Family Residential Rehabilitation Services (RRS) for Substance Use Disorders (ASAM Level 3.1)

Providers contracted for this level of care or service must meet all Massachusetts Department of Public Health/Bureau of Substance Addiction Services (DPH/BSAS) contractual and regulatory requirements and must meet all requirements of these service-specific performance specifications.

Family Residential Rehabilitation Services (RRS) for Substance Use Disorders (Level 3.1) consists of a structured and comprehensive rehabilitative environment for families, including children up to the age of 18 that supports family recovery from trauma and the effects of Substance Use Disorders (SUD) and encourages movement towards an independent lifestyle. Scheduled, goal-oriented clinical services are provided in a family focused treatment and recovery model, with the parent/caregiver's recovery from SUD central to the recovery of the family. The Family RRS performance specifications are a subset of the Residential Rehabilitation Services (RRS) for Substance Use Disorders (ASAM Clinically Managed Low Intensity Residential Services) performance specifications. As such, Family RRS providers agree to adhere to both the Residential Rehabilitation Services (RRS) for Substance Use Disorders (ASAM Clinically Managed Low Intensity Residential Services) performance specifications and to the Family RRS performance specifications contained within. Where there are differences between performance specifications for Residential Rehabilitation Services (RRS) for Substance Use Disorders (ASAM Clinically Managed Low Intensity Residential Services) performance specifications and Family RRS, these Family RRS specifications take precedence.

Exclusion criteria must be based on clinical presentation and not include automatic exclusions based on stable medical conditions, homelessness, medications prescribed including MOUD, compliance with medications, lack of prescription refills, or previous unsuccessful treatment attempts.

RRS programs will provide ASAM Clinically Managed Low Intensity Residential Services until:
1. The Member's symptoms can be safely managed at a less intensive level of care

Components of Services

1. The provider complies with all licensing and standards of care requirements of the applicable licensing body.
2. The provider administers a trauma-informed health and family needs assessment and family life advocacy services/integrated family treatment plan;
3. The provider ensures the Member receives at least five (5) hours of individual and group, and family substance use disorder counseling services, based on treatment plans;
4. The provider provides or arranges for integrated and/or coordinated substance use disorder, mental health, domestic violence, and trauma services with appropriate releases of information and compliance with HIPAA and 42 CFR, Part 2.

5. The provider ensures for Fetal Alcohol Spectrum Disorder (FASD) screening with an ability to provide individualized services for those with an FASD;
6. The provider ensures individualized, family-focused discharge and aftercare planning;
7. The provider can provide appropriate medication management;
8. The provider ensures the Member learns parenting skills, as indicated by the treatment plan, and the Member receives and supports focusing on building the parent/caregiver-child relationship; furthermore, the provider offers these services in a trauma-informed manner; and
9. The provider ensures Members receive the following services as needed:
    a. Housing/job search activities;
    b. Self-help integrated into services;
    c. Assistance in applying for public assistance and benefits;
    d. On-site developmental services/activities for children not accessing childcare in the community; and
    e. Afterschool programming for school age children and adolescents

Staffing Requirements

If the program feels they cannot meet these specifications, Bureau of Substance Addiction Services (BSAS) has a waiver process for certain requirements. The waiver process is described in 105 CMR 164.000 Licensure of Substance Use Disorder Treatment Programs. The provider is responsible for informing the payer of any waivered requirements if the waiver is approved. Providers are additionally responsible for communicating hardships that are not regulatory in nature to payers.

1. The provider complies with the staffing requirements of the applicable licensing body, and the staffing requirements outlined in 105 CMR 164.000 Licensure of Substance Use Disorder Treatment Programs, and the staffing requirements in the Molina Healthcare provider manual.
2. The program is staffed with a full-time program director who carries full responsibility for the administration and operations of the program, including supervision of non-clinical staff.
3. The program is staffed with a full-time Clinical Director (1 FTE) who must possess at least a master's degree in a clinical or social science field and meets 105 CMR 164.000 criteria for Senior Clinician or Clinician Supervisor. A clinical director is the designated authority responsible for ensuring adequate and quality behavioral treatment is being provided.
4. The program is staffed with one full-time Family Specialist (master’s-level Senior Clinician) who will provide clinical family services through individual, group, and family therapy under the supervision of the Clinical Director.
5. The program is staffed with full-time Recovery Specialists who will have caseloads and provide individual, group, and case management services under the supervision of the Clinical Director, as required under the LADC guidelines for II-level and III-level clinicians.

6. The program is staffed with one full-time Child Service Coordinator who is responsible for the children's portion of the family service plans, to oversee both in-house and out-of-the-house children's activities.
7. The program is staffed with one full-time Child Service Assistant who will assist in the Child Service Coordinator developing the children's part of the service plan.
8. The program is staffed with sufficient staff to always ensure coverage by a minimum of two Direct Care/Recovery Specialists.
9. The provider ensures that all program staff will be knowledgeable of requirements and procedures for reporting suspected cases of abuse and neglect in accordance with M.G.L. Chapter 119, Section 51A.

Process Specifications

Assessment, Treatment Planning/Recovery Planning and Documentation

1. The provider complies with all provisions of 105 CMR 164.000 Licensure of Substance Use Disorder Treatment Programs related to assessment and recovery planning. The provider conducts a trauma-informed health and family needs assessment.
2. In addition to an individualized SUD treatment plan for the parent/caretaker, the provider also creates an integrated family treatment service plan for the entire family.
3. The provider ensures there are integrated service plans with other state agencies that provide services to the client. The provider will coordinate the appropriate releases of information and compliance with HIPAA and 42 CFR, Part 2.

Disposition Planning and Documentation

1. The provider ensures that aftercare planning is initiated at the time of admission, continues throughout the treatment episode, and includes focus on the following:
   a. Treatment and case management after discharge;
   b. Housing;
   c. Childcare;
   d. Transition to work;
   e. Engagement in treatment activities;
   f. Custody status; and
   g. Health and other necessary social services

Service, Community, and Collateral Linkages

1. The provider complies with all provisions of 105 CMR 164.000 related to community connections and collateral linkages.
2. The staff members are familiar with the levels of care/services necessary to meet the needs of the Members being served, and are able and willing to accept referrals from, and refer to, these levels of care/services when clinically indicated.

3. The provider maintains written affiliation agreements, which may include QSOAs, MOUs, BAAs, or linkage agreements, with local providers of these levels of care necessary to meet the needs of the Members being served at the RRS, and that refer a high volume of Members to its program and/or to which the program refers a high volume of Members. Such agreements include the referral process, as well as transition, aftercare, and discharge processes.