
Performance Specifications **Acute Treatment Services for Substance Use Disorders**

Acute Treatment Services (ATS) for Substance Use Disorders ASAM Level 3.7

Providers contracted for this level of care or service are expected to comply with all requirements of these service-specific performance specifications.

The performance specifications contained within pertain to the following services:

- Acute Treatment Services (ATS) for Substance Use Disorders Level 3.7

Acute Treatment Services (ATS) for Substance Use Disorders (Level 3.7) consist of 24-hour, seven-day-per-week, medically monitored inpatient detoxification treatment that provides evaluation and withdrawal management. Detoxification services are delivered by nursing and counseling staff, under the consultation of a licensed physician, to monitor an individual's withdrawal from alcohol and other drugs and to alleviate symptoms. Services include: biopsychosocial evaluation; individual and group counseling; psycho-educational groups; and discharge planning.

Acute Treatment Services are provided to Members experiencing, or at significant risk of developing, an uncomplicated, acute withdrawal syndrome as a result of an alcohol and/or other substance use disorder. Members receiving ATS do not require the medical and clinical intensity of a hospital-based, medically managed detoxification service, nor can they be effectively treated in a less intensive outpatient level of care.

Components of Service

1. Therapeutic programming is provided seven days per week, including weekends and holidays, with sufficient professional staff to maintain an appropriate milieu and conduct the services below based on individualized Member needs. The scope of required service components provided in this level of care includes, but is not limited to, the following:
 - a. Bio-psychosocial evaluation
 - b. Psychiatric consultation
 - c. Psychopharmacological consultation
 - d. Medical monitoring
 - e. 24-hour nursing care
 - f. Medication monitoring
 - g. Detoxification
 - h. Individual, group, and family therapy
 - i. Behavioral/health/medication education and planning
 - j. Psycho-educational groups
 - k. Medical history and physical examination
 - l. Nursing assessment
 - m. Substance use disorder assessment

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- n. Relapse prevention
 - o. High risk/HIV education
 - p. Peer support and/or other recovery-oriented services
 - q. Development and/or updating of crisis prevention plans, or safety plans, and/or relapse prevention plans, as applicable
 - r. Discharge planning/case management
 - s. Aftercare planning and coordination
 - t. Routine medications
2. The provider provides a comprehensive, formal, structured treatment program which incorporates the effects of substance use disorders, mental health disorders, and recovery, including the complications associated with dual recovery, and provides a minimum of four hours of service programming per day. At least two hours of psycho-educational group time per week is dedicated to the discussion of HIV/AIDS, Hepatitis C, and other health issues.
 3. The provider has the capacity to treat Members with alcohol and/or other drug dependencies who are assessed to be at a mild to moderate risk of medical complications during withdrawal.
 4. The program admits and has the capacity to treat Members who are currently on methadone maintenance or receiving other opioid replacement treatments. Such capacity may take the form of documented, active Affiliation Agreements with providers licensed to provide such treatments.
 5. Substance-specific detoxification protocols are individualized, documented, and available on-site. At minimum, these include detoxification protocols for alcohol, stimulants, opioids, and sedative hypnotics (including benzodiazepines).
 6. The provider is responsible for ensuring that each Member has access to medications prescribed for physical and behavioral health conditions, and documents so in the Member's health record.
 7. Prior to this, 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 ATS. The provider engages in the process of comparing the Member's medication orders newly issued by the ATS prescriber to all of the medications that he/she has been taking in order to avoid medication errors.

