TUFTS Health Plan

a Point32Health company

Structured Outpatient Addictions Program (SOAP) 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 applicable regulations set forth in the Code of Massachusetts Regulations and all requirements of these service-specific performance specifications, in addition to the General Behavioral Health Performance Specifications. All Performance Specifications are located online at tuftshealthplan.com in the Provider Resource Center.

DEFINITION

Structured Outpatient Addiction Programs (SOAPs) are clinically intensive, structured day and/or evening substance use disorder services. These programs can be utilized as a transition service in the continuum of care for a Member being discharged, for example, from an Acute Substance Abuse Treatment program, or can be utilized by individuals who need Outpatient Services but who also need more structured treatment for a substance use disorder. These programs may incorporate the evidence-based practice of Motivational Interviewing into clinical programming to promote individualized treatment planning. These programs may include specialized services and staffing for targeted populations, including pregnant women, adolescents, and adults requiring 24-hour monitoring.

COMPONENTS OF SERVICE

SOAP providers must adhere to the following:

1. SOAP providers must comply with all applicable DMH, DPH, and ADA (Americans with Disabilities) licensing requirements.
2. SOAP providers must provide a minimum of 3.5 hours of service per unit (1 unit =1/2 day) including a combination of two group counseling sessions and one individual clinical contact with the primary counselor.
3. Upon admission, Members shall receive a biopsychosocial assessment resulting in a treatment plan that will include short- and long-term goals and is behaviorally oriented with solution-focused, measurable goals.
4. Upon admission, an initial discharge plan must be developed.
5. The program provides case management services that begin upon the Member's entry into the program. Case management services occur throughout the Member's treatment and transition to the community. These services focus on linkages to those community and social services necessary to address the Member's identified needs.
6. The scope of available services on-site must include, but is not limited to, the following:
    - Psychosocial evaluation, monitoring, and treatment
    - Individual therapy, group therapy, family counseling
    - Psycho-educational groups
    - Vocational counseling
    - Recreational/occupational therapy
    - High-risk/ HIV education

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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.

- Relapse prevention
- Peer support
- Discharge/aftercare planning
- Life skills training/education
- Behavioral assessment and behavior treatment planning

7. The program ensures coordination and linkage with alternative support systems and self-help groups (i.e., AA, AlAnon, PPAL, NAMI, Dual-Recovery, and other self-help/peer support groups).
8. Appropriate professional-to-patient ratio for full therapeutic programming and maintenance of a therapeutic milieu are provided minimally five days per week.

STAFFING REQUIREMENTS

1. The program shall have a Program Director, and this individual, or his or her designee, will be available to handle urgent or emergency situations during program hours.
2. Program must maintain a minimum staff ratio of eight staff to one Member.
3. There must be a minimum of one full-time clinician within the program.
4. Staffing should reflect the cultural, gender, and linguistic needs of the community it serves.
5. The facility is responsible for providing staffing and supervision in accordance with THPP Behavioral Health General Performance Specifications, and DPH and BSAS Licensing requirements.
6. Clinical Supervisor shall mean an independently licensed individual with a minimum of a doctorate or master's degree in one of the following disciplines or a closely related field: clinical psychology education-counseling, medicine, psychology, nursing, rehabilitative counseling, social work; or a licensed certified social worker; three years of counseling experience.
7. Clinician shall mean an individual with a minimum of a master's degree in any of the disciplines mentioned under Clinical Supervisor and who has a minimum of four years of counseling experience, one year of which shall have been related to substance abuse. If providing supervision, one year of supervisory experience is also required.

SERVICE, COMMUNITY AND COLLATERAL LINKAGES

1. Program maintains active, formal affiliation agreements for service linkage and referrals as clinically appropriate with, at a minimum, the following levels of care:
    - Psychiatric Inpatient services; Level IV Detoxification; Level III.7 Detoxification; Level III.5; Emergency Service Providers; outpatient treatment programs (which includes psychiatry); residential and transitional housing; opioid replacement therapy
2. Additional Linkages may include:
    - Enhanced Acute Treatment Services; DMH and their services; specialized mutual support groups; legal services; transportation; violence prevention programs
3. In addition to the Member's consent for treatment, the program obtains and documents, unless contraindicated, their consent to coordinate and speak with their other agency treaters in the community as well as any appropriate family and friends in an effort to enhance their treatment and care planning.
4. Program 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.
5. The facility ensures that a written aftercare plan is available to the Member at 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.

QUALITY MEASUREMENT (QM)

1. The facility will develop and maintain a quality management plan that is consistent with that of Tufts Health Public Plans, 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 Public Plans upon request and must be consistent with Tufts Health Public Plans' performance standard for structured outpatient addiction programs.

4. All Reportable Adverse Incidents will be reported to Tufts Health Public Plans within one business day of their occurrence per Tufts Health Public Plans policy and DMH licensing requirements. A Reportable Adverse Incident is an occurrence that represents actual or potential harm to the well-being of a Member, or to others by action of a Member, who is receiving services managed by Tufts Health Public Plans or has recently been discharged from services managed by Tufts Health Public Plans.
5. The facility/program will adhere to all reporting requirements of DPH and/or DMH regarding Serious Incidents and all related matters.
6. The facility must submit to DPH/BSAS the data required by DPH.
7. The facility must track, by referral source:
    - Referrals for services;
    - The outcome of each referral (i.e., admission, etc.); and
    - If the substance use disorder treatment provider refuses to accept a referral, the reason for the refusal.

PROCESS SPECIFICATIONS

Treatment Planning and Documentation

1. A multidisciplinary treatment plan will be developed, based on a thorough biopsychosocial assessment, within 72 hours of admission. This treatment plan will be documented and at a minimum contain evidence of the following:
    - Individual contact 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, four groups per full day
    - Peer support groups or support activities
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. Progress notes, collateral contacts, both phone calls and face-to-face meetings, and progress to behavioral goals will be documented in a Member's chart/record.
4. There must be written documentation of all contact with a physician, either internal or the Member's PCP in the Member's record

Discharge Planning and Documentation

1. A preliminary discharge plan is developed upon admission and updated periodically throughout the treatment episode.
2. 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.
3. Prior to discharge, the Member participates in the development of a written Crises/Relapse Prevention plan for discharge.
4. The final written aftercare plan includes aftercare appointments, including medication management, as appropriate, and will be reviewed with the Member at least 24 hours prior to discharge and given to the Member at discharge.

DOCUMENT HISTORY

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