



Residential Rehabilitation Services for Substance Use (RRS) PERFORMANCE SPECIFICATIONS

Performance Specifications (PS) Title: Residential Rehabilitation Services for Substance Use (RRS)		
PS #: 013	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care <input type="checkbox"/> MA Medicare Premier <input type="checkbox"/> MA Medicare Value <input type="checkbox"/> RI Medicare Preferred <input type="checkbox"/> RI Medicare Value <input type="checkbox"/> 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: 9/02/2021;	Effective Date: 2/06/2022;
Last Revised Date:	Next Annual Review Date: 9/02/2022;	Retire Date:

The RRS performance specifications, as outlined below, pertain to/include the following services:

- Residential Rehabilitation Services (RRS) for Substance Use ASAM Level 3.1
- Residential Rehabilitation Services (RRS) for Pregnant and Post-Partum Women ASAM level 3.1
- Residential Rehabilitation Services (RRS) for Families with Substance Use ASAM Level 3.1
- Co-Occurring Enhanced Residential Rehabilitation Services (RRS) ASAM Level 3.1

COVERED SERVICES:

Residential Rehabilitation Services (RRS) for Substance Use (ASAM Level 3.1) consists of a structured and comprehensive rehabilitative environment that supports Members' independence and resilience and recovery from alcohol and/or another drug use. Scheduled, goal-oriented clinical services are provided in conjunction with ongoing support and assistance for developing and maintaining interpersonal skills necessary to lead an alcohol and/or drug-free lifestyle.

DEFINITIONS:

Pregnant & Post-Partum RRS: Postpartum RRS provides a structured comprehensive environment that is able to serve the needs of pregnant and post-partum woman who are in recovery. Post-partum is defined as the period following childbirth up to one year. The program must support the Members and resilience as they move through recovery providing scheduled, goal-oriented clinical services and on-going support toward achieving successful independent living in the community.

Family Residential Rehabilitation Services RRS: Consists of a structured and comprehensive environment for families, including children up to the age of 18 that supports family recovery from trauma and the effects of Substance Use and encourages movement towards an independent lifestyle. Scheduled, goal-orientated clinical services are provided in a family focused treatment recovery model, with the parent/caregiver(s) recovery from substance use central to the recovery of the family.

Co-Occurring Enhanced RRS: Refers to a 24-hour, safe, structured environment, located in the community with therapeutic programming that supports Members' recovery from addiction and moderate to severe mental health conditions with the goal of supporting Members return to the community. In

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In addition to goal-oriented clinical services, the RRS provides psychiatry and medication management support the Members stabilization. Clinical services are provided a minimum of five hours a week and additional outpatient levels of care may be accessed concurrently as appropriate.

COMPONENTS OF SERVICE/PROVIDER RESPONSIBILITIES:

- The provider ensures that the Member has access to all three models of therapeutic setting described below as well as access to recovery specialists and peer support at all times without exception. This includes but is not limited to Recovery Coaches (RC), Recovery Support Navigators (RSN), Peer Specialists (PS) and all other supportive recovery programs as requested by the Member.
- Therapeutic Settings include:
 - **Therapeutic Communities (TC):** supports recovery through the establishment of a highly structured therapeutic milieu that emphasizes resident treatment and recovery within the parameters of the program structure. Behavior modification techniques are significantly employed in this setting. Program counselors maintain a considerable role in planning and delivering services to residents
 - **Recovery Homes (RH):** programs emphasize resident treatment and recovery within a structured, therapeutic milieu existing in the context of the surrounding community. An objective of treatment is to prepare the resident for eventual integration back into the community.
 - **Social Model Homes (SMH):** programs provide a therapeutic environment that emphasizes engagement with peer counseling, staff, and volunteers who collectively provide an experiential learning process and structured habilitation/rehabilitation service to include the external community in addition to the residential program
- RRS providers will facilitate a morning meeting and at least one communal meal per day, 5 times per week and at least one house/community meeting per week
- RRS Providers implements a daily schedule of activities that facilitate participation and promote recovery
- RRS for providers ensure that, at a minimum, that 5 hours of individual and/or group therapy per week. Clinical and psychoeducational groups topics can include, but is not limited to:
 - Relapse and overdose prevention and recovery maintenance counseling and education, naloxone education and administration training
 - Mental health and trauma
 - Health and wellness topics, including stress reduction and nutrition
 - Use of prescribed medication
 - Education related to all medications approved by the FDA for the treatment of SUD,
 - Tobacco cessation,
 - HIV/AIDS, STIs, viral hepatitis and other
 - Recovery support groups
- When appropriate and with Member approval, the provider involves family and significant others in treatment
- The provider ensures that program staff support Members with any social determinants of health and social risk needs including, but not limited to, linkages to secure housing, PCP connection, continued connection to Mass Health and CCA, additional SUD counseling and recovery services outside of RRS programming and criminal justice support
- The provider ensures that the Member has access to medications and the provider has policies in place that allow for the safe and appropriate self-administration of medications by the Member
- RRS staff are trained on the ASAM levels of care and how to access that care, particularly in planning continuity of care

