



## **RESIDENTIAL REHABILITATION SERVICES (RRS) FOR TRANSITIONAL AGE YOUTH OR YOUNG ADULTS**

### **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](http://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 Transitional Age Youth or Young Adults** consists of a structured and comprehensive therapeutic milieu that is developmentally appropriate for Transitional Age Youth (ages 16-21) or Young Adults (ages 18 – 25). The program must reinforce a culture of recovery and wellbeing, self-help skills, and pro-social activities. The program must support Enrollees' recovery from alcohol and/or other drug use. Scheduled, goal-oriented clinical services are provided in conjunction with ongoing support and assistance for developing and maintaining the skills necessary to function effectively in the community, including educational and/or employment opportunities, access to community-based services, and engagement with the recovery community.

The following RRS for Transitional Age Youth or Young Adults 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 Transitional Age Youth or Young Adults 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 Transitional Age Youth or Young Adults performance specifications contained within. Where there are differences between the performance specifications for Residential Rehabilitation Services (RRS) for Substance Use Disorders (ASAM Clinically Managed Low Intensity Residential Services) and the RRS Transitional Age Youth or Young Adults, these RRS for Transitional Age Youth or Young Adults 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 offers treatment that is based on the developmental stages and needs of Transitional Age Youth providing flexible individualized treatment, rehabilitation, and support/supervision that varies in intensity based on Enrollee need.
3. The provider ensures that services promote family-guided and Enrollee-guided care focusing on skill building to enhance self-esteem, identify relapse triggers, build positive coping skills, and support vocational development and life skills training.
4. The provider ensures that families are incorporated in treatment as appropriate, and regular meetings with families are conducted.

## **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. The provider is staffed with one full time Program Director designated exclusively for oversight of the program at each site, regardless of size. The Program Director must have demonstrated experience in treating substance use disorders, working with adolescents or young adults, and administrative/management. The Program Director and the Clinical Supervisor will jointly ensure the training and supervision of each direct care/milieu staff member.
3. The provider is staffed with one full time Clinical Supervisor who provides a combination of individual, group, and family clinical services, as well as supervision of staff. The Clinical Supervisor will support the Program Director in providing individual and group supervision to direct care staff. The program is staffed with one full time Case Manager to provide aftercare coordination and additional case management needs with providers and recovery resources.

4. The program is staffed with Direct Care Recovery Specialist to conduct assessments and provide individual and group services to Enrollees according to the following coverage parameters:
  - a) A minimum of three direct care/recovery specialists are on shift from 7 a.m. until 11p.m.
  - b) A minimum of two direct care/recovery specialists are on shift from 11 p.m. until 7 a.m.

## **SERVICE, COMMUNITY AND OTHER LINKAGES**

1. The provider complies with all provisions of 105 CMR 164 Licensure of Substance Use Disorder Treatment Programs related to community connections and collateral linkages.
2. The staff members are familiar with the levels of care/services necessary to meet the needs of the Enrollees being served, and are able and willing to accept referrals from, and refer to, these levels of care/services when clinically indicated.
3. The provider maintains written affiliation agreements, which may include QSOAs, MOUs, BAAs, or linkage agreements, with local providers of these levels of care necessary to meet the needs of the Enrollees being served at the RRS, and that refer a high volume of Enrollees to its 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) Emergency Services Programs and Mobile Crisis Intervention (ESP/MCI);
  - b) Adolescent stabilization and residential programs;
  - c) Other transitional age youth and young adult services;
  - d) Recovery high schools;
  - e) Recovery support centers;
  - f) Homeless shelters;
  - g) Acute Treatment Services (ATS) (ASAM Medically Monitored Intensive Inpatient Services);
  - h) Transitional Support Services (TSS);
  - i) Clinical Stabilization Services (CSS) (Clinically Managed High Intensity Residential Services);
  - j) Vocational training;
  - k) Educational support;
  - l) Department of Youth Services (DYS),
  - m) Department of Corrections (DOC);
  - n) Parole and probation;
  - o) Outreach sites;
  - p) Opiate treatment programs;
  - q) Outpatient behavioral health providers; and
  - r) Community-based social service providers.

## **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.
2. The provider facilitates the Enrollees' medical and health history and assessment, including a physical exam, within two weeks of admission. The requirement of a physical exam can be waived with documentation of physical exam conducted within last year.
3. The provider completes a comprehensive biopsychosocial assessment within 72 hours of admission.
4. The provider completes an individual recovery treatment plan in collaboration with, and signed by, the Enrollee. The plan includes service goals described in behavioral terms, time frames, and an aftercare plan with referrals to services and ongoing recovery goals.

### **Discharge Planning and Documentation**

1. The provider ensures that aftercare planning is initiated at the time of admission, continues throughout the treatment episode, and includes focus on the following:
  - a) An individualized aftercare program 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;
  - b) 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
  - c) Overdose prevention education as a necessary component of the treatment and aftercare plan for any individual who has been using opioids.

## **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.