



OPIOID TREATMENT SERVICES

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

Opioid Treatment Services consists of the administration of methadone, buprenorphine, injectable naltrexone, and other U.S. Food and Drug Administration (FDA)-approved medications for the treatment of opioid use disorders. Services are provided within licensed and certified Opioid Treatment Programs (OTPs) in compliance with federal and state regulations and combines medical and pharmacological interventions under the supervision of the Medical Director, with counseling and psychoeducation, and includes induction and stabilization, withdrawal management, and maintenance, depending on the clinical needs of the individual.

SERVICE COMPONENTS

1. The program complies with all applicable federal, state, and local laws, regulations, licensure, and approved national standards including:
 - a) 21 CFR Chapter 1-Federal Narcotic Regulations and 42 Part 8 – Medication Assisted Treatment for Opioid Use Disorders;
 - b) 105 CMR 164.000: *Licensure of Substance Use Disorder Treatment Programs*;
 - c) SAMHSA Federal Guidelines for Opioid Treatment Programs
2. The scope of required service components provided in this level of care includes, but is not limited to, the following:
 - a) Medical history and physical examination

- b) Methadone, buprenorphine, and oral naltrexone administration, as indicated
 - c) Injectable naltrexone administration as indicated
 - d) Medical/nursing services
 - e) Psychiatric consultation (directly or by referral)
 - f) Psycho-education including but not limited to the following:
 - i. all forms of FDA approved medications for the treatment of opioid use disorders including risks and benefits of each
 - ii. substance use and addictive disorders
 - iii. relapse/return to use prevention
 - iv. HIV, HCV, STIs, and other communicable diseases
 - v. overdose prevention
 - g) Collection of toxicology specimens for substances of abuse screening, as indicated in 105 CMR 164.300 *Licensure of Substance Use Disorder Treatment Programs* and the Member's treatment plan
 - h) Care that is trauma-informed and adheres to evidence-based practices
 - i) Aftercare planning and coordination
 - j) Initial multidimensional bio-psychosocial evaluation
 - k) Case and family consultation
 - l) Development and/or updating of crisis prevention plans, safety plans, and relapse/return to use prevention plans
 - m) Development of behavioral treatment plans
 - n) Discharge planning/case management
 - o) Coordination of care with existing providers, including primary care, with appropriate consent
 - p) Coordination of care for pregnant Members with OB/GYN providers with appropriate consent
 - q) Individual, group, and/or family counseling, based on evidence-based practices, at a frequency that is clinically indicated:
 - i. Facilitate access to Recovery Support Navigator Services and Peer Recovery Coach Services either through referral or providing the services within OTP.
3. When an Enrollee experiences a behavioral health crisis during business hours, or outside business hours, the provider must assess the Enrollee's needs and under the guidance of his/her supervisor, may:
- a) Refer the Enrollee to emergency behavioral health crisis assessment, intervention, and stabilization (e.g., Adult Mobile Crisis Intervention and/or Community Behavioral Health Centers);
 - b) Refer the Enrollee to a Behavioral Health Urgent Care Center (BHUC) or their outpatient provider; and/or
 - c) Implement other interventions to support the Enrollee and enable him/her to remain in the community when clinically appropriate (e.g., review elements of the Enrollee's crisis

prevention and/or safety plan, encourage implementation of coping strategies and 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).

4. The program arranges coverage for medical emergencies as required by state and federal regulations.
5. The program can provide emergency dose verification to ensure continuity of care as allowable by state and federal confidentiality regulations.
6. The program ensures that each Enrollee receives a program orientation at the initiation of services. The orientation includes, at a minimum, information regarding:
 - a) the treatment process;
 - b) an explanation of the Enrollee's right to file complaints or grievances concerning his/her treatment and a copy of the complaint and grievance procedure, which must include the BSAS complaint line;
 - c) program services including hours of operation, after hours contact, and fee structure;
 - d) confidentiality including exceptions to 42 CFR Part 2, informed consent, and non-discrimination provisions;
 - e) rights, responsibilities, and program rules;
 - f) telephone numbers and information on how to access community-based services and emergency behavioral crisis supports; and
 - g) access to Naloxone.
7. The program ensures policies and procedures relating to all components of its service are documented.
8. The program ensures all staff are trained on its policies and procedures, including admission, readmission, and discharge criteria as well as best practice approaches.
9. The program is responsible for updating its available capacity, once per week, unless there is a change in the admission capacity, on the Massachusetts Behavioral Health Access website (www.MABHAccess.com). The program is also responsible for keeping all administrative and contact information up to date on the website. The program is also responsible for training staff on the use of the website to locate other services for Enrollees, particularly in planning aftercare services.

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 the Department of Public Health (DPH) Bureau of Substance Addiction Services (BSAS) 105 CMR 164. 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 Program*.