In addition to the above, RRS for Pregnant and Post-Partum components of service include:

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- Assessment and management of gynecological and/or obstetric, prenatal, and other health needs are conducted by referral
- The provider ensures mental, developmental, and/or other needs of infants is conducted and/or provided through linkages with relevant services
- Emergency hospital back-up for obstetric and gynecological services
- The provider arranges appointments for primary health, and mental health services including pediatric care, and specialized pediatric care as needed
- The provider ensures that medical appointments during and after pregnancy are scheduled, and verification of whether these appointments in the Members record
- The provider works with the Member to create a treatment plan addressing parenting skills education, child development education and structured developmental activities, parentsupport, family planning, nutrition, violence, safe relationships, and other relevant issues
- Commonwealth Care Alliance offer s Doula program for our One Care Members. **The provider reaches out to the CCA Care team at 866-420-9332/option # 4** to discuss a potential referral to CCA's Doula Program
- The provider ensures collaboration with early intervention, home visiting, and other home-based outpatient services so that Member can receive care from outpatient providers in the RRS home
- The provider facilitates access, induction, maintenance, and ongoing support for Members enrolled in pharmacotherapies for opioid use.
- The provider arranges for family planning and reproductive health resources and ensures access to services related to HIV/AIDS, hepatitis, and other STI counseling and testing as needed by the Member
- The provider ensures assistance in accessing WIC and nutritional programs
- The provider ensures appropriate counseling regarding the following as needed:
 - Prenatal/Postnatal care
 - Nutritional education
 - Early child care issues
 - Neonatal Abstinence Syndrome
 - DCF
 - Breastfeeding
 - Effects of smoking on fetal and child development
 - Family preservation
 - Parenting skill
 - Budgeting
 - Access to resource
 - Family planning
 - Medication-Assisted Treatment Services
 - Intimate partner violence and safe relationship services; violence prevention programs
- The provider offers or coordinates opportunities for parent/child relational and developmental groups

In addition to the above, RRS for Families include the following additional components:

- The provider delivers trauma-informed health and family needs assessment and integrated family treatment plan
- The provider ensures the Member receives at least five hours of individual, group, and family substance use counseling services based on individualized treatment plan
- The provider provides for integrated substance use, mental health, domestic violence, and

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trauma services with appropriate releases of information and compliance with HIPAA and 42 CFR, Part 2.

- The provider ensures for Fetal Alcohol Spectrum Disorder (FASD) screening with an ability to provide or refer to a provider that can deliver individualized services for those with FASD
- The provider creates and delivers individualized, family centered discharge and aftercare planning
- The provider has the ability to provide appropriate medication management
- The provider offers parenting skills training to Members to support the identified goals on the individualized treatment plan to support building and or repairing the parent/caregiver-child relationship delivered through trauma-informed care delivery model
- The provider ensures Members receive the following services as needed:
 - Housing/job search activities
 - Self-help integrated into services
 - Assistance applying for public assistance and benefits
 - On-site developmental services/activities for children not accessing child-care in the community
 - Afterschool programming for school aged children and adolescents

In addition to the above, RRS for Co-Occurring Enhanced Services include the following additional components:

