history including medical and behavioral concerns as well as past ESP and/or other crisis evaluation and interventions.
CCA's Care Team can be reached by contacting CCA's Provider Line 866-420-9332 (Option #4) for Care Partner Team

DISPOSITION PLANNING AND DOCUMENTATION:

- The ESP develops and maintains protocols for assisting the ESP clinician and consulting with others in the event that there is a question and/or disagreement regarding the level of care that is medically necessary for a given Member. Protocols include the clinician's review of the disposition plan with the ESP Director and/or Medical Director and/or ESP psychiatric nurse
- The ESP arranges the medically necessary behavioral health services that the Member requires

Emergency Services Program (ESP) PERFORMANCE SPECIFICATIONS

to further treat their behavioral health condition based on the crisis assessment completed and the Member's medical needs and preferences

- With the Members consent, the ESP coordinates with Member CCA Care Team and other involved service providers and/or newly referred providers to share information and make recommendations for the treatment plan and provides the Member and his/her family with resources and referrals for additional services and supports, such as recovery-oriented and consumer-operated resources in their community
- For Members assessed to meet medical necessity criteria for inpatient mental health services or another 24-hour level of care, the ESP begins a bed search to arrange admission
- **The ESP Provider contacts the CCA BH UM Team to provide notification of admission for inpatient mental health services, prior to bed placement. The CCA BH UM Team can be contacted at 866-420-9332**
- For Members who meet medical necessity criteria for inpatient mental health services, or another 24-hour level of care, the ESP arranges an admission to the closest, most appropriate facility with a bed available, consistent with CCA's provider network
- The ESP promotes continuity of care for Members who are readmitted to inpatient mental health services by offering them readmission to the same provider when there is a bed available in that facility
- In the event that there are no in-network beds available and no discharges are expected from in-network facilities within a reasonable time period of no more than six hours of the beginning of the bed search, the ESP may call out-of-network facilities. If needed, the ESP may ask the CCA Behavioral Health Utilization Management (UM) Team for suggestions of out-of-network facilities and related contact information. **If a bed is located in an out-of-network facility, the ESP may then request an out-of-network authorization from the CCA Behavioral Health UM Team**
- **For continued authorization of boarding of CCA Members, it is the ESP's responsibility to call the CCA BH UM Team daily.** When the ESP secures a bed for a given CCA member, the ESP obtains an authorization from the CCA BH UM Team and arranges transfer of the CCA member to the admitting facility
- If an ESP psychiatrist, or an ED in which they are providing services has concerns that an inpatient provider or provider of another 24-hour level of care is requesting additional medical tests beyond what is usual and customary in order to admit a Member, the ESP psychiatrist and/or ED physician with reservations should discuss the matter with the inpatient psychiatric unit physician requesting the tests. Hopefully, both parties will come to an agreement. If not, the ESP or ED may contact the CCA BH UM team to notify them of this situation and be prepared to provide the following information: date, calling facility, name of caller, facility requesting additional testing, region of requesting facility, name of member, and what tests were requested
- The ESP follows written protocols for follow-up with the Members who received ESP services, particularly those who successfully remain in the community after ESP services, to ensure stabilization and facilitate the disposition

DISCHARGE PLANNING, COMMUNITY AND COLLATERAL LINKAGES:

- The ESP is knowledgeable of local community crisis continuum including the strengths and

Emergency Services Program (ESP) PERFORMANCE SPECIFICATIONS

limitations, resources, barriers, and practice patterns and initiates strategies aimed at strengthening service pathways and the safety net of resources

- ESP staff is knowledgeable of available community mental health and substance use services within their ESP catchment area and statewide as needed, including CCA's levels of care and their admission criteria, as well as relevant laws and regulations
- The program develops and maintains a comprehensive community resource directory that is updated on an ongoing basis and is readily available to clinical staff, consumers, and families. Reasonable provisions should be made to allow consumers to make copies of the directory. The directory should include, but not be limited to:
 - Name of the resource and services available
 - Location/address/phone and fax number
 - Hours of operation, including evenings and weekends
- The ESP maintains close working relationships to other medical, legal, emergency, and community services available to the individual and their families and develops effective relationships with the providers of those services, ensuring effective consultation and referral processes and seamless transfer and coordination of care. These services include:
 - Recovery-oriented and consumer-operated resources and resources inclusive of the populations listed above in the Components of Services section (such as Recovery Learning Communities (RLCs, Clubhouses, and AA/NA etc.)
 - Community-based outpatient and diversionary services (all available ASAM levels of care)
 - Inpatient psychiatric services, and substance use treatment services
 - State Agencies
 - Residential Programs
 - Law enforcement entities
 - Housing Support
 - Food security support
 - Utility assistance
 - Transportation (see below for CCA covered transportation)
- 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** and asking to speak to the Members Care Team. **Transportation is a CCA covered benefit service and can be secured by calling the CCA Provider Line**
- At the time of discharge the provider ensures that the Member has a current crisis prevention plan, recovery/relapse prevention plan and/or safety plan in place that has been updated to reflect the current needs of the Member. The ESP ensures that the Member has a copy of the discharge plan upon discharge

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



Emergency Services Program (ESP) PERFORMANCE SPECIFICATIONS

outcome measures and satisfaction surveys, to measure and improve the quality of care and service delivered to Members, including their natural supports

- Providers are required to collect and measure outcome data and incorporate the data in treatment plans in the medical records and inform clinical programming
- Clinical outcomes data must be made available to Commonwealth Care Alliance (CCA) upon request, and must be consistent with CCA's performance standards for ESP level of care
- 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

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 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).



Emergency Services Program (ESP) PERFORMANCE SPECIFICATIONS

Approvals:

Mary Averill BH Clinical Provider Engagement Director
CCA Senior Clinical Lead [Print] **Title [Print]**

Mary Averill 10/14/2021
Signature **Date**

Peggy Johnson Chief of Psychiatry
CCA Senior Operational Lead [Print] **Title [Print]**

Peggy Johnson 10/14/2021
Signature **Date**

Doug Hsu, MD Vice President, Medical Policy and
Utilization Management
CCA CMO or Designee [Print] **Title [Print]**

Doug Hsu 10/14/2021
Signature **Date**