



ACUPUNCTURE TREATMENT

PURPOSE

Performance specifications are intended to enhance MassHealth Enrollee experience and outcomes by promoting transparency and consistency across Plans and providers. Performance specifications are expectations imposed on providers who contract for these specific and related services. Information contained in this document is based on publicly available documents, Plan expectations, your contract, and MassHealth guidance. This information should be and will look materially like any other MassHealth contracted Plan. Performance specifications, your provider manual, and other requirements can be found at providerexpress.com.

Providers contracted for this level of care or service are 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, providers of all contracted services are held accountable to the General Performance Specifications. Where there are differences between the service-specific and General Performance Specifications, the service-specific specifications take precedence.

OVERVIEW

Acupuncture Treatment consists of the insertion of metal needles through the skin at certain points on the body, with or without the use of herbs, an electric current, heat to the needles or skin, or both, as an aid to individuals in withdrawal from dependence on substances or in recovery from addiction.

SERVICE COMPONENTS

1. The provider is licensed by the Department of Public Health (DPH) as an Acupuncture program and complies with those regulations.
2. The scope of required service components provided in this level of care includes, but is not limited to, the following:
 - a) Bio-psychosocial evaluation
 - b) Medical history/screening and physical examination
 - c) Acupuncture supplies (needles, tea, etc.)
 - d) Substance use disorder assessment and treatment services
 - e) Psycho-education on substance use disorders, relapse prevention, and communicable diseases
 - f) Nursing care
 - g) Development of a treatment/recovery plan
 - h) Development and/or updating of crisis prevention plans, and/or safety plans as part of the Crisis Planning Tools for youth, and/or relapse prevention plans, as applicable
3. Specific acupuncture protocols are individualized, documented, and available on-site.
4. The provider ensures that each Enrollee receives a program orientation at the initiation of services. The orientation information additionally includes, at a minimum, information regarding the process of care specific to acupuncture treatment.

5. If an Enrollee experiencing a behavioral health crisis contacts the provider, during business hours or outside business hours, the provider, based on his/her assessment of the Enrollee's needs, may:
 - a) refer the Enrollee to his/her outpatient provider;
 - b) refer the Enrollee to an ESP/MCI for emergency behavioral health crisis assessment, intervention, and stabilization; and/or
 - c) implement other interventions to support the Enrollee and enable him/her to remain in the community, when clinically appropriate, e.g., highlight elements of the Enrollee's crisis prevention plan, and/or safety plan, and/or relapse prevention plan, encourage implementation of the plan, offer constructive, step-by-step strategies which the Enrollee may apply, and/or follow-up and assess the safety of the Enrollee and other involved parties, as applicable.

STAFFING REQUIREMENTS

1. The provider complies with the staffing requirements of the applicable licensing body, the staffing requirements in the Plan service-specific performance specifications and the credentialing criteria outlined in your provider manual that can be found at providerexpress.com.
2. Acupuncture programs ensure the following staff are on-site during the hours of operation:
 - a. A licensed acupuncturist
 - b. A clinician certified in addiction treatment (i.e., Certified Addiction Counselor (CAC), Certified Alcoholism and Drug Abuse Counselor (CADAC), Licensed Alcohol and Drug Counselor (LADC)/Licensed Alcohol and Drug Abuse Counselor (LADAC) and a physician, psychiatrist, nurse practitioner, physician assistant, registered nurse, or licensed practical nurse (either on-site or through an Affiliation Agreement) for the purpose of consultation to staff
 - c. A physician assistant or nurse practitioner for the purpose of conducting the medical history/screening to determine that acupuncture is not contraindicated
3. The provider provides all staff with supervision consistent with the Plan's credentialing criteria. The provider ensures that supervision of nursing staff is overseen by a registered nurse.

