



## Structured Outpatient Addictions Program (SOAP) PERFORMANCE SPECIFICATIONS

| Performance Specifications (PS) Title: Structured Outpatient Addictions Program (SOAP) |  |  |
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| PS #: 015  | <input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care<br><input type="checkbox"/> MA Medicare Premier<br><input type="checkbox"/> MA Medicare Value<br><input type="checkbox"/> RI Medicare Preferred<br><input type="checkbox"/> RI Medicare Value<br><input type="checkbox"/> RI Medicare Maximum | <b>Prior Authorization Needed?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Clinical:</b> <input checked="" type="checkbox"/>                                   | <b>Operational:</b> <input type="checkbox"/>   | <b>Informational:</b> <input type="checkbox"/>   |
| <b>Medicare Benefit:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No   | <b>Approval Date:</b><br>9/02/2021;  | <b>Effective Date:</b><br>2/06/2022;   |
| <b>Last Revised Date:</b>  | <b>Next Annual Review Date:</b><br>9/02/2022;  | <b>Retire Date:</b>  |

### **COVERED SERVICES:**

Structured Outpatient Addictions Program (SOAP) is a short-term and clinically intensive structured day and/or evening program with a focus on transitioning Members who have been discharged from Acute Treatment Services (ATS) ASAM Level 3.7 back to the community with the support of non-24-hour diversionary care. The program offers an outpatient multi-disciplinary treatment model to address the sub-acute needs of Members with addiction and co-occurring diagnosis and focuses on supporting the Member to transition back to and participate in the community, work and family life. The SOAP team may incorporate evidence-based practices such as Motivational Interviewing into clinical programming to promote individualized treatment planning. These programs may include specialized services and staffing for targeted populations, including pregnant women Members who are homeless, some of whom requiring 24-hour monitoring. SOAP services are only provided in Department of Public Health (DPH)-licensed, freestanding facilities skilled in addiction recovery treatment, outpatient departments in acute-care hospitals, or licensed outpatient clinics and facilities.

The performance specifications covered in this document include:

- Structured Outpatient Addictions Program (SOAP)
- Enhanced SOAP with Motivational Interviewing
- Enhanced SOAP for Members who are homeless

### **COMPONENTS OF SERVICES:**

- The program will comply with all applicable Department of Public Health (DPH) and Department of Mental Health (DMH) licensure and resulting requirements
- The scope of required service components provided in this level of care includes, but is not limited to:
  - A Bio-psychosocial evaluation
  - Assignment of a primary counselor
  - Group counseling

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- Individual counseling
  - Family consultation
  - Identification of family and/or natural supports
  - Development and/or updating of crisis prevention plan, and/or safety plan
  - Discharge planning/case management
  - Multi-disciplinary treatment team review
  - Peer support and recovery-oriented services
  - Access to medication evaluation and medication management, as needed, directly or by referral
  - Psychoeducation including HIV, nutrition, wellness and relapse prevention
  - Substance use assessment and treatment services, as needed
  - Access to Peer and Recovery support services
  - Access to medical services for pregnant woman
  - Nursing assessment if appropriate
  - Connection to the Members PCP
- SOAP services meet the needs of Members who demonstrate symptomatology consistent with a DSM diagnosis, inclusive of psychosocial factors as well as psychiatric, substance use and/or co-occurring disorders that require structured interventions
  - Full therapeutic programming is provided at least 5 days per week with sufficient staff to manage a full therapeutic milieu of services
  - The SOAP provides a minimum of half of a day of service (equal to a minimum of 3.5 hours) including at least 2 group and one brief individual meeting daily
  - A full day of SOAP (two units or 7 hours) provides a minimum of four groups and one brief individual meeting
  - The SOAP provides individual counseling at least 1 x per week and one weekly group for family, guardian and/or other natural supports to focus on understanding recovery and/or co-occurring conditions and support the Member
  - An orientation packet is provided to every Member at the time of acceptance to the SOAP that describes:
    - The treatment philosophy and mission statement of the program
    - Criteria for admission and expectations for continued participation in the program
    - The components of the program and behavioral goals that can be accomplished by participation in the program
    - The daily schedule of all treatment groups that make up the program
    - Criteria for discharge from the program
    - The procedure for making after-hours emergency contact with the program
    - The continuum of care available during and following participation in the program
  - If a member experiencing a behavioral health crisis contacts the provider during business hours or outside business hours, the provider, based on their assessment of the Member's needs and under the guidance of their supervisor, is expected to:
    - Implement other interventions to support the Member and enable them to remain safely in the community including highlighting elements of the Member's crisis prevention plan and/or safety plan, encouraging implementation of the plan, offer constructive, step-by-step strategies which the Member may apply, and/or follow up and assess the safety of the Member and other involved parties, as applicable
    - Refer the Member to an ESP for emergency behavioral health crisis assessment, intervention, and stabilization
  - The program ensures coordination and linkage with alternative support systems and self-help groups, including but not limited to, AA, Al-Anon, AMI, RLC's, Dual-Recovery, and recovery