- Co-Occurring Enhanced RRS programs must ensure that Members' medical, mental health, and addiction needs are being identified and addressed. The provider will ensure that Members have access to prescribers of psychiatric and addiction medications through one of the following arrangements:
 - Providers of Co-Occurring Enhanced Services ensures timely access to psychiatry and addiction psychopharmacology by operating or utilizing a partnership model (codified via a memorandum of understanding) for outpatient services including, but not limited to:
 - Opioid treatment programs (OTPs)
 - Licensed mental health center
 - SUD clinic
 - Health center
 - Primary care clinic
 - Bridge clinic
 - Hospital or hospital satellite
- If the Co-Occurring Enhanced RRS secures the above services through a partnership, the provider ensures Members utilizing these services receive a diagnostic and medication assessment within 48 hours of admission and that all services are coordinated with the staff of the Enhanced RRS. The provider is responsible to facilitate transportation to and from the outsourced providers
- As part of Commonwealth Care Alliances (CCA) benefits, CCA Members have access to transportation. **Providers can access CCA transportation for CCA Members. The CCA Care Team can be reached by calling 866-420-9332 (Option #4)**
- The provider will ensure that Members have access to milieu treatment provided by an integrated team of staff that is trained in substance use, mental health, and psychiatry/medication management. Members' mental health and addiction pharmacotherapy needs must be addressed along with clinical and psychosocial needs
- The provider is responsible for providing integrated care that involves the psychiatry and mid-level staff coordinate with all other program staff, attend staff meetings, review treatment plan, interact with Members.
- The provider has on-site nursing to oversee medication management, compliance, symptom management and supporting Members in maintaining medication regimes

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- The provider ensures that the Members medications are reconciled upon admission
- The Members treatment plan should encompass the following:
 - Diagnostic and medication evaluations
 - A clinical assessment based on ASAM criteria and any appropriate supplemental assessments
 - Prior treatment histories and/or treatment plans
 - Coordination of the treatment plan with the Member
 - On-going assessment and updates to the treatment plan
 - Goals that focus on a better understanding of the relationships between addiction and mental health, coping with stress, making sense of past trauma, identifying triggers, improving relationships with family and friends, establishing a stable, dependable routines, relapse prevention and developing interpersonal and other recovery skills, necessary for success in the community
 - Be developed with a trauma informed lens and be trauma responsive

STAFFING REQUIREMENTS:

- The RRS for SUD provider complies with the staffing requirements of the applicable licensing body
- The program is staffed with the following:
 - A full-time program director who has full responsibility for the administration and operations of the program
 - A full-time Clinical Director responsible for supervision of all clinical staff, the clinical programming and counseling, staff development, implementation of best practices and supervision of all clinical record keeping and reporting.
 - A full-time dedicated clinical supervisor, who holds a master's degree in a relevant field or possesses an LADC1 and is able to supervise the staff providing treatment to Members with both addiction and mental health needs for every 30 licensed beds
 - The clinical supervisor is responsible for supervision of program staff with a ratio of one counselor or case manager, trained in addiction and mental health treatment, for every 9 licensed beds
 - Recovery Specialists according to the following coverage parameters:
 - No less than eight hours of awake coverage per shift per building
 - 16 hours of awake coverage for each day and evening shift per 30 licensed
 - 8 hours of awake coverage per overnight shift per 50 residents
 - 16 hours of awake coverage per overnight shift per 51 to 100 residents
 - 24 hours of awake coverage per overnight shift per 101 – 150 residents
- The provider ensures that team members have training in evidence-based recovery and mental health practices and are provided with opportunities to engage in continuing education to refine their skills and knowledge in emerging treatment protocols
- The program designates from the staff an HIV/AIDS/HEP C coordinator, a tobacco education coordinator (TEC), an access coordinator, and a culturally and linguistically appropriate services (CLAS) point person.
- The provider ensures that all staff receive supervision consistent licensure standards

In addition to the above staffing requirements, RRS for Pregnant and Post-Partum includes:

- A parenting specialist, child services coordinator, or clinical staff person with specific training in trauma and parenting must be available either through agency hire or contract

In addition to the above staffing requirements, RRS for Families includes:

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- 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 Clinical Director
- Program is staffed with 8.5 full-time Recovery Specialist 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 and III level clinicians
- Program is staffed with one full-time Child Service Coordinator who is responsible for the children's portion of family service plans, to oversee both in/out of house children's activities
- Program is staffed with one-full time Child Service Assistant who will assist in the Child Service Coordinator developing the children's part of service plan
- Program is staffed with sufficient staff to have a minimum of two direct care/Recovery Specialist coverage at all times
- All program staff will be knowledgeable of requirements and procedures for reporting suspected cases of abuse and neglect in accordance with Massachusetts General Law on reporting of suspected abuse or neglect (51A Reports).