SERVICE, COMMUNITY AND OTHER LINKAGES

1. With Enrollee consent, if an Enrollee is referred to another treatment setting, the provider collaborates in the transfer, referral, and/or discharge planning process to ensure continuity of care.
2. The staff members are familiar with all the following levels of care/services, 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 Enrollees to their program and/or to which the program refers a high volume of Enrollees. Such agreements include the referral process, as well as transition, aftercare, and discharge processes.
 - a) Level IV Withdrawal Management Services
 - b) Acute Treatment Services (ATS) for Substance Use Disorders Level 3.7
 - c) Enhanced ATS (E-ATS) for Individuals with Co-occurring Mental Health and Substance Use Disorders
 - d) Clinical Stabilization Services (CSS) for Substance Use Disorders Level 3.5
 - e) Structured Outpatient Addiction Program (SOAP)

- f) Regional court clinics
 - g) Residential support services
 - h) Opioid Replacement Therapy
 - i) Transitional supportive housing
 - j) Sober housing
 - k) Outpatient counseling services
 - l) Shelter programs
 - m) Transitional Support Services (TSS) for Substance Use Disorders
3. With Enrollee consent, the provider collaborates with the Enrollee's primary care clinician (PCC) as delineated in the Primary Care Clinician Integration section of the General performance specifications.

PROCESS SPECIFICATIONS

Assessment, Treatment Planning and Documentation

1. An intake appointment is scheduled within one (1) business day of the referral, or of an Enrollee's request for services.
2. Upon admission, each Enrollee is assigned to a clinician certified in addiction treatment (CAC, CADAC, and/or LADC/LADAC).
3. Upon admission, a bio-psychosocial evaluation, initial treatment/recovery plan, and initial discharge plan are completed by the assigned clinician.
4. The provider ensures that a physical examination which conforms to the principles established by the American Society of Addiction Medicine is completed for all Enrollees within 24 hours of admission.
5. The provider assigns a multi-disciplinary treatment team to each Enrollee within 24 hours of admission. The multi-disciplinary treatment team meets to review the bio-psychosocial evaluation, the initial treatment/recovery plan, and initial discharge plan within 48 hours of admission. On weekends and holidays, the treatment/recovery plan may be developed by an abbreviated treatment team, with a review by the full treatment team on the next business day.
 - a) During intensive acupuncture administration for withdrawal management purposes, the multi-disciplinary treatment team, in collaboration with the Enrollee, reviews the treatment/recovery plan and discharge plan at least every 48 hours (a maximum of 72 hours between reviews on weekends), and updates them when major clinical changes occur.
 - b) During less intensive treatment for relapse prevention, the multi-disciplinary treatment team, in collaboration with the Enrollee, reviews the treatment/recovery plan and discharge plan at the following intervals, and updates them accordingly:
 - i. Within 30 days
 - ii. Quarterly thereafter
 - iii. After any 24-hour behavioral health inpatient admission that necessitates a change in the treatment/recovery plan
 - iv. When major clinical changes occur
6. All evaluations, treatment/recovery and discharge plans, reviews, and updates are documented in the Enrollee's health record.
7. Drug screening/testing is requested when medically necessary as part of a diagnostic assessment or as a component of an individualized treatment/recovery plan that includes other

clinical interventions. All requests are made in writing by an authorized prescriber (i.e., physician, physician assistant, nurse practitioner, PNMHCS). Medical necessity for the drug screen is documented in the Enrollee's health record, including the test results.

Discharge Planning and Documentation

1. The provider engages the Enrollee in developing and implementing an aftercare plan when the Enrollee meets the acupuncture discharge criteria established in his/her treatment/recovery plan. The provider provides the Enrollee with a copy of the plan upon his/her discharge and documents these activities in the Enrollee's health record.

QUALITY MANAGEMENT

1. The provider will develop and maintain a quality management plan that is consistent with their contractual responsibilities to Optum, 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 may include outcome measures and satisfaction surveys to measure and improve the quality of care and services delivered to Enrollees, including youth and their families.
3. Clinical outcomes data must be made available to Optum upon request and must be consistent with the performance specifications of this service.
4. Providers must report any adverse incidents and other reportable events that occur to the relevant authorities.