This involves:

 - a. Developing a list of current medications, i.e., those the Member was prescribed prior to admission to the ATS;
 - b. Developing a list of medications to be prescribed in the ATS;
 - c. Comparing the medications on the two lists;
 - d. Making clinical decisions based on the comparison and, when indicated, in coordination with the Member's primary care provider (PCP) and/or primary care team (PCT); and

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- e. Communicating the new list to the Member and, with consent, to appropriate caregivers, the Member's PCP and/or PCT, and other treatment providers.
All activities are documented in the Member's health record.
8. All urgent consultation services resulting from the initial evaluation and physical exam, or as subsequently identified during the admission, are provided within 24 hours of the order for these services. Non-urgent consultation services related to the assessment and treatment of the Member while in the ATS program are provided in a timely manner, commensurate with the level of need. Routine medical care (not required for the diagnosis related to the presenting problem) may be deferred, when appropriate, if the length of stay in the ATS program is brief. All of these services are documented in the Member's health record.
9. The milieu does not physically segregate individuals with co-occurring disorders.
10. The provider provides the Member and/or guardian/caregiver specific information on the program at the time of admission. The information includes but is not limited to Member rights and responsibilities, services available, treatment schedule, grievance procedures, discharge criteria, and information about family support and peer and recovery-oriented services.
11. The provider is responsible for updating its available capacity, three times each day at a minimum, seven days per week, 365 days per year on the Massachusetts Behavioral Health Access website (www.MABHAccess.com). The provider is also responsible for keeping all administrative and contact information up to date on the website. The provider is also responsible for training staff on the use of the website to locate other services for Members, particularly in planning aftercare services.

Staffing Requirements

1. The provider complies with the staffing requirements of the applicable licensing body, the staffing requirements in the Senior Whole Health service-specific performance specifications, and the credentialing criteria outlined in the Senior Whole Health Provider Manual, as referenced at www.SWHMA.com.
2. The program is staffed with sufficient appropriate personnel to accept admissions 24 hours per day, 7 days per week, 365 days per year, and to conduct discharges 7 days per week, 365 days per year.
3. The provider utilizes a multi-disciplinary staff, including nurses, counseling staff, physicians for psychiatric and pharmacological consultation, and clinical assistant/nurses' aide staff, all with established skills, training, and/or expertise in the treatment of individuals with substance use disorders and/or dependence.
4. The provider has adequate psychiatric coverage to ensure all performance specifications related to psychiatry are met.
5. The provider provides all staff with supervision consistent with Senior Whole Health credentialing criteria. The provider ensures that supervision of nursing staff is overseen by a registered nurse.

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6. The provider designates the consulting physician or another physician licensed to practice medicine in the Commonwealth of MA as medical director with demonstrated training, experience, and expertise in the treatment of substance use disorders, and who is responsible for overseeing all medical services performed by the program. 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.
7. Programs ensure a staffing pattern in sufficient numbers and positions necessary for the level of care provided and sufficient staff to ensure coverage on all shifts. Staffing pattern shall include the following positions:
 - a. A full-time equivalent Senior Clinician among direct service staff who shall be responsible for the clinical/educational operation of the substance use disorder treatment service;
 - b. Licensed psychiatrist or licensed psychologist on staff or available through Qualified Service Organization Agreements;
 - c. Registered nurse, nurse practitioner, or physician assistant; and
 - d. Licensed practical nurse, case aides and case management staff.
8. The provider ensures that Members have access to supportive staff 24 hours per day, 365 days per year.

Process Specifications**Assessment, Treatment/Recovery Planning, and Documentation**

1. The provider makes a decision within 15-30 minutes of the request for admission. The provider accepts admissions 24 hours per day, 7 days per week, 365 days per year.
2. A registered nurse evaluates each Member within three hours of admission to assess the medical needs of the Member. When the RN is not scheduled to work or is out for any reason (e.g., vacation, illness, etc.), he/she designates a consistent substitute, as much as possible, to ensure that the Member receives continuity of care. In these instances, this function may be designated to a licensed practical nurse (LPN) acting under an RN's or the physician's Member-specific supervision. All activities are documented in the Member's health record.
3. A comprehensive nursing assessment is conducted at the time of admission, which includes obtaining a Clinical Institute Withdrawal Assessment (CIWA) score and/or Clinical Opiate Withdrawal Scale (COWS). Results are documented in the Member's health record.
4. The provider ensures that a treatment/recovery plan is completed and in conjunction with the Member. The provider makes best efforts to also involve current community-based providers including primary care provider (PCPs) and/or primary care team (PCT) and behavioral health providers, family members, caregivers/guardians, and/or significant others in the treatment planning process.
5. The provider assigns a multi-disciplinary treatment team to each Member within 24 hours of admission. A multi-disciplinary treatment team meets to review the assessment and develop an initial treatment/recovery plan and initial discharge plan within 48 hours of admission. On

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weekends and holidays, the treatment/recovery plan may be developed by an abbreviated treatment team, with a review by the full treatment team on the next business day.