2. 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 the Pan provider manual found at providerexpress.com.
3. Opioid Treatment Services programs ensure utilization of a multi-disciplinary staff, which includes:
 - a) Medical Director who is responsible for all medical services performed by the program, either by performing them directly or by delegating specific responsibilities to qualified healthcare professionals such as a nurse practitioner and/or physician assistant functioning under the Medical Director's supervision. The medical director will ensure that sufficient medical coverage is provided to meet the needs of Enrollees under their care during program operation and as needed for consultation. The medical director or their designee must be available to be onsite during any hours of program operation, as needed. The Medical Director should have demonstrated clinical experience treating substance use disorders and opioid use disorders and minimally meet the requirements of 105 CMR 164.
 - b) Clinical Director who meets the criteria in 105 CMR 164 for Senior Clinician and/or Clinical Supervisor. A Clinical Director is the designated authority responsible for ensuring adequate and quality behavioral treatment is being provided. The OTP must have access to another independently licensed clinician in the event the clinical director is unavailable.
 - c) Program Director who carries full responsibility for the daily administration and operations of the program.
 - d) Nurse Manager who minimally meets the requirements of 105 CMR 164 and provides direct and continuous supervision of nursing staff. The nurse manager is responsible for ensuring sufficient nursing coverage to meet the needs of Enrollees in the program including weekends, holidays, and evening hours as needed.
 - e) Nursing staff who administer medications, monitor compliance, and monitor symptoms.
 - f) Clinical staff: must have a minimum of a master's degree or a certification. The program must employ sufficient clinicians to ensure individual, group, and family counseling is provided to meet the needs of Enrollees seeking the service. Clinical staff may include certified addiction counselors (CAC), certified addiction specialists (CAS), certified alcoholism and drug abuse counselors (CADAC), certified rehabilitation counselors (CRC), licensed alcohol and drug counselors (LADC), licensed independent clinical social workers (LICSW), licensed clinical social workers (LCSW), licensed mental health counselors (LMHCs), and licensed marriage and family therapists (LMFT).
4. Additionally, all opioid treatment services providers must have at least one staff member assuming each of the following roles:
 - a) There is an **HIV/AIDS Coordinator**: responsible for overseeing confidential HIV risk assessment and access to counseling and testing; staff and resident HIV/AIDS and hepatitis education; and Department requirements for admission, service planning and discharge of HIV positive residents.

- b) There is a **Tobacco Education Coordinator**: responsible for assisting staff in implementing BSAS guidelines for integrating on of tobacco assessment, education, and treatment into program services.
 - c) There is an **Access Coordinator**: responsible for development and implementation of the evaluation, plan, and annual review of the site's performance in ensuring equitable access to services.
 - d) There is a **CLAS Coordinator** (Culturally and Linguistically Appropriate Services): ensures that the service meets the language and cultural needs of the patients.
5. At minimum, there is one staff person trained in CPR and Naloxone administration on duty each shift.
 6. The provider ensures that staff training topics include but are not limited to:
 - a) Co-occurring disorders;
 - b) HIV/AIDS/Hepatitis C and other infectious diseases;
 - c) Pregnancy and addiction;
 - d) Trauma informed treatment;
 - e) Evidence-based practices;
 - f) Overdose response and administration of Naloxone;
 - g) 42 CFR Part 2 and HIPAA; and
 - h) Local and statewide recovery-oriented peer support and/or self-help supports and services

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 and documents such collaboration.
2. The staff are familiar with all levels of care/services necessary to meet the needs of Enrollees being served at the OTP; 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 programs, 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.

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 counselor who assumes primary responsibility for assessment, treatment, and discharge planning. This assignment considers the preferences and clinical needs of the Enrollee.

3. Upon admission and prior to dosing, a bio-psychosocial evaluation, an initial treatment plan, and an initial discharge plan are completed by the assigned counselor.
4. The provider ensures that a physical examination which conforms to the principles established by the American Society of Addiction Medicine (ASAM) is completed for all Enrollees prior to administration of the first dose of medication. If the examination is conducted by a qualified health care professional who is not a physician, the results are reviewed by the Medical Director or their designee prior to implementation.
5. The multi-disciplinary treatment team, in collaboration with the Enrollee, meets to review the bio-psychosocial evaluation within 48 hours of admission.
6. The multi-disciplinary treatment team, in collaboration with the Enrollee, reviews the treatment plan at the following intervals:
 - a) Within 30 days of admission
 - b) No less than bi-annually
 - c) After any 24-hour behavioral health inpatient admission that necessitates a change in the treatment plan
 - d) When major clinical changes occur
7. The Massachusetts Prescription Awareness Tool (MassPAT) must be utilized as required per BSAS regulation 105 CMR 164.300: *Licensure of Substance Use Disorder Treatment Programs*.
8. The initial dose of an opioid agonist treatment medication must be in compliance with 42 CFR Ch. 1 Part 8 and is ordered by a physician or a physician assistant/APRN with appropriate state and federal approvals.
9. Under the supervision of a physician, methadone and buprenorphine are administered by a nurse or registered pharmacist after he or she has been appropriately oriented and trained by the program.
10. Toxicology screening/testing is done upon admission, as clinically indicated, and on a random basis according to the Enrollee's treatment plan and state and federal regulations. Positive screens for substances other than methadone or prescribed pharmacology medications result in adjustments to the Enrollee's treatment plan.
11. All activities are documented in the Enrollee's health record.

Discharge Planning and Documentation

1. The provider engages the Enrollee in developing an aftercare plan at the earliest possible point in treatment and prior to when the Enrollee meets the discharge criteria established in their treatment plan.
2. The discharge plan incorporates ASAM dimensions. The provider offers the Enrollee receives a copy of the plan prior to their 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.