TUFTS Health Plan

a Point32Health company

Urgent Outpatient 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 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

Urgent outpatient services are those outpatient behavioral health services that are rendered in an ambulatory care setting, such as an office, clinic environment, a Member's home, or other locations appropriate to the provision of services for psychotherapy or counseling. Urgent care is designed for a behavioral health need that is not of an emergent nature but, without intervention, will likely lead to the decompensation of the Member, resulting in the possibility of a more intensive level of care than traditional outpatient treatment.

Urgent outpatient services are provided within one business day from the time it is determined that an urgent outpatient level of care is medically necessary. Services focus on clinical assessment, crisis intervention, and the alleviation of the immediate symptoms that significantly interfere with functioning in at least one area of the Member's life (e.g., familial, social, occupational, educational).

The goal of urgent outpatient services is to stabilize the Member and make the needed aftercare arrangements in order for the Member to transition to the most appropriate level of care. In addition, the Member will be referred to appropriate community supports and be provided information regarding local resources when necessary.

COMPONENTS OF SERVICE

1. Urgent outpatient service providers will be responsible for the following:
    - Providing urgent outpatient appointments to Members during regular business hours and at least five non-traditional hours during each week
    - Providing urgent outpatient appointments within one business day of the Member's call, or referral
    - Providing urgent outpatient appointments to all Members, which includes already existing clients of the clinic, as well as those who are not currently or have never been clients of the clinic
    - Providing a telephone number that accesses a clinician either directly or via an answering service/pager after hours for urgent needs
    - Including within the urgent outpatient appointments a clinical assessment, education about community-based resources and a crisis plan, access to psychopharmacology, and a referral to ongoing outpatient services, if needed

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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.

- Having a clinician available to initiate a Section 12 and connect the Member with the local Emergency Service Provider (ESP) if the Member is assessed to be in need of more extensive crisis services
- Ensuring that each Member receives a program orientation with the urgent outpatient staff describing the process of care at the initiation of services
- Scheduling follow-up appointments with the urgent outpatient staff, if needed, until the Member's first or next outpatient appointment

2. The provider will have policies and procedures, including intake and discharge criteria, and provide staff training specific to the provision of urgent care services being rendered.

STAFFING REQUIREMENTS

1. Provider staff must meet the credentialing standards of Tufts Health Public Plans as outlined in the *Provider Manual*, and be qualified by virtue of credentials, experience, and training to provide treatment to the particular target population of the program.
2. The provider's training program for staff will include, at a minimum, a review of multi-treatment modalities, outpatient specialty services, and Tufts Health Public Plans' performance specifications.
3. The provider will ensure that all clinical work is supported by regularly scheduled and ongoing clinical supervision with an independently licensed clinician, and consultation as appropriate. Senior clinical staff must be available for consultation (including a psychiatrist, if appropriate) during all hours of operation regarding emergent and urgent situations.
4. Staffing should reflect the cultural, gender, and linguistic needs of the community it serves.

SERVICE, COMMUNITY AND COLLATERAL LINKAGES

In an effort to maximize utilization of urgent outpatient care, providers will develop strong working relationships with Emergency Service Providers (ESPs), emergency departments, police, schools, local PCPs, and other levels of care, including a range of community-based programs. This effort to develop relationships will be documented through written affiliation agreements, minutes of regularly scheduled meetings, and/or evidence of collaboration in the Member's medical records.

QUALITY MEASUREMENT (QM)

1. The provider will develop and maintain a quality management plan that is consistent with that of Tufts Health Public Plans and 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 urgent outpatient services.
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.
5. 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.
6. The program will adhere to all reporting requirements of DPH and/or DMH regarding Serious Incidents and all related matters.

PROCESS SPECIFICATIONS

Access

1. Members will have access to urgent care appointments during regular clinic business hours as well as during a minimum of five non- traditional hours per week.
2. Providers will respond to a Member's request for an urgent care appointment within one business day.
3. The outpatient provider clinic will be available to schedule urgent care appointments for Members stepping down from an acute level of care.
4. The urgent outpatient clinic will work with Members to develop alternative transportation modes as needed.

Assessment and Treatment Planning

1. Urgent clinical assessments are to be completed by a master's-level, licensed clinician, utilizing principles of urgent care intervention.

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.

b) Members will be referred back to current outpatient providers, and the providers will be notified of the urgent outpatient intervention.
c) If Members are not affiliated with outpatient providers, appropriate referrals will be made on their behalf.
d) The urgent outpatient program will demonstrate extensive knowledge of community-based resources, including housing, state and local agencies, and behavioral health services.
e) The urgent outpatient program will maintain responsibility for the Member until he or she has connected to ongoing services.
f) The disposition, including the names and contact information of continuing providers, as well as the date and time of the initial or follow-up appointment, will be documented in the Member's record.

DOCUMENT HISTORY

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