In addition to the above staffing requirements, RRS for Co-Occurring Enhanced staffing includes:

- An integrated staffing model which utilizes staff from affiliated outpatient clinics and/or health centers to support the medical and pharmacological needs of the Members in the program including:
 - Medical staff, which may include psychiatrists who deliver medical and psychiatric services as allowable under the affiliated clinic license and in keeping with their supervisory requirements.
 - Addiction physicians,
 - Mid-level practitioners
 - Registered nurses must be available through a health center and/or outpatient clinic.
- Per diem staff which are funded to support integration of medical staff with program based clinical and direct care staff ensuring coordinated treatment planning and service delivery
- Program staff positions funded through the per diem rate include:
 - A full-time program director who carries full responsibility for the administration and operations of the program.
 - A full-time Clinical Director who meets the definition of Licensed Professional (e.g., LICSW, LMHC, or LMFT, or LADC1) and is able to provide supervision to Licensure Track and master's-level clinicians, bachelor's-level paraprofessionals, and recovery specialists in the program.
 - The clinical director must have experience, competency, and/or training in both addiction and mental health.
 - A part time registered nurse to support medication compliance and monitoring of symptoms. Nurse time must be flexed according to case mix and the needs of Members in the program.
 - A distinct, full-time recovery specialist supervisor who is able to supervise the staff providing treatment to individuals with both addiction and mental health needs.
- A mix of clinical and paraprofessional, and recovery specialist staff are responsible for:
 - delivering clinical services coordinating Members' treatment plans
 - providing direct care, coverage and milieu supervision
 - facilitating a therapeutic milieu through meetings and groups
 - care coordination and aftercare needs
 - Program staff must contain an appropriate mix of LPHA, MA, BA, and recovery specialist staff with experience, competency, and/or training in mental health and substance use

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- The provider will maintain a standardized intake/admission log that tracks all applications for admission, documents admission decisions, reason for non-acceptance, and referrals made. This log shall be made available for review upon request. If an admission is denied, the provider will facilitate referrals to appropriate outside services and resources
- The provider must utilize evidence-based assessment tools for assessing Substance Use (SUD) and for ASAM level of care
- A counselor completes the biopsychosocial clinical assessment using ASAM dimensions to gain and understanding of addiction severity, co-occurring mental health issues and trauma, physical health issues, family and social supports, housing stability and other issues for each Member that includes the following elements:
 - A history of substance use including tobacco, alcohol and other substances including duration, patterns, consequences and family history of use
 - An assessment of the following to support the development of a comprehensive treatment plan:
 - psychological, social, health, economic, educational/vocational status
 - Current legal involvement and history of legal involvement
 - Co-occurring disorder diagnosis; psychological and medical including HIV and TB status and risks
 - Disability status and accommodations
 - Trauma history
 - History of compulsive behaviors
 - Identification of key natural supports
- A list of the Members current medications and the condition for which the medication is prescribed. Information for the medication list should be sourced from the pharmacy label on the medication bottle. The CCA Care Team can also assist in determining an accurate list of medications, prescriber and pharmacy. **The CCA Care Team can be reached by calling 866-420-9332 (Option #4)**
 - When necessary, providers will conduct or arrange for referrals for necessary testing, physical exam or access to/consultation with qualified professionals
- In collaboration with the Member, the counselor develops an individualized recovery plan based on the above assessment criteria and includes:
 - A statement of the Members strengths, needs, abilities and preferences in relation to their substance use treatment. The statement should be stated in behavioral terms with time lines
 - Service goals and services need to achieve those goals including if the supports to meet those goals will happen in-house or via a referral
 - Clearly defined staff and resident responsibilities and assignments for implementing the treatment plan
 - A description of the discharge and aftercare plan
- A clinical supervisor reviews and approves the treatment and aftercare plan ensures that this information is documented in the Members record

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DISCHARGE PLANNING, COMMUNITY AND COLLATERAL LINKAGES:

- The counselor/case manager works with the Member to create an individualized aftercare plan that must include:
 - Referrals to individual, group and/or family outpatient aftercare as appropriate
 - Living in alcohol and drug-free living environments
 - Vocational and educational opportunities
 - Resources to support access to social benefit programs
 - Strategies to be used to follow-up with the Member after the Member leaves.
- The counselor/case manager works with the Member to ensure that recovery maintenance strategies are in place and working effectively and that referrals to services have met intended goals
- A clinical supervisor reviews and approves the discharge and aftercare plan and ensures that this information is documented in the Members record

In addition to the above discharge planning, community and collateral linkages, RRS for Pregnant and Post-Partum includes:

