TUFTS Health Plan

a Point32Health company

Opioid Treatment Services 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 Plans)
- ☐ 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 must comply with all requirements of these service-specific performance specifications. Additionally, providers contracted for this service and all contracted services are held accountable to the General performance specifications. The requirements outlined within these service-specific performance specifications take precedence over those in the General performance specifications.

DEFINITION

Opioid Treatment Services consist of the administration of methadone, buprenorphine, injectable naltrexone, and other U.S. Food and Drug Administration (FDA)-approved medications for the treatment of opioid use disorders. Services are provided within licensed and certified Opioid Treatment Programs (OTPs) in compliance with federal and state regulations and combines medical and pharmacological interventions under the supervision of the Medical Director, with counseling and psychoeducation, and includes induction and stabilization, withdrawal management, and maintenance, depending on the clinical needs of the individual.

COMPONENTS OF SERVICE

1. The provider complies with all provisions of the corresponding section in the General performance specifications.
2. The program complies with all applicable federal, state, and local laws, regulations, licensure, and approved national standards including:
    a. 21 CFR Chapter 1-Federal Narcotic Regulations and 42 Part 8 – Medication Assisted Treatment for Opioid Use Disorders;
    b. 105 CMR 164.000: Licensure of Substance Use Disorder Treatment Programs;
    c. SAMHSA Federal Guidelines for Opioid Treatment Programs
3. The scope of required service components provided in this level of care includes, but is not limited to the following:
    a. Medical history and physical examination
    b. Methadone, buprenorphine, and oral naltrexone administration, as indicated
    c. Injectable naltrexone administration as indicated
    d. Medical/nursing services
    e. Psychiatric consultation (directly or by referral)
    f. Psychoeducation including but not limited to the following:
        1. all forms of FDA approved medications for the treatment of opioid use disorders including risks and benefits of each
        2. substance use and addictive disorders
        3. relapse/return to use prevention
        4. HIV, HCV, STIs, and other communicable diseases
        5. overdose prevention

1. Commercial products include HMO, POS, PPO, and CareLink[SM] 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.

g. Collection of toxicology specimens for substances of abuse screening, as indicated in 105 CMR 164.300 Licensure of Substance Use Disorder Treatment Programs and the Member's treatment plan.
h. Care that is trauma-informed and adheres to evidence-based practices
i. Aftercare planning and coordination
j. Initial multi-dimensional bio-psychosocial evaluation
k. Case and family consultation
l. Development and/or updating of crisis prevention plans, safety plans, and relapse/return to use prevention plans
m. Development of behavioral treatment plans
n. Discharge planning/case management
o. Coordination of care with existing providers, including primary care, with appropriate consent
p. Coordination of care for pregnant Members with OB/GYN providers with appropriate consent
q. Individual, group, and/or family counseling based on evidence-based practices, at a frequency that is clinically indicated
i. Facilitate access to Recovery Support Navigator Services and Peer Recovery Coach Services Either through referral or providing the services within the OTP.

4. When a Member experiences a behavioral health crisis during business hours, the provider must assess the Member's needs and, under the guidance of their supervisor, may:
    a. Refer the Member to emergency behavioral health crisis assessment, intervention, and stabilization (e.g. Adult Mobile Crisis Intervention and/or Community Behavioral Health Centers);
    b. Refer the Member to a Behavioral Health Urgent Care Center (BHUC) or their outpatient provider; and/or
    c. Implement other interventions to support the Member and enable them to remain in the community, when clinically appropriate, (e.g., review elements of the Member's crisis prevention and/or safety plan, encourage implementation of coping strategies and 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.)
5. The program arranges coverage for medical emergencies as required by state and federal regulation.
6. The program is able to provide emergency dose verification to ensure continuity of care and as allowable by state and federal confidentiality regulations
7. The program ensures that each Member receives a program orientation at the initiation of services. The orientation includes, at a minimum, information regarding:
    a. the treatment process;
    b. an explanation of the Member's right to file complaints or grievances concerning their treatment, and a copy of the complaint and grievance procedure which must include the BSAS complaint line;
    c. program services, including hours of operation, after hours contact, and fee structure;
    d. confidentiality including exceptions to 42 CFR Part 2, informed consent, and non-discrimination provisions;
    e. rights, responsibilities and program rules;
    f. telephone numbers(s) and information on how to access community-based services and emergency behavioral crisis supports;
    g. access to Naloxone
8. The program ensures that policies and procedures relating to all components of its service are documented.
9. The program ensures that all staff are trained on policies and procedures, including admission, readmission, and discharge criteria as well as best practice approaches.
10. The program is responsible for updating its available capacity, once per week, unless there is a change in admission capacity, on the Massachusetts Behavioral Health Access website (www.MABHAccess.com) and maintaining current administrative and contact information 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. If program is experiencing a hardship in meeting these specifications, BSAS has a process for waiving regulatory and contractual requirements. The waiver process is described in the Department of Public Health (DPH) Bureau of Substance Addiction Services (BSAS) 105 CMR 164. The provider is responsible for informing the payer of any waivered requirements if the waiver is approved. Providers are additionally responsible for communicating hardships that are not regulatory in nature to payers.
2. The provider complies with the staffing requirements of the applicable licensing body and the staffing requirements outlined in 105 CMR 164 Licensure of Substance Use Disorder Treatment Program.
3. The provider complies with the staffing requirements of the applicable licensing body, the staffing requirements in the