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- and/or peer supports or support groups
- The member will be evaluated/assessed within one business day of referral and will be admitted into the program within one business day of the initial evaluation
  - The program provides individually customized, time limited, comprehensive and coordinated multidisciplinary treatment plans that include multiple services and modalities delivered in an outpatient setting
  - Programming emphasizes a solution-focused approach to increase the member's ability to function in the community based on the individualized treatment plan
  - A multidisciplinary team, with the consent of the member, coordinates with the member's providers and natural supports to develop an integrated treatment and discharge plan
  - Program must have written procedures for handling medical/psychiatric emergencies
  - The SOAP will have access to a psychiatrist for the purposes of consultation as necessary

### **STAFFING REQUIREMENTS:**

- The provider complies with the staffing requirements of the applicable licensing body
- The program will follow formal procedures for credentialing, periodic re-credentialing, supervision, orientation to policies and procedures, and training of all staff including special attention to trainings that focus on co-occurring mental health and substance use diagnosis
- The provider will ensure a multidisciplinary staffing model consisting of one full-time masters level clinician (LICSW, LMHC) who is responsible for programming and supervision. This staff member must be trained in an integrated bio-medical treatment model and also has expertise in addiction and co-occurring disorders
- The SOAP ensures that a program director (or their clinically licensed designee) is available regarding urgent or emergent situations
- The program ensures that all clinical staff in the program are bachelors and/or master's level trained clinicians or have a certification for LADC or CADC. Recovery and Peer specialists need to be trained according to the BSAS guidelines
- The SOAP has a clearly written staffing plan with job descriptions and staff responsibilities
- The provider ensures that all staff receive supervision consistent with credentialing criteria
- Staffing should reflect the cultural, gender, and linguistic needs of the community it serves
- The SOAP provides staff orientation and at least annual training that includes but is not limited to the treatment of substance use disorders and co-occurring diagnosis, stages of change and motivational interviewing

### **ASSESSMENT, TREATMENT/RECOVERY PLANNING AND DOCUMENTATION:**

- The SOAP ensures that a daily treatment team meeting convenes to address programming issues and to review Member participation
- A multidisciplinary treatment plan will be developed, based on a thorough biopsychosocial assessment, within 72 hours of admission including, but not limited to the following:
  - Chief complaints and symptoms
  - Past behavioral health/substance use history
  - Past medical history
  - Family, social history and linguistic cultural background
  - Current substance use
  - Mental status exam
  - Level of functioning

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- The individual's strengths
- Name of the PCP
- Members need for any social supports
- The SOAP has a staff that is well versed in supporting and connecting homeless Members with housing
- Treatment plans are updated weekly and will contain, at a minimum include:
  - Individual contact/brief meeting with the Member on each day of attendance
  - Individual counseling at a minimum of one time per week
  - Family/significant-other counseling or psycho-educational counseling one time per week
  - A behavioral management plan
  - At a minimum, two groups per half day or four groups per full day
  - Peer and recovery support including support groups or support activities
  - Transportation support (see below in Discharge Planning for CCA transportation)
- The SOAP ensures the following are included in the Members record:
  - Goals, expected outcomes, and realistic time frames for achieving the goals. Goals should be stated in behavioral terms and should be measurable and solution focused
  - Indication of the strengths of the individual and their family/natural supports as identified in the assessment
  - Peer and recovery support services
  - Medication evaluation and medication management delivered by the SOAP or via a referral
  - When appropriate, involvement of a state agency and any current DMH/DDS teams or need for involvement with a state agency
  - A detailed discharge and after-care plan
  - Member's signature or documentation of refusal to sign the treatment plan
  - Progress notes
  - Collateral contact
  - PCP contact
  - Both phone calls and face-to-face meetings
  - Progress toward behavioral goals
  - Documentation of outside recovery and peer supports and contacts
  - Documentation of the Member attendance in meetings or missed meetings, continuation or discontinuation of SOAP
  - Documentation of drug screenings including who administered and reasons requested
  - Documentation of any psychopharmacological and/or psychiatry contract provided by an outside provider or through the SOAP
  - Contact with after-hours and/or emergency services
- Commonwealth Care Alliance (CCA), as a payor and provider of services, can support and collaborate with the SOAP team concerning details of a member's history, both medical and behavioral. **CCA's Care Team can be reached by contacting CCA's Provider Line 866- 420-9332 (Option #4) for Care Partner Team**

