



URGENT OUTPATIENT SERVICES (UOS)

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

Urgent Outpatient Services (UOS) are rapid responses provided by the outpatient mental health provider to Enrollees, in response to their perceived urgent behavioral health needs that, if left unattended, may lead to the need for more acute services. UOS provide a same or next business day response to the Enrollee's urgent request that assists him/her by providing assessment, stabilization and service linkages. UOS are provided to Enrollees enrolled in the UOS provider's outpatient service as well as to Enrollees who are new to the outpatient provider.

UOS are not intended to replace or be interchangeable with Emergency Services Program/Mobile Crisis Intervention (ESP/MCI) services, which provide emergent services for Enrollees experiencing a more acute crisis. UOS are ideally provided on the same day as the request and no later than within 24 hours or one business day. These services focus on clinical assessment, brief crisis intervention, stabilization of the crisis, and the alleviation of immediate symptoms that are interfering with the Enrollee's functioning.

The goal of UOS is to stabilize the Enrollee and make the needed aftercare arrangements to transition him/her to ongoing outpatient services or other appropriate behavioral health services as soon as possible. In addition, the UOS provider provides him/her with information regarding local resources and refers him/her to appropriate community supports and services, when needed.

The Plan utilizes several outpatient services to meet its outpatient access standards. ESP/MCIs meet the emergent access standard requiring response within 24 hours. Traditional outpatient services meet the urgent access standard requiring response within 48 hours. All outpatient providers are expected to

meet the Plan's urgent access standard requiring response within 48 hours. Plan created UOS as an intensive intervention that is not intended to meet emergent behavioral health needs but is capable of meeting more urgent needs than traditional outpatient services by offering services within 24 hours/one business day.

SERVICE COMPONENTS

1. UOS providers are responsible for the following:
 - a) Providing UOS appointments to Enrollees during regular business hours, and during at least five hours per week outside normal business hours, including some evening and/or weekend hours, at every site/location for which the provider is contracted for UOS.
 - b) Providing UOS appointments within 24 hours or one business day of referral or request.
 - c) Ensuring that each Enrollee receives a program orientation with the UOS staff, before or during the UOS appointment, describing the UOS service and process of care.
 - d) Providing a clinical crisis assessment, conducting brief crisis intervention, developing and/or updating a crisis prevention plan (or safety plan for Enrollees under the age of 21, as part of the Crisis Planning Tools), educating the Enrollee about community-based resources, and arranging access to ongoing outpatient treatment and/or other behavioral health services.
 - e) Providing timely access to psychopharmacology within its outpatient services program or by referral to other providers.
 - f) Offering access to a clinician who is available to connect the Enrollee with the local ESP/MCI if the Enrollee is assessed to need emergent crisis services and/or to initiate a Section 12 (M.G.L., Ch. 123, Section 12: Emergency restraint and hospitalization of persons posing risk of serious harm by reason of mental illness).
 - g) Ensuring Enrollees have access to routine outpatient services within 10 business days, which may be with the Enrollee's existing outpatient provider, the UOS provider or another outpatient provider. UOS providers are expected to have mechanisms in place to ensure Enrollees have access to and are offered an appointment within 10 business days in their outpatient programs, if needed. Barriers to accessing existing services should be directed to the Plan Clinical Access Line or regional office for assistance in securing a timely outpatient appointment.
2. The UOS provider typically provides one UOS service to a given Enrollee. As an exception, the UOS provider may offer up to two follow-up UOS appointments, based upon the Enrollee's continued urgent presentation and/or in order to support the Enrollee until he/she accesses a routine outpatient appointment within 10 business days.
3. The provider has documented policies and procedures for the UOS service consistent with these performance specifications, including intake and discharge criteria.

STAFFING REQUIREMENTS

1. The provider complies with the staffing requirements of the applicable licensing body, the staffing requirements in the Plan service-specific performance specification, and the credentialing criteria outlined in the Plan provider manual as referenced at providerexpress.com.
2. UOS services are conducted by clinicians who meet credentialing criteria for outpatient master's-level or doctoral-level clinicians.
3. The UOS provider provides initial and at least annual training to UOS clinicians including review of the UOS policies and procedures as well as crisis assessment and intervention skills and strategies.

SERVICE, COMMUNITY AND OTHER LINKAGES

1. In an effort to educate referral sources about the availability of UOS, providers develop working relationships and linkages with ESP/MCIs, hospital emergency departments, police, schools, local primary care clinicians/providers (PCCs/PCPs), outpatient behavioral health providers, Children's Behavioral Health Initiative (CBHI) services, and other levels of care and service providers. These efforts to develop relationships are documented through written Affiliation Agreements, active participation in local Systems of Care meetings, minutes of regularly scheduled meetings, and/or evidence of collaboration in the Enrollee's health record.
2. A key component of the UOS' working relationship with the ESP/MCI is related to the development and utilization of the crisis prevention and/or safety plan, and other associated documents that may accompany the plan (Crisis Planning Tools). If the Enrollee has an existing plan, the UOS provider collaborates with the Enrollee and the ESP/MCI to implement it and update it as needed. If the Enrollee does not yet have a plan, the UOS provider collaborates with the Enrollee and, if needed, the ESP/MCI to develop one.

PROCESS SPECIFICATIONS

Access

1. Enrollees have access to UOS appointments during regular clinic business hours, as well as during a minimum of five hours per week outside normal business hours, including some evening and/or weekend hours at every site/location for which the provider is contracted for UOS.
2. Providers respond to an Enrollee's request for UOS and schedule a UOS appointment within 24 hours/one business day.
3. The provider documents, in the Enrollee's health record, the date of the referral or request for UOS and the all appointment dates offered and/or kept by him/her

Assessment, Treatment Planning and Documentation

1. The UOS clinician completes a clinical assessment, including crisis and risk assessments, documented in the Enrollee's health record. Assessments focus on identification of precipitants and the UOS session includes crisis intervention and stabilization efforts to resolve the identified problem(s) or crisis.

2. Upon completion of the UOS session, providers refer the Enrollee back to his/her outpatient provider, who is notified of the UOS intervention. With Enrollee consent, UOS providers share the clinical assessment and UOS intervention with his/her outpatient provider and other providers as indicated
3. If Enrollees are not already affiliated with outpatient providers, appropriate referrals and linkages are made, in collaboration with the Enrollee, to ensure appropriate follow-up. In most circumstances, the UOS provider arranges access to outpatient services at the UOS provider's outpatient program. Such referrals and linkages are documented in the Enrollee's health record
4. The UOS program maintains and documents an extensive knowledge of community-based resources that Enrollees may need when presenting with an urgent behavioral health need, including but not limited to state and local agencies, behavioral health services, primary care, and consumer-operated and recovery-oriented services
5. The UOS program offers support, through up to two UOS follow-up appointments and/or other contacts, to the Enrollee until he/she has been linked with ongoing outpatient or other services. All activities are documented in the Enrollee's health record.
6. The disposition, including the names and contact information of aftercare providers, as well as the date and time of the Enrollee's next appointment with those aftercare providers, are documented in the Enrollee's health record. This discharge information is given to the Enrollee, and, with consent, to his/her outpatient provider and other providers as indicated.
7. If transportation is a barrier for the Enrollee to utilize outpatient and/or other aftercare services, the UOS provider provides information and assists the Enrollee with arranging and/or using available transportation resources, (e.g., public transportation, PT-1 forms, etc.). UOS providers do not directly provide transportation.

Discharge Planning and Documentation

None

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.