



RESIDENTIAL REHABILITATION SERVICES (RRS) FOR PREGNANT AND POST-PARTUM WOMEN

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 must meet all BSAS contractual and regulatory requirements, comply with applicable regulations set forth in the Code of Massachusetts Regulations and must meet 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

Residential Rehabilitation Services (RRS) for Pregnant and Post-Partum Women consists of a structured and comprehensive rehabilitative environment capable of serving the needs of pregnant and post-partum women, and their infants. “Post-partum” is defined as the period following childbirth up to one year. The program must support Enrollees’ 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.

The following RRS for Pregnant and Post-Partum Women performance specifications are a subset of the Residential Rehabilitation Services (RRS) for Substance Use Disorders (ASAM Clinically Managed Low Intensity Residential Services) performance specifications. As such, RRS for Pregnant and Post-Partum Women providers agree to adhere to both the Residential Rehabilitation Services (RRS) for Substance Use Disorders (ASAM Clinically Managed Low Intensity Residential Services) performance specifications and to the RRS for Pregnant and Post-Partum Women performance specifications contained within. Where there are differences between the Residential Rehabilitation Services (RRS) for Substance Use Disorders (ASAM Clinically Managed Low Intensity Residential Services) performance specifications and the RRS for Pregnant and Post-Partum Women performance specifications, these RRS for Pregnant and Post-Partum Women specifications take precedence.

Exclusion criteria must be based on clinical presentation and not include automatic exclusions based on stable medical conditions, homelessness, medications prescribed including MOUD, compliance with medications, lack of prescription refills, or previous unsuccessful treatment attempts.

RRS programs will provide ASAM Clinically Managed Low Intensity Residential Services until:

1. The Enrollee's symptoms can be safely managed at a less intensive level of care.

SERVICE COMPONENTS

1. At minimum, the provider complies with all requirements of the Department of Public Health (DPH) licensure of substance abuse treatment programs (105 CMR 164) including DPH reporting requirements.
2. The provider ensures assessment and management of gynecological and/or obstetric, prenatal, and other health needs are conducted by referral.
3. The provider ensures assessment of physical, mental, developmental, and/or other needs of infants is conducted and/or provided through linkages with relevant services.
4. The provider arranges for emergency hospital back-up for obstetric and gynecological services.
5. The provider arranges appointments for primary health, and mental health services including pediatric care, and specialized pediatric care as indicated.
6. The provider ensures that medical appointments during and after pregnancy are scheduled, and verification of whether these appointments have been kept is conducted.
7. The provider works with the Enrollee to create a treatment plan addressing parenting skills education, child development education and structured developmental activities, parent support, family planning, nutrition, violence, safe relationships, and other relevant issues.
8. The provider facilitates access, induction, maintenance, and ongoing support for Enrollees enrolled in pharmacotherapies for opioid use disorders.
9. The provider ensures access to services related to HIV/AIDS, hepatitis, and other STI counseling and testing as needed by the Enrollee.
10. The provider ensures assistance in accessing Women, Infants, and Children (WIC) and other nutritional programs.
11. The provider arranges for family planning and reproductive health resources.
12. The provider ensures appropriate counseling regarding the following as needed:
 - a) Prenatal care;
 - b) Nutritional education;
 - c) Early childcare issues;
 - d) Neonatal Abstinence Syndrome;
 - e) DCF;
 - f) Breastfeeding;
 - g) Effects of smoking on fetal and child development;
 - h) Family preservation;

- i) Parenting skill;
 - j) Budgeting;
 - k) Access to resource; and
 - l) Family planning.
13. The provider offers or coordinates opportunities for parent/child relational and developmental groups.

STAFFING REQUIREMENTS

If program feels they cannot meet these specifications, Bureau of Substance Abuse Services (BSAS) has a waiver process for certain requirements. The waiver process is described in 105 CMR 164.000 Licensure of Substance Use Disorder Treatment Programs. The provider is responsible for informing the payer of any waived requirements if the waiver is approved. Providers are additionally responsible for communicating hardships that are not regulatory in nature to payers.

1. 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 Programs, and the staffing requirements in the applicable Plan provider manual.
2. A parenting specialist, child services coordinator, or clinical staff person with specific training in trauma and parenting must be available either through agency hire or contract.

SERVICE, COMMUNITY AND OTHER LINKAGES

1. The provider complies with all provisions of 105 CMR 164.000 Licensure of Substance Use Disorder Treatment Programs related to community connections and collateral linkages.
2. The provider has a documented operational agreement with the administrator of the Pregnant Women's Access Line and regularly shares information about program availability and wait list.
3. The provider has a documented operational agreement with obstetrical practices and/or birthing hospitals in the area, allowing for coordinated prenatal and postpartum care.
4. The provider ensures collaboration with early intervention, home visiting, and other home-based outpatient services so that Enrollees can receive care from outpatient providers on-site.
5. The provider ensures linkage to services is initiated upon admission and as part of the ongoing treatment/recovery plan. Based on individual Enrollee needs, this includes, but is not limited to, the following:
 - a) Prenatal care;
 - b) Family/reproductive health programs;
 - c) Early Intervention programs;
 - d) High-risk infant/family support programs;
 - e) Healthy Start;
 - f) WIC and other nutritional programs;
 - g) Medication-Assisted Treatment services;
 - h) Intimate partner violence and safe relationships services;
 - i) Violence prevention programs;
 - j) Childcare/babysitting;

- k) Housing preparation;
- l) Transportation;
- m) Legal service; and
- n) Transitional assistance.

PROCESS SPECIFICATIONS

Assessment, Treatment Planning and Documentation

1. The provider complies with all provisions of 105 CMR 164.000 Licensure of Substance Use Disorder Treatment Programs related to assessment and recovery planning.

Discharge Planning and Documentation

1. The provider ensures that upon discharge Enrollees have an individualized Enrollee aftercare plan which includes referrals to the following services, if indicated in the Enrollee's treatment plan:
 - a) Family transitional/permanent living opportunities;
 - b) Childcare service;
 - c) Vocational and educational rehabilitation services; and
 - d) Primary health and mental health services (including pediatric care and specialized pediatric care as indicated), support services for survivors of intimate partner violence or sex trafficking, and other social services as needed.

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 procedures to monitor, measure, and improve the activities and services it provides.
 - a) Specifically, the provider will work to improve these outcomes within their patient population receiving SUD treatment:
 - I. Increase in MAT/MOUD induction and continuation
 - II. Decrease in readmissions to ED and inpatient services
 - III. Increase in referrals and transitions to lower levels of care
 - IV. Increase in program's capacities to admit and treat individuals with behavioral health and co-occurring physical health conditions.
 - b) Providers will be required to report Enterprise Service Management (ESM) data to BSAS at admission and discharge per DPH/BSAS Licensing Regulation.
 - c) The provider will collect data to measure the quality of their services.
2. The provider must have a continuous QI process to evaluate the care provided and review adherence to policies and procedures within the sites. Data may be collected via satisfaction surveys, electronic medical records, and other forms.
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.