



## **FAMILY RESIDENTIAL REHABILITATION SERVICES (RSS)**

### **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](https://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**

**Family Residential Rehabilitation Services (RRS)** consists of a structured and comprehensive rehabilitative environment for families, including children up to the age of 18 that supports family recovery from trauma and the effects of Substance Use Disorders (SUD) and encourages movement towards an independent lifestyle. Scheduled, goal-oriented clinical services are provided in a family focused treatment and recovery model, with the parent/caregiver's recovery from SUD central to the recovery of the family.

The Family RRS 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, Family RRS 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 Family RRS performance specifications contained within. Where there are differences between performance specifications for Residential Rehabilitation Services (RRS) for Substance Use Disorders (ASAM Clinically Managed Low Intensity Residential Services) performance specifications and Family RRS, these Family RRS 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. The provider complies with all licensing and standards of care requirements of the applicable licensing body.
2. The provider administers a trauma-informed health and family needs assessment and family life advocacy services/integrated family treatment plan;
3. The provider ensures the Enrollee receives at least five (5) hours of individual and group, and family substance use disorder counseling services, based on treatment plans;
4. The provider provides or arranges for integrated and/or coordinated substance use disorder, mental health, domestic violence, and trauma services with appropriate releases of information and compliance with HIPAA and 42 CFR, Part 2.
5. The provider ensures for Fetal Alcohol Spectrum Disorder (FASD) screening with an ability to provide individualized services for those with an FASD;
6. The provider ensures individualized, family-focused discharge and aftercare planning;
7. The provider can provide appropriate medication management;
8. The provider ensures the Enrollee learns parenting skills, as indicated by the treatment plan, and the Enrollee receives and supports focusing on building the parent/caregiver-child relationship; furthermore, the provider offers these services in a trauma-informed manner; and
9. The provider ensures Enrollees receive the following services as needed:
  - a) Housing/job search activities;
  - b) Self-help integrated into services;
  - c) Assistance in applying for public assistance and benefits;
  - d) On-site developmental services/activities for children not accessing childcare in the community; and
  - e) Afterschool programming for school age children and adolescents.

## **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 a full-time program director who carries full responsibility for the administration and operations of the program, including supervision of non-clinical staff.

3. The program is staffed with a full-time Clinical Director (1 FTE) who must possess at least a master's degree in a clinical or social science field and meets 105 CMR 164 criteria for Senior Clinician or Clinician Supervisor. A clinical director is the designated authority responsible for ensuring adequate and quality behavioral treatment is being provided.
4. The program is staffed with one full-time Family Specialist (master's-level Senior Clinician) who will provide clinical family services through individual, group, and family therapy under the supervision of the Clinical Director.
5. The program is staffed with full-time Recovery Specialists who will have caseloads and provide individual, group, and case management services under the supervision of the Clinical Director, as required under the LADC guidelines for II-level and III-level clinicians.
6. The program is staffed with one full-time Child Service Coordinator who is responsible for the children's portion of the family service plans, to oversee both in-house and out-of-the-house children's activities.
7. The program is staffed with one full-time Child Service Assistant who will assist in the Child Service Coordinator developing the children's part of the service plan.
8. The program is staffed with sufficient staff to always ensure coverage by a minimum of two Direct Care/Recovery Specialists.
9. The provider ensures that all program staff will be knowledgeable of requirements and procedures for reporting suspected cases of abuse and neglect in accordance with M.G.L. Chapter 119, Section 51A.

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

1. The provider complies with all provisions of 105 CMR 164 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.

## **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. The provider conducts a trauma-informed health and family needs assessment.
2. In addition to an individualized SUD treatment plan for the parent/caretaker, the provider also creates an integrated family treatment service plan for the entire family.

3. The provider ensures there are integrated service plans with other state agencies that provide services to the client. The provider will coordinate the appropriate releases of information and compliance with HIPAA and 42 CFR, Part 2.

### **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) Treatment and case management after discharge;
  - b) Housing;
  - c) Childcare;
  - d) Transition to work;
  - e) Engagement in treatment activities;
  - f) Custody status; and
  - g) Health and other necessary social services.

### **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.