Clinical Support Services (CSS) for Substance Use Disorders ASAM Level 3.5

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

Clinical Support Services (CSS) for Substance Use Disorders ASAM Level 3.5 consist of 24-hour, clinically managed detoxification services that are provided in a non-medical setting. These services, which usually follow Acute Treatment Services (ATS) for Substance Use Disorders ASAM Level 3.7, include supervision, observation, support, intensive education, and counseling regarding the nature of addiction and its consequences, relapse prevention, outreach to families, caregivers and significant others, and aftercare planning for Members beginning to engage in recovery.

CSS provides multi-disciplinary treatment interventions and emphasizes individual, group, family, and other forms of therapy. Linkage to aftercare, relapse prevention services, and peer support and recovery-oriented services, such as Alcoholics Anonymous and Narcotics Anonymous, are integrated into treatment and discharge planning.

CSS is intended for Members with a primary substance use disorder manageable at this level. Members may be admitted to CSS directly from the community or as a transition from inpatient services.

Components of Service

1. The provider accepts admissions 24 hours per day, 7 days per week, 365 days per year.
2. The provider admits individuals who require 24-hour substance use disorder, short-term residential treatment, who have met the Senior Whole Health medical necessity criteria for CSS, and who are referred to the provider by one or more of the following:
   a. Adult Mobile Crisis Intervention (AMCI) provider;
   b. ATS for Substance Use Disorders ASAM Level 3.7;
   c. Level 4 Detoxification Services;
   d. Medical and behavioral health outpatient providers;
   e. Community-based agencies; or
   f. Members who self-refer
3. Full therapeutic programming is provided 7 days per week, including weekends and holidays, with sufficient professional staff to conduct these services and to manage a therapeutic milieu. The scope of required service components provided in this level of care includes, but is not limited to, the following:
   a. Aftercare planning and coordination with primary care providers and/or primary care team;
   b. Behavioral/health/medication education and planning;
   c. Bio-psychosocial evaluation;

d. Case and family consultation;
e. Development and/or updating of crisis prevention plans, and/or safety plans, and/or relapse prevention plans, as applicable;
f. Discharge planning/case management;
g. High-risk/HIV education;
h. Individual, group, and family/couple counseling;
i. Medical history and physical examination;
j. Nursing assessment and services;
k. Peer support and other recovery-oriented services;
l. Psychiatric consultation by referral;
m. Psycho-educational groups;
n. Psychopharmacological consultation by referral;
o. Relapse prevention; and
p. Substance use disorder assessment and treatment services

4. The provider 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 a facility licensed to provide such treatments.
5. 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.
6. 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 CSS. The provider engages in the process of comparing the Member's medication orders newly issued by the CSS 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 CSS;
   b. developing a list of medications to be prescribed in the CSS;
   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
   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 related activities are documented in the Member's health record.
7. The provider has documented policies and procedures in place to allow for the safe and appropriate self-administration of medication(s) by Members.
8. The provider provides at a minimum three hours of individual counseling per week utilizing motivational interviewing, cognitive behavioral therapy, or other evidence-based practices to

support the Member's engagement in treatment. Individual counseling addresses the current impact of Member concerns about trauma, sexual assault, legal/criminal justice issues, and/or co-occurring disorders.

9. The provider provides at a minimum three 30-minute, face-to-face meetings with each Member per week for the purpose of individual care coordination/case management, review of the current treatment/recovery plan, and aftercare planning.
10. The provider provides at a minimum one therapeutic group per day, totaling a minimum of 10 hours of therapeutic groups per week.
11. The provider provides specialized therapeutic groups to address gender specific treatment issues, poly-substance use, co-occurring disorders, trauma, medications, life skills, housing, and other relevant topics.
12. The provider also provides a minimum of 10 psycho-educational groups per week. Psycho-educational groups contain distinct modules that address substance use disorder education, relapse prevention, peer support and recovery-oriented services, awareness of HIV and other sexually transmitted infections, viral hepatitis counseling and testing, treatment planning, medication management/protocols, co-occurring disorders, and life-skills issues.
13. The provider provides at least four hours of nursing services each day, seven days per week.
14. The provider complies with the Department of Public Health's (DPH) implementation of the Culturally and Linguistically Appropriate Services (CLAS) Standards.
15. The provider provides access to peer support and recovery-oriented activities.
16. The provider provides the Member and caregiver/guardian at the time of admission information, at a minimum, Member rights and responsibilities, services available, treatment schedule, grievance procedures, termination criteria, and information about family support and peer and recovery-oriented services.
17. The program is responsible for updating its available capacity, once each day at a minimum, seven days per week, 365 days per year on the Massachusetts Behavioral Health Access website (www.MABHAccess.com). The program is also responsible for keeping all administrative and contact information up to date on the website. The program 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 provider utilizes a multi-disciplinary staff including nurses, counselors, physicians, psychiatrists, care coordination staff, recovery specialist staff, and clinical staff with skills, training, and/or expertise in established treatment protocols for Members with substance use disorders. 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.
3. Psychiatric and pharmacological consultation and direct services are provided by referral to a psychiatrist or a psychiatric nurse mental health clinical specialist (PNMHCS) who meets Senior Whole Health credentialing criteria.
4. The provider ensures that Members have access to supportive milieu and clinical staff 24 hours per day, 7 days per week, 365 days per year.
5. The provider ensures that all staff receive supervision consistent with Senior Whole Health credentialing criteria and according to the standards set forth in 105 CMR 164.044.
6. The provider ensures that team members have training in evidence-based practices and are provided with opportunities to engage in continuing education to refine their skills and knowledge in emerging treatment protocols.