General and service-specific performance specifications, and plan-specific credentialing criteria.

a. Opioid Treatment Service programs ensure utilization of a multi-disciplinary staff, which includes:
b. Medical Director who is responsible for all medical services performed by the program, either by performing them directly or by delegating specific responsibilities to qualified healthcare professionals such as a nurse practitioner and/or physician assistant functioning under the Medical Director's supervision. The medical director will ensure that sufficient medical coverage is provided to meet the needs of Members under their care during program operation and as needed for consultation. The medical director or their designee must be available to be onsite during any hours of program operation, as needed. The Medical Director should have demonstrated clinical experience treating substance use disorders and opioid use disorders and minimally meet the requirements of 105 CMR 164.
c. Clinical Director who meets the criteria in 105 CMR 164 for Senior Clinician and/or Clinical Supervisor. A Clinical Director is the designated authority responsible for ensuring adequate and quality behavioral treatment is being provided. The OTP must have access to another independently licensed clinician in the event the clinical director is unavailable.
d. Program Director who carries full responsibility for the daily administration and operations of the program
e. Nurse Manager who minimally meets the requirements of 105 CMR 164 and provides direct and continuous supervision of nursing staff. The nurse manager is responsible for ensuring sufficient nursing coverage to meet the needs of Members in the program including weekends, holidays, and evening hours as needed.
    i. Nursing staff who administer medications, monitor compliance and monitor symptoms.
f. Clinical staff: must have a minimum of a master's degree or a certification. The program must employ sufficient clinicians to ensure individual, group, and family counseling is provided to meet the needs of members seeking the service. Clinical staff may include certified addiction counselors (CAC), certified addiction specialists (CAS). Certified alcoholism and drug abuse counselors (CADAC), certified rehabilitation counselors (CRC), licensed alcohol and drug counselors (LADC), licensed independent clinical social workers (LICSW), licensed clinical social workers (LCSW), licensed mental health counselors (LMHCs) and licensed marriage and family therapists (LMFT).
g. <u>Additionally, all opioid treatment services providers must have at least one staff member assuming each of the following roles:</u>

4. There is an HIV/AIDS Coordinator: responsible for overseeing confidential HIV risk assessment and access to counseling and testing; staff and resident HIV/AIDS and hepatitis education; and Department requirements for admission, service planning and discharge of HIV positive members;
5. There is a Tobacco Education Coordinator: responsible for assisting staff in implementing BSAS guidelines for integrating on of tobacco assessment, education and treatment into program services.
6. There is an Access Coordinator: responsible for development and implementation of the evaluation, plan and annual review of the site's performance in ensuring equitable access to services.
7. There is a CLAS Coordinator (Culturally and Linguistically Appropriate Services): ensures that the service meets the language and cultural needs of the patients.
8. At minimum, there is one staff person trained in CPR and Naloxone administration on duty each shift.
9. The provider ensures that staff training topics include but are not limited to:
    a. Co-occurring disorders
    b. HIV/AIDS/Hepatitis C and other infectious diseases;
    c. Pregnancy and addiction;
    d. Trauma informed treatment
    e. Evidence-based practices
    f. Overdose response and administration of Naloxone;
    g. 42 CFR Part 2 and HIPAA;
    h. Local and statewide recovery-oriented peer support and/or self-help supports and services.