- The provider ensures that upon discharge Members have an individualized Member aftercare plan which includes referrals to the following services, if indicated in the Member's treatment plan:
 - Housing preparation, Family transitional/permanent living opportunities;
 - Childcare service, Early Intervention programs, Women, Infant and Children (WIC) and other nutritional programs, high-risk infant/family support programs, Healthy Start
 - Vocational and educational rehabilitation services; and
 - Medication Assisted Treatment (MAT) services
 - Legal services and transitional assistance
- Primary health and mental health services (including pediatric care and specialized pediatric care as indicated), support services for survivors of intimate partner violence or sex trafficking, and other social services as needed

In addition to the above discharge planning, community and collateral linkages, RRS for Co-Occurring Enhanced includes:

- The provider will ensure that clinicians and team members have training in evidence-based practices and emerging treatment protocols
- With Member consent, the provider will collaborate in the transfer, referral, and/or discharge planning process to another treatment setting to ensure continuity of care
- The provider maintains written affiliation agreements linkage agreements with local providers and levels of care (LOC) and demonstrates capacity to work collaboratively with these LOC. Staff members must be familiar with all of the following levels of care/services and can and will accept referrals from, and refer to, these levels of care/services when clinically indicated:
 - General and Inpatient psychiatric hospitals
 - Emergency Services Program (ESP)
 - Emergency Departments
 - Acute Treatment Services (ATS) (ASAM Level 3.7)
 - Clinical Stabilization Services (CSS) (ASAM Level 3.5)
 - Transitional Support Services (TSS) (ASAM Level 3.1)
 - Co-Occurring Capable Residential Rehabilitation Services (RRS) (ASAM Level 3.1)
 - Structured Outpatient Addiction Program (SOAP)/Day Treatment
 - Partial Hospitalization Programs (PHP)
 - Community Crisis Stabilization (CCS)
 - CCA's Crisis Stabilization Unit (CS)
 - Regional court clinics

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- Medication-Assisted Treatment (MAT), including Outpatient Treatment Programs (OTP) and Office-Based Opioid Treatment (OBOT)
 - Sober housing
 - Licensed Community Mental Health Centers
 - Substance Use outpatient clinics
 - Recovery Learning Centers
 - Shelter programs
 - Criminal justice system
 - Outreach sites
 - Massachusetts Rehabilitation Services (Mass Rehab)
 - Community Health Centers
 - Adult Community Clinical Services (ACCS)
 - Recovery Learning Centers
 - Recovery Coaches (RC)
 - Recovery Support Navigators (RSN)
 - Community Support Program (CSP)
 - Mutual Aid programs including AA, NA, Al-Anon
- With the Members consent, the provider collaborates with the Members PCP
 - The provider ensures that the Member has transportation to and from external provider appointments. As a CCA Member, transportation is included as a benefit to CCA Members. **The provider secures transportation for a CCA Member by calling the CCA Care Team @ 866-420-9332 (Option #4)**

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 satisfaction surveys, to measure and improve the quality of care and service delivered to Members, including their families
- Providers are required to collect and measure outcome data and incorporate and inform their programming and service delivery
- Clinical/program outcomes data must be made available to Commonwealth Care Alliance (CCA) upon request, and must be consistent with CCA's performance standards for RRS 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](#)



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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).

Approvals:

<p style="text-align: center;">Mary Averill</p> <hr/> <p>CCA Senior Clinical Lead [Print]</p>	<p style="text-align: center;">BH Clinical Provider Engagement Director</p> <hr/> <p>Title [Print]</p>
<p style="text-align: center;"><i>Mary Averill</i></p> <hr/> <p>Signature</p>	<p style="text-align: center;">9/02/2021</p> <hr/> <p>Date</p>
<p style="text-align: center;">Peggy Johnson</p> <hr/> <p>CCA Senior Operational Lead [Print]</p>	<p style="text-align: center;">Chief of Psychiatry</p> <hr/> <p>Title [Print]</p>
<p style="text-align: center;"><i>Peggy Johnson</i></p> <hr/> <p>Signature</p>	<p style="text-align: center;">9/02/2021</p> <hr/> <p>Date</p>
<p style="text-align: center;">Lori Tishler, MD</p> <hr/> <p>CCA CMO or Designee [Print]</p>	<p style="text-align: center;">Senior Vice President, Medical Services</p> <hr/> <p>Title [Print]</p>
<p style="text-align: center;"><i>Lori Tishler</i></p> <hr/> <p>Signature</p>	<p style="text-align: center;">9/02/2021</p> <hr/> <p>Date</p>