Process Specifications

Assessment, Treatment/Recovery Planning, and Documentation

1. The provider makes and documents a decision, as soon as possible, to admit the Member who meets Senior Whole Health's medically necessity criteria for this level of care.
2. The provider accepts admissions 24 hours per day, 7 days per week, 365 days per year.
3. The provider determines at the time of admission the medical and psychiatric appropriateness of all self-referred Members, based on Senior Whole Health medical necessity criteria for CSS, and documents such in the Member's health record.
4. 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.
5. The provider ensures that a treatment/recovery plan is completed in conjunction with the Member and, with Member consent, with family, caregiver, guardian, and/or individual natural supports, and with current community-based providers, including primary care provider (PCPs) and/or primary care team (PCT) and behavioral health providers.
6. The provider assigns a multi-disciplinary treatment team to each Member within 24 hours of admission. The nursing or counseling staff develops and reviews the assessment and individualized initial treatment/recovery and initial discharge plans with the Member within 48 hours of admission.
7. 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.
8. The treatment/recovery and discharge plans are reviewed by the multidisciplinary treatment team with each Member at least once for each patient stay. All assessments, treatment and discharge plans, reviews, and updates are documented in the Member's health record.
9. 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.
10. The provider ensures 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. Prior to discharge, the provider assists Members in obtaining post discharge appointments, as follows: within seven (7) calendar days of discharge for outpatient therapy services (which may be an 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 Healthcare Services Team as soon as possible to obtain assistance. All such activities are documented in the Member's health record.
4. The provider ensures active, post-discharge follow-up plans, supports, and referrals by care coordinators to strengthen and sustain gains made while in this service, and to ensure successful engagement at the next level of care or within other ongoing services.
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. The provider develops and documents organizational and clinical linkages with each of the high-volume referral source AMCI providers, holds regular meetings or has other

contacts, and communicates with the AMCI provider on clinical and administrative issues, as needed, to enhance continuity of care for Members. On a Member-specific basis, the provider collaborates with the AMCI provider upon admission to ensure the AMCI providers evaluation and treatment recommendations are received, and that any existing crisis prevention plan and/or safety plan and/or relapse prevention plan is obtained.

2. 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:
   a. Inpatient mental health facilities
   b. Level 4 Detoxification Services
   c. ATS for Substance Use Disorders Level 3.7
   d. Structured Outpatient Addiction Programs (SOAP)
   e. Regional court clinics
   f. Residential Support Services (halfway house)
   g. Opioid Replacement Therapy
   h. Department of Mental Health (DMH) residential programs
   i. Transitional supportive housing
   j. Transitional Support Services (TSS) for substance use disorders
   k. Residential Rehabilitation Services for substance use disorders
   l. Sober housing
   m. Outpatient counseling services
   n. Shelter programs
   o. Recovery Learning Communities (RLCs)

   Such service linkages include the referral process as well as the transition, aftercare, and discharge processes.
3. When necessary, the provider provides or arranges transportation for Members for services required external to the program during the admission.
4. As needed, the provider also directly provides or arranges transportation 7 days per week for the Member to attend aftercare interviews, transitional appointments, residential placements, the next level of care or next step placement, community-based peer support and recovery-oriented meetings, and medical and psychiatric visits. 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.