SERVICE, COMMUNITY AND COLLATERAL LINKAGES

1. The provider complies with all provisions of the corresponding section in the General performance specifications.
2. 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 and documents such collaboration.
3. The staff are familiar with all the levels of care/services necessary to meet the needs of Members being served at the OTP, and are able and willing to accept referrals from, and refer to, these levels of care/services when clinically indicated. The provider maintains written Affiliation Agreements with local providers of these levels of care that refer a high volume of Members to their programs, and/or to which the program refers a high volume of Members. Such agreements include the referral process, as well as transition, aftercare and discharge processes.

QUALITY MANAGEMENT (QM)

1. Opioid Treatment Services providers must have a quality management plan inclusive of a continuous QI process to evaluate care provided and review adherence to policies and procedures within the program. Data may be collected via satisfaction surveys, electronic medical records, and other formats to inform the QI process.
2. The provider will develop strategies to improve the following outcomes as part of its quality management plan:
   a. Timeliness of access to treatment;
   b. Retention of Members in treatment;
   c. Discharges that occur against medical advice (AMA) or as a result of Member disengagement or dropout;
3. Providers must report the following as directed by BSAS and/or EOHHS:
   a. Enterprise Service Management (ESM) data to BSAS;
   b. Uniform Financial Reports (UFR) and other requirements per 101 CMR 346.03: Filing and Reporting Requirements;
   c. Data and patient outcomes as directed by plans or EOHHS.
4. The provider must submit required notifications to BSAS per 105 CMR 164.000: *Licensure of Substance Use Disorder Treatment Programs* and EHS, and managed care plans as appropriate.

PROCESS SPECIFICATIONS

Assessment, Treatment Planning, and Documentation

1. The provider complies with all provisions of the corresponding section in the General performance specifications.
2. An intake appointment is scheduled within one (1) business day of the referral, or of a Member's request for services.
3. Upon admission, each Member is assigned to a counselor who assumes primary responsibility for assessment, treatment, and discharge planning. This assignment considers the preferences and clinical needs of the Member.
4. A multidimensional bio-psychosocial evaluation, an initial treatment plan, and an initial discharge plan are completed by the assigned counselor.
5. 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.
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 prior to administration of the first dose of medication. If the examination is conducted by a qualified healthcare professional who is not a physician, the results are reviewed by the Medical Director or their designee prior to implementation.
7. The multi-disciplinary treatment team, in collaboration with the Member, meets to review the bio- psychosocial evaluation, within 48 hours of admission.
8. The multi-disciplinary treatment team, in collaboration with the Member, reviews the treatment plan at the following intervals:
9. Within 30 days of admission
10. No less than bi-annually
11. After any 24-hour physical or behavioral health inpatient admission that necessitates a change in the treatment plan
12. When major clinical changes occur
13. The Massachusetts Prescription Awareness Tool (MassPAT) must be utilized as required per BSAS regulation 105 CMR 164.300: *Licensure of Substance Use Disorder Treatment Programs*.
14. The initial dose of an opioid agonist treatment medication must be in compliance with 42 CFR Ch. 1 Part 8 and is ordered by a physician or a physician assistant/APRN with appropriate state and federal approvals.
15. Under the supervision of a physician, methadone, buprenorphine, and oral and injectable naltrexone are administered by a nurse or registered pharmacist after they have been appropriately oriented and trained by the program.
16. Toxicology screening/testing is done upon admission, as clinically indicated, and on a random basis according to the Member's treatment plan and state and federal regulations. Positive screens for substances other than methadone or prescribed pharmacology medications result in adjustments to the Member's treatment plan.
17. All activities are documented in the Member's health record.

Discharge Planning and Documentation

1. The provider complies with all provisions of the corresponding section in the General performance specifications.
2. The provider engages the Member in developing an aftercare plan at the earliest possible point in treatment and prior

to when the Member meets the discharge criteria established in their treatment plan.

3. The discharge plan incorporates ASAM dimensions. The provider offers the Member a copy of the plan prior to their discharge and documents these activities in the Member's health record.

DOCUMENT HISTORY

- January 2024: Tufts Health One Care (a dual-eligible product) name change.
- February 2023: EOHHS Performance Specifications updates
- August 2020: Template updates