



STRUCTURED OUTPATIENT ADDICTION PROGRAM (SOAP)

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

Structured Outpatient Addiction Program (SOAP) consists of short-term, clinically intensive, structured, day and/or evening substance use disorder services. These programs may be used as a transition service in the continuum of care or directly accessed from the community and other levels of care.

Services include; a multidimensional bio-psychosocial assessment; treatment planning; individual and group counseling; psycho-educational groups; case management; and discharge planning. Structured Outpatient Addiction Program services are provided to Enrollees who are not experiencing and/or are not at risk of experiencing acute or severe withdrawal symptoms because of their substance use. Enrollees receiving SOAP (ASAM Intensive Outpatient Program) do not require the clinical intensity or supervision of a 24-hour diversionary level of care, nor can they be effectively treated in a less intensive outpatient level of care. Admission to SOAP is appropriate for Enrollees who meet diagnostic and dimensional admission criteria specified in accordance with the American Society of Addiction Medicine Criteria® orientation.

SOAP provides multi-disciplinary treatment to address the sub-acute needs of Enrollees with addictions and/or co-occurring disorders, while allowing them to maintain participation in the community, work or school, and involvement in family life. SOAP services are only provided in Department of Public Health (DPH)-licensed, freestanding facilities skilled in addiction recovery treatment, outpatient departments in acute-care hospitals, or licensed outpatient clinics and facilities.

The performance specifications contained within pertain to the following SOAP services:

- Structured Outpatient Addiction Program (SOAP)
- SOAP with Motivational Interviewing
- Enhanced SOAP for Enrollees who are Homeless
- Enhanced SOAP for Adolescents
- Enhanced SOAP for Pregnant or Postpartum Enrollees

SERVICE COMPONENTS

1. Providers must meet all Department of Public Health/Bureau of Substance Addiction Services (DPH/BSAS) contractual and regulatory requirements within 105 CMR 164.000 *Licensure of Substance Use Disorder Treatment Programs*.
2. The SOAP provider complies with the Department of Public Health's (DPH) implementation of the Culturally and Linguistically Appropriate Services (CLAS) Standards.
3. The provider responds to requests for admission at minimum within 24 hours or the next business day if request falls on a weekend or holiday.
4. The SOAP provider has a documented, daily program schedule that follows a logical sequence of treatment consistent with the philosophy and goals of the program, along with a description that delineates each of the groups being offered.
5. An orientation packet is provided to every Enrollee at the time of acceptance to the SOAP that describes:
 - a) the treatment philosophy and mission statement of the program;
 - b) criteria for admission and continued participation in the program;
 - c) the course of the program and behavioral goals that can be accomplished by participation in the program;
 - d) the daily schedule of all treatment groups that make up the program;
 - e) the procedure for making after-hours emergency contact with the program;
 - f) the procedure for communicating any