### **DISCHARGE PLANNING, COMMUNITY AND COLLATERAL LINKAGES:**

- Discharge is a planned process that begins upon admission and development of a treatment plan and is continuous throughout treatment with updates as necessary and clinically appropriate
- Case management services begin when a Member is admitted into the program and focuses on establishing linkages in the community to assist the Member with engaging in community services during the course of treatment and upon discharge. Discharge plans should include Members

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concerns and Members social risk factors including those related to housing, food security, peer and/or recovery and relapse services, finances, health care, transportation, occupational and education concerns as well as social supports

- The provider collaborates with all of the following levels of care/services for service linkages and care coordination, and is able and willing to accept referrals from and refer to these levels of care/services when clinically indicated:
  - Inpatient mental health facilities
  - ASAM Level 4 Detoxification Services
  - Acute Treatment Services (ATS) for Substance Use Disorders ASAM Level 3.7
  - E-ATS for Individuals with Co-occurring Mental Health and Substance Use Disorders ASAM Level 3.7
  - Clinical Support Services (CSS) ASAM Level 3.5
  - All Residential Rehabilitation Services (RRS) ASAM Level 3.1
  - Opioid Replacement Therapy
  - Department of Mental Health (DMH) residential programs
  - Transitional supportive housing
  - Transitional Support Services (TSS) for substance use disorders
  - Sober housing
  - Outpatient counseling services
  - Recovery Coach (RC) and Recovery Support Navigator (RSN)
  - Shelter programs
  - Regional court clinics
  - Recovery Learning Communities (RLCs)
- The treatment team implementing the Members discharge plan ensures that the above concerns and planned after-care are documented in the Members record
- As appropriate, and with written consent of the Member, family/significant others, guardians, and other appropriate individuals/agencies will be included in the planning with the Member
- Prior to discharge, the Member participates in the development of a written Crises/Relapse Prevention plan for discharge
- The discharge plan including referral to any agency, appointment times and locations, transportation, medication information, emergency and crisis information is given to the Member and/or the Member's family or guardian (with Member's consent) at the time of discharge
- The provider will develop linkages to outside referrals and state agencies that ensure a smooth transition from the SOAP to other services including but not limited to medication management, outpatient therapy and continuation of recovery and relapse prevention supports
- The provider contacts Commonwealth Care Alliances (CCA' s) Clinical Team for support with arranging needed after-care transportation. Transportation is a CCA provided benefit. **The CCA Care Team can be reached by calling 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 outcome measures if indicated and satisfaction surveys, to measure and improve the quality of care and service delivered to Members, including their families



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- Providers are required to collect and measure outcome data as appropriate and incorporate the data in treatment plans in the medical records
- Clinical outcomes data must be made available to Commonwealth Care Alliance (CCA) upon request, and must be consistent with CCA's performance standards for SOAP
- 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 providernetwork
- 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)



## Structured Outpatient Addictions Program (SOAP) PERFORMANCE SPECIFICATIONS

### Approvals:

|   |  |
|---|--|
| Mary Averill                              | BH Clinical Provider Engagement Director |
| _____<br>CCA Senior Clinical Lead [Print] | _____<br>Title [Print]                   |

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|---------------------|---------------|
| <i>Mary Averill</i> | 10/14/2021    |
| _____<br>Signature  | _____<br>Date |

|  |                        |
|--|------------------------|
| Peggy Johnson                                | Chief of Psychiatry    |
| _____<br>CCA Senior Operational Lead [Print] | _____<br>Title [Print] |

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|----------------------|---------------|
| <i>Peggy Johnson</i> | 10/14/2021    |
| _____<br>Signature   | _____<br>Date |

|                                      |  |
|--------------------------------------|--|
| Doug Hsu, MD                         | Vice President, Medical Policy and<br>Utilization Management |
| _____<br>CCA CMO or Designee [Print] | _____<br>Title [Print]                                       |

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| <i>Doug Hsu</i>    | 10/14/2021    |
| _____<br>Signature | _____<br>Date |



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