



RESIDENTIAL REHABILITATION SERVICES (RRS) FOR YOUTH

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 Youth consists of a structured and comprehensive rehabilitative environment that is developmentally appropriate for youth (ages 13 – 17). The program provides developmentally appropriate services and support 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 Youth 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 Youth 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 Youth 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) performance specifications and the RRS for Youth, these RRS for Youth 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:
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 individualized, youth-centered treatment plan, created in collaboration with the Enrollee.
3. The provider facilitates an educational assessment.
4. The provider ensures psychiatric consultation available 24 hours per day, seven (7) days per week to provide assessment and pharmacological interventions.
5. The provider ensures Collaborations with medical and psychiatric facilities.
6. The provider facilitates peer support and 12-Step meetings for adolescents.
7. The provider facilitates positive, pro-social recreational programming;
8. The provider ensures that all screening, assessment, treatment, psycho-education, recovery support services, materials and resources are:
 - a) developmentally appropriate (e.g., taking age, maturation, cognitive processing, decision-making skills, and other special needs of the adolescent into consideration);
 - b) trauma-informed; and
 - c) responsive to gender identity and expression, sexuality, and culture. Staff and clinical practices may not require adolescents to retell the details of their trauma experiences as part of treatment.
9. The provider ensures family engagement and involvement, including working with the Enrollee to identify family members available to engage in the adolescent's recovery efforts. Providers will adopt a broad definition of family that includes family of origin or family of choice.
10. The provider ensures family members are offered support services in accordance with the goals determined by the family unit. These services include referrals to family clinicians as part of the aftercare and discharge plan; offering "family days" at the program where families of youth in treatment have opportunities to connect about their experiences; and referrals to support groups like Al-Anon, Families Anonymous, Learn to Cope, Allies in Recovery.
11. The provider will assess, identify, and refer to continuing care and post-discharge services addressing the mental health and substance use disorder needs of the adolescent.

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 program is staffed with one full-time Program Director with demonstrated experience in substance use disorders and mental health treatment as well as adolescent treatment and administrative/management experience who oversees the program.
3. The program is staffed with one full-time, master's-level Clinical Director with demonstrated experience providing clinical treatment and supervision with adolescent treatment, substance use disorders, and mental health treatment. The clinical director will supervise the clinicians and will provide training to all staff that relates to enhancing the clinical understanding of substance use disorders and other challenges clients may be experiencing while in treatment.
4. The program is staffed with three full-time Clinicians to work with individuals and families and assist with ongoing treatment and aftercare planning. One clinician must have demonstrated experience in working with families.
5. The program is staffed with 11.6 full-time equivalent Recovery Specialists, including a Resident Manager and two awake overnight staff every night.
6. The program is staffed with one full-time After Care Coordinator who is responsible for identifying appropriate continuing care and post discharge services and resources while working to include the perspectives of multiple stakeholders to ensure as smooth a transition as possible to the discharge phase in the Enrollee's recovery plan.
7. The program is staffed with one full-time Educational Coordinator responsible for coordinating the Enrollee's educational progress, acts as a liaison between school districts/placements and the youth at the program to ensure residents are receiving work to be completed, and supports residents in doing this educational work while at the program.
8. The program ensures that Nurses are available on site 20 hours per week to manage medications, provide brief assessment of Enrollee's health concerns, and assist in facilitating referrals to primary care and other medical services, as indicated.

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 provider must maintain formal linkages to the following:
 - a) Adolescent psychiatrist for consultation;
 - b) Adolescent psychiatric inpatient setting;
 - c) Adolescent withdrawal management and stabilization programs;
 - d) Other youth residential programs;
 - e) Recovery high schools;
 - f) Other youth-serving agencies (e.g., DCF, DYS, DMH);
 - g) Local outpatient and community-based providers;
 - h) Outreach sites;
 - i) Outpatient-based opioid treatment providers;
 - j) Primary health services, including reproductive health;

- k) Mental health services;
- l) HIV testing and counseling;
- m) Housing services; and
- n) Educational and vocational services (including job readiness and job search skills).

PROCESS SPECIFICATIONS

Assessment, Treatment Planning and Documentation

1. The provider complies with all provisions of 105 CMR 164 Licensure of Substance Use Disorder Treatment Programs related to assessment and recovery planning.
2. The provider facilitates the Enrollee's 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 that an individual recovery treatment in collaboration with and signed by the Enrollee. The treatment plan includes service goals described in behavioral terms with timeframes, and an aftercare plan that includes referrals to services and identifies ongoing recovery goals.

Discharge Planning and Documentation

1. The provider ensures that aftercare planning is initiated at the time of admission, continue throughout the treatment episode, and include focus on the following:
 - a) An individualized aftercare program designed to offer continued support to both the Enrollee 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 Enrollee may be eligible; and 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.