TUFTS Health Plan

a Point32Health company

Outpatient Electroconvulsive Therapy (ECT) Performance Specifications

These performance specifications apply to the following Tufts Health Plan products:

- ☐ Tufts Health Plan Commercial[1]
- ☐ Tufts Medicare Preferred HMO (a Medicare Advantage product)[2]
- ☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)[2]

These performance specifications apply to the following Tufts Health Public Plans products:

- ☐ Tufts Health Direct (a Massachusetts Qualified Health Plan (QHP) (a commercial product)
- ☒ Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plan)
- ☐ Tufts Health RITogether (a Rhode Island Medicaid Plan)
- ☒ Tufts Health One Care (a dual-eligible product)

Providers contracted for this level of care or service will be expected to comply with all applicable regulations set forth in the Code of Massachusetts Regulations and requirements of these service-specific performance specifications, in addition to the General Behavioral Health Performance Specifications. All performance specifications are located in the Provider Resource Center.

DEFINITION

Electroconvulsive (ECT) Therapy is the initiation of seizure activity with an electric impulse while the Member is under anesthesia. This procedure is administered in a hospital facility or community facility licensed to do so by the Department of Mental Health (DMH). ECT may be administered on either an inpatient or outpatient basis, depending on the Member's mental and medical status. Providers should follow DMH regulations that govern administration of this procedure.

The principal indications for ECT are the following:

- Major depression with or without psychosis that has not been responsive to adequate trials of medication or when medication is contraindicated
- Previous therapeutic response to ECT
- Severe depression with life-threatening behaviors (e.g., refusal to eat or drink, compulsive and impulsive suicide tendencies) when the latency of action of medication places the Member at added risk

Providers must complete a workup including medical history, physical examination, and any indicated pre-anesthetic lab work to determine that there are not contra-indications to ECT and that there are no less intrusive alternatives to ECT before scheduling administration of ECT.

COMPONENTS OF SERVICE

1. The provision of a complete clinical workup of Member including, but not limited to:
    - Medical history
    - Physical exam
    - Pre-anesthetic lab work
    - Psychiatric treatment history
    - Psychopharmacology history, including response to current and previously prescribed medications
    - Complete psychosocial history
2. A determination of the number and duration of ECT sessions individually determined based on clinical workup and determination of clinical need.
3. A written treatment plan which projects schedule of treatments and identifies available supports during treatment.
4. All procedures are in compliance with DMH Regulations 104 CMR 2.04 through 3.10.

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1. Commercial products include HMO, POS, PPO, and CareLinkSM when Tufts Health Plan is the primary administrator.
2. Tufts Medicare Preferred and Tufts Health Plan SCO are collectively referred to in this payment policy as Senior Products.

5. The Member provides a separate written informed consent to ECT on forms provided by DMH, since consent to other forms of psychiatric treatment does not include consent to ECT.
6. The Member will be informed of the risks and benefits of ECT and of any alternative somatic or nonsomatic treatments.
7. The Member or the Member's legal guardian and the psychiatrist are in agreement that administration of ECT is desirable, based on a clear understanding of the risks and benefits of ECT, as well as alternative treatments and the likelihood of their success.
8. The facility shall establish a written plan for the administration of ECT in compliance with the standards set forth by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and current practice guidelines established by the American Psychiatric Association (APA).

STAFFING REQUIREMENTS

1. The facility shall have a director who holds an advanced degree from an accredited college/university or discipline appropriate to the care and treatment of the mentally ill.
2. The facility will have a physician fully licensed to practice medicine under Massachusetts law, and who is certified or eligible to be certified by the American Board of Psychiatry and Neurology in Psychiatry to perform ECT.
3. Facility holds a Class VIII License issued by DMH to perform this service and meets all staffing requirements required in CMR 104 under that license class.
4. The facility will have a physician fully licensed to practice and administer anesthesiology under Massachusetts law.
5. Nursing staff with a specialty in psychiatric nursing is available to assist and to monitor Members following administration of the ECT.
6. All nursing personnel shall be adequately prepared by education, training, and experience to provide care and treatment to patients with mental illness.

