TUFTS Health Plan

a Point32Health company

Residential Rehabilitation Services (RRS) for Youth with Substance Use Disorders (Level 3.1) 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 requirements of these service-specific performance specifications.

The following Residential Rehabilitation Services (RRS) for Youth with Substance Use Disorders performance specifications are a subset of the RRS performance specifications. As such, RRS for Youth providers agree to adhere to both the RRS performance specifications and to the RRS for Youth performance specifications contained within. Where there are differences between the RRS and the RRS for Youth performance specifications, these RRS for Youth specifications take precedence.

DEFINITION

Residential Rehabilitation Services (RRS) for Youth (Level 3.1) consists of a structured and comprehensive rehabilitative environment that is developmentally appropriate for youth (ages 13-17). The program must meet the member where he or she is and support independence and resilience and recovery from alcohol and/or other drug problems. 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.

COMPONENTS OF SERVICE

1. Individualized, youth-centered treatment plan (includes adolescent involvement) and dual diagnosis capability
2. Educational assessment
3. Individualized, youth-centered treatment plan (includes adolescent involvement) and dual diagnosis capability
4. Collaborations with medical and psychiatric facilities
5. Peer support and 12-Step meetings for adolescents
6. Positive, pro-social recreational programming
7. Family engagement and involvement
8. All screening, assessment, treatment, psychoeducation, recovery support services, materials and resources will be developmentally appropriate (e.g., taking age, maturation, cognitive processing, decision-making skills, and other special needs of the adolescent into consideration), trauma-informed, and responsive to gender identity and expression, sexuality, and culture. Staff and clinical practices may not require adolescents to retell the details of their trauma experience(s) as part of treatment.
9. Work with the adolescent to identify family members available to engage in the adolescent's recovery efforts. Providers will adopt a broad definition of family that includes family of origin or family of choice.

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

10. Offer family members support services in accordance with the goals determined by the family unit (e.g., referrals to family clinicians as part of the aftercare and discharge plan, offering “family days” at the program where families of youth in treatment have opportunities to connect about their experiences, referrals to support groups like Al-Anon, Families Anonymous, Learn to Cope, Allies in Recovery, etc.).

STAFFING REQUIREMENTS

- **Program Director**- 1.00 FTE

The Program Director must have demonstrated experience in substance use disorders and mental health treatment as well as adolescent treatment and administrative/management experience.

- **Clinical Director**- 1.00 FTE

The Clinical Director must have demonstrated experience providing clinical treatment and supervision with adolescent treatment, substance use disorders and mental health treatment. This is a Licensed, Master’s Level position the equivalent of an LICSW/LMHC. The Program Director and Clinical Director position cannot be combined and are two distinct, full-time positions. The clinical director will oversee the other clinicians in the house and will offer training to all staff that relates to enhancing the clinical understanding of substance use disorders and other challenges clients may be experiencing while in treatment.

- **Clinician**- 3.00 FTEs

Three additional full-time clinicians will be employed to work with individuals, families and assist with ongoing treatment and aftercare planning. One clinician should have demonstrated experience in working with families.

- **Recovery Specialists** 11.60 FTEs

(Includes Resident Manager and 2 awake overnight staff every night)

- **After Care Coordinator**- 1.00 FTE

This position will be responsible for identifying appropriate continuing care and post discharge services and resources while working with the multiple stakeholders to ensure as smooth a transition as possible to the next phase in the youth’s recovery plan (e.g. including the perspectives of clients, families, program clinicians and staff, external stakeholders such as DCF, DYS service personnel to which the youth is being referred to upon discharge, etc.).

- **Educational Coordinator**- 1.00 FTE

The full-time educational coordinator is responsible for coordinating the student’s educational progress during treatment as students have a right to continue their education while in treatment. This person will act as a liaison between school districts/placements and the youth at the program to ensure residents are receiving work to be completed and supporting residents in doing this educational work while at the program.

- **Nurse**- 0.5 FTE

Responsible for the management of medications and brief assessment of client health concerns. Can help facilitate referrals to primary health practice and other medical services as indicated during treatment.

- **Psychiatrist**- Consultant billable to 3rd party payers

Psychiatric coverage must be available to the program twenty-four hours a day, seven days a week. Applicants must provide detailed affiliation agreements with an adolescent psychiatrist for consultation and linkage to an adolescent psychiatric in-patient setting.

SERVICE, COMMUNITY AND COLLATERAL LINKAGES

1. Adolescent detoxification and stabilization programs, other youth residential programs, recovery high schools, other youth serving agencies (DCF, DYS, DMH), local outpatient and community-based providers, outreach sites, and other service providers enhances access for multiple populations to Youth Residential Treatment programs.
2. Youth utilizing medication-assisted treatment (MAT) through agreements with authorized, outpatient-based opioid treatment providers as appropriate.
3. Primary health services including reproductive health, mental health services, HIV testing and counseling, housing services, and educational and vocational services (including job readiness and job search skills) are vital for successful outcomes.

QUALITY MEASUREMENT (QM)

The provider complies with requirements set forth by payer.

PROCESS SPECIFICATIONS

Assessment, Treatment/ Recovery Planning and Documentation

1. Medical and health history and assessment with physical exam within two weeks of admission OR documentation of physical exam conducted within last year;
2. Ensure that Behavioral Health Clinical Assessments conducted by Behavioral Health Providers are in writing, dated and signed, and include, at a minimum, the following:
    a) Clinical formulation, rationale for admission or continuance of care, discussion of any possible diversionary or lower levels of care, recommendations, and strengths.
3. Comprehensive biopsychosocial assessment completed within 72 hours of admission; and
4. An individual recovery treatment plan must be completed in collaboration with and signed by the Member that includes service goals described in behavioral terms with time frames and an aftercare plan that includes referrals to services and identifies ongoing recovery goals.

Discharge Planning and Documentation

Aftercare planning is an integral part of treatment and should be initiated at the time of admission and continue throughout the treatment episode and include focus on the following:

1. An individualized aftercare program should be designed to offer continued support to both the young adult and the family, allowing for a smoother transition back into the home and community environment and should include referrals to services and supports that address a more holistic set of needs including: individual, group, and family counseling; psychiatry; vocational/educational services; safe and supportive housing options; social benefit programs for which the resident may be eligible; self-help and community-based recovery supports; and
2. Overdose prevention education is a necessary component of the treatment and aftercare plan for any individual who has been using opioids.

DOCUMENT HISTORY

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