6. 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.
7. The treatment/recovery and discharge plans are reviewed by the multidisciplinary treatment team with each Member at least every 48 hours (a maximum of 72 hours between reviews on weekends), and are updated accordingly, based on each Member's individualized progress. All assessments, treatment and discharge plans, reviews, and updates are documented in the Member's health record.
8. A counselor/clinician meets with the Member daily for the purposes of assessment, counseling, treatment, case management, and discharge planning. All activity is documented in the Member's health record.
9. With Member consent and the establishment of the clinical need for such communication, coordination with caregivers/guardians, and other treatment providers, including PCPs and/or PCT and behavioral health providers, is conducted by appropriate staff relative to treatment and care coordination issues. All such contact is documented in the Member's health record.
10. 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.
11. 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.

Discharge Planning and Documentation

1. The provider conducts discharges 7 days per week, 365 days per year.
2. 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 in place and that he/she has a copy of it. The provider works with the Member to update the existing plan, or, if one was not available, develops one with the Member prior to discharge. With Member consent and as applicable, the provider may contact the Member's local Adult Mobile Crisis Intervention provider to request assistance with developing or updating the plan. With Member consent, the provider sends a copy to the Adult Mobile Crisis Intervention Director at the Member's local Adult Mobile Crisis Intervention provider.
3. The provider engages the Member in developing and implementing an aftercare plan when the Member meets the discharge criteria established in his/her treatment/recovery plan. The provider provides the Member with a copy of the plan upon his/her discharge, and documents these activities and the plan in the Member's health record.
4. Prior to discharge, the provider assists Members in obtaining post-discharge appointments, as follows: within 7 calendar days of discharge for outpatient therapy services (which may be an

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intake appointment for therapy services), if necessary; and within **14** calendar days of discharge for medication monitoring, if necessary. This function may not be designated to aftercare providers or to the Member to be completed before or after the Member's discharge. These discharge planning activities, including the specific aftercare appointment date/time/location(s), are documented in the Member's health record. If there are barriers to accessing covered services, the provider notifies the Senior Whole Health's Utilization Management Team as soon as possible to obtain assistance. All such activities are documented in the Member's health record.

5. For Members who leave Against Medical Advice (AMA), the provider will notify the Member's emergency contact, if appropriate.

Service, Community, and Collateral Linkages

1. With Member consent, if a Member is referred to another treatment setting, the provider collaborates in the transfer, referral, and/or discharge planning process to ensure continuity of care.
2. The staff members are familiar with all of the following levels of care/services, and are able and willing to accept referrals from, and refer to, these levels of care/services when clinically indicated:
 - a. Level 4 Detoxification Services
 - b. Clinical Support Services (CSS) for Substance Use Disorders
 - c. (ASAM Level 3.5)
 - d. Structured Outpatient Addiction Programs (SOAP)
 - e. Transitional Support Services (TSS) for Substance Use Disorders
 - f. Regional court clinics
 - g. Residential support services (halfway house)
 - h. Opioid Replacement Therapy
 - i. Department of Mental Health (DMH) residential programs
 - j. Transitional supportive housing
 - k. Sober housing
 - l. Outpatient counseling services
 - m. Shelter programs
3. With Member consent, the provider collaborates with the Member's PCP and/or PCT.
4. When necessary, the provider provides or arranges transportation for services required external to the program during the admission and, upon discharge, for placement into a step-down 24-hour level of care, if applicable. The provider also makes reasonable efforts to assist Members upon discharge to the community and/or non-24-hour levels of care with identifying transportation options when needed, including public transportation, Prescription for Transportation (PT-1) forms, etc.