SERVICE, COMMUNITY AND COLLATERAL LINKAGES

1. Programs will maintain active affiliation agreements with other providers, including but not limited to, emergency service providers, acute levels of care, outpatient levels of care, psychiatrists, psychologists, and other services and practitioners necessary to appropriately provide care to Members.
2. Facility staff coordinates treatment planning and aftercare with the Member's primary care clinician, outpatient, and other community-based providers, involved state agencies, educational system, community supports and family, guardian and/or significant others when applicable. If consent for such coordination is withheld or refused by the parent or guardian of a minor, then this is documented in the Member's record.
3. The facility ensures that a written aftercare plan is available to the Member on the day of discharge. When consent is given, a copy of the written aftercare plan is forwarded at the time of discharge to the referral source, family/guardian/significant other, DMH, (if DMH member), outpatient or community-based provider, PCP, school, and other entities and agencies that are significant to the Member's aftercare.
4. When necessary, the program provides or arranges transportation for the Member as his/her needs demonstrate.
5. When necessary, the facility will ensure that the Member has appropriate monitoring and support after each treatment. This may necessitate a referral to a day treatment or partial hospital program.
6. The program, with consent of the Member, confers with the referral source, ESP team and prior treaters, particularly if he/she has received prior ECT treatment, in order to identify treatment needs, to obtain treatment history and to develop a treatment plan incorporating this information.

QUALITY MANAGEMENT (QM)

1. The facility will develop and maintain a quality management plan that is consistent with that of Tufts Health Plan, and which utilizes appropriate measures to monitor, measure, and improve the activities and services it provides.
2. A continuous quality improvement process is utilized and will include outcome measures and satisfaction surveys to measure and improve the quality of care and service delivered to Members, including youth and their families.
3. Clinical outcomes data must be made available to Tufts Health Plan upon request and must be consistent with Tufts Health Plan's performance standard for ECT.
4. All Reportable Adverse Incidents will be reported to Tufts Health Plan within one business day of their occurrence per Tufts Health Plan's policy and DMH licensing requirements. A Reportable Adverse Incident is an occurrence that represents actual or potential harm to the wellbeing of a Member, or to others by action of a Member, who is receiving services managed by Tufts Health Plan or has recently been discharged from services managed by Tufts Health Plan.
5. The facility/program will adhere to all reporting requirements of DPH and/or DMH regarding Reportable Adverse Incidents and all related matters.

PROCESS SPECIFICATIONS

Treatment Planning and Documentation

1. Before scheduling administration of ECT, program will complete a clinical workup, including medical history, physical examination and any indicated pre-anesthetic lab work to determine: (1) that there are no contraindications to ECT, and (2) that there are no less intrusive likely alternatives to ECT. The Member must provide separate written informed consent to ECT on forms provided by DMH.
2. The program will develop a preliminary individualized treatment plan with expected length and number of treatments prior to the initiation of treatment.
3. Ensure that Behavioral Health Clinical Assessments conducted by Behavioral Health Providers are in writing, dated and signed, and include, at a minimum, the following:
    - Clinical formulation, rationale for admission or continuance of care, discussion of any possible diversionary or lower levels of care, recommendations, and strengths.
4. The Member, or, if appropriate, the Member's legal guardian and the psychiatrist are in agreement that administration of ECT is desirable based on a clear understanding of the risks and benefits of ECT, as well as alternative treatments and the likelihood of their success.
5. By the 3rd treatment, an updated treatment plan will be written, including projected outcomes, and will be documented in the Member's record.
6. All data regarding the seizure activity, anesthesia, number of treatments, response to treatments and other Regulations set forth by DMH regulations shall be recorded in the Member's record.
7. The program makes all reasonable efforts to assure that Members have access to supportive staff during the time immediately following a treatment

Discharge Planning and Documentation

1. Components of Discharge Planning incorporate Member's identified concerns, including but not limited to: housing, finances, healthcare, transportation, familial, occupational, educational and social supports.
2. The treatment team staff member who is responsible for implementing a Member's discharge plan documents in the medical record all of the discharge-related activities that have occurred while the Member is in the facility, including Member participation in its development.
3. The completed discharge form, including referral to any agency, is available to and given to the Member, and when appropriate, the Member's family or guardian at the time of discharge, which includes, but is not limited to, appointments, medication information and emergency/crises information.
4. Follow up care, appointments, and discharge plan must be in place and documented in Member's chart prior to discharge.
5. For Members discharged on medications, at least one psychiatric medication monitoring appointment is scheduled no more than 14 days after discharge.

DOCUMENT HISTORY

- January 2024: Tufts Health One Care (a dual-eligible product) name change.
- August 2020: Template Updates