



ACUTE TREATMENT SERVICES (ATS) FOR PREGNANT WOMEN (ASAM Medically Monitored Intensive Inpatient 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-specification specifications take precedence.

OVERVIEW

Acute Treatment Services (ATS) for Pregnant Women: ASAM Medically Monitored Intensive Inpatient Services are specific to medically monitored withdrawal management services for pregnant addicted women. The ATS for Pregnant Women performance specifications are a subset of the Acute Treatment Services (ATS) for Substance Use Disorders: ASAM Medically Monitored Intensive Inpatient Services performance specifications. As such, ATS for Pregnant Women providers agree to adhere to both the ATS for SUD performance specifications and to the ATS for Pregnant Women performance specifications contained within. Where there are differences between performance specifications for ATS for SUD and ATS for Pregnant Women, these ATS for Pregnant 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.

ATS programs will provide ASAM Medically Monitored Intensive Inpatient Services until:

1. Withdrawal signs and symptoms have been sufficiently resolved.
2. The member's symptoms can be safely managed at a less intensive level of care.
3. Induction onto FDA approved medication has been initiated, and the member is stabilized.

SERVICE COMPONENTS

1. At minimum, the provider complies with all requirements of the Department of Public Health (DPH) Bureau of Substance Addiction Services (BSAS) 105 CMR 164 *Licensure of Substance Use Disorder Treatment Programs*, including DPH reporting requirements.
2. The facility shall admit pregnant women who are medically stable and do not require admission to an acute Level 4 or Inpatient hospital, regardless of the number of weeks of gestation.
3. The facility will admit and have the capacity to treat Enrollees who are currently receiving Methadone or other opiate replacement treatments. This capacity may take the form of active affiliation agreements with providers licensed to provide such treatments.
4. The facility has specialized, expanded, and documented detoxification protocols for pregnant women, as well as documented medical protocols for prenatal examination and care, labor and delivery, and postpartum care.
5. Fetal monitoring equipment and appropriately skilled staff to utilize it will be available on site.
6. The facility will arrange all necessary medical and obstetric consultations within 48 hours of admission and documents this in the Enrollee's health record.
7. A minimum of 1 session per day will be provided of education and counseling on prenatal and postpartum care, HIV, and the AIDS virus.
8. The facility is responsible for updating its available capacity, at a minimum once each day, seven days per week, 365 days per year 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 Programs*. The program is staffed with sufficient appropriate personnel to accept admissions 24 hours per day, 7 days per week, 365 days per year, and to conduct discharges 7 days per week, 365 days per year. The provider utilizes a multi-disciplinary staff.
2. A minimum of 1 full-time registered nurse with formal training and prior medical experience in Obstetrics and Gynecology shall be on staff and shall lead the facility's treatment and discharge planning for these Enrollees.
3. For facilities with more than 4 pregnant Enrollees, an additional .25 FTE registered nursing staff with Obstetrics/Gynecology training and experience.
4. The facility's multidisciplinary team includes other professional and medical staff with training and experience in Obstetrics and Gynecology.

SERVICE, COMMUNITY AND OTHER LINKAGES

1. The provider complies with all provisions of the 105 CMR 164.000 *Licensure of Substance Use Disorder Treatment Programs* related to community connections collateral linkages.
2. Provider must maintain formal linkages to the following:
 - a) If the facility is not located within a medical facility with Obstetrics/Gynecological capacity, the facility has a formal, operational agreement with a local Obstetrical/Gynecological medical unit.
 - b) The facility has a formal, operational emergency backup agreement for Obstetrical/Gynecological emergencies with a hospital within immediate proximity to the facility.
 - c) Linkage to services is initiated upon admission and as part of the treatment plan may include, but are not limited to:
 - i. Prenatal care
 - ii. Family reproductive health programs
 - iii. Early intervention programs
 - iv. High-risk infant/family support programs
 - v. Healthy start
 - vi. Women, Infants, and Children (WIC) and other nutritional programs
 - vii. Domestic violence shelters, safe housing, transitional living
 - viii. Violence prevention program
 - ix. Childcare/babysitting housing
 - x. Transportation
 - xi. Legal services
 - xii. Transitional assistance
 - xiii. Behavioral health community partners

PROCESS SPECIFICATIONS

Assessment, Treatment Planning and Documentation

1. The provider complies with all provisions specified in 105 CMR 164.000 *Licensure of Substance Use Disorder Treatment Programs* related to assessment and recovery planning.
2. A bio-psychosocial assessment is conducted within 24 hours of admission by a registered nurse or more highly credentialed medical professional. This includes an obstetrical/gynecological history and assessment, and when medically indicated, a prenatal examination.
3. Assessments include a formal screening for all psychosocial risk factors characteristic of pregnant women with substance use disorders.
4. The treatment plan addresses prenatal (or postpartum if appropriate) issues and is developed in consultation with the Enrollee's Primary Care Provider and/or Obstetrician/Gynecologist.
5. If the Enrollee does not have a preexisting Obstetrician/Gynecologist, the facility will make a referral immediately upon admission.

6. As clinically indicated and with consent, the facility provides consultation and education to the Enrollee's significant other and family members.
7. Ongoing prenatal examinations are provided on site and as medically indicated.
8. All progress notes meet appropriate DPH and JCAHO licensing requirements.

Discharge Planning and Documentation

1. All medical follow-up appointments are scheduled prior to discharge and are documented 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. Specifically, the provider will work to improve these outcomes within their patient population receiving SUD treatment:
 - a) Increase in MAT/MOUD induction and continuation
 - b) Decrease in readmissions to ED and inpatient services
 - c) Increase in referrals and transitions to lower levels of care
 - d) Increase in program's capacities to admit and treat individuals with behavioral health and co-occurring physical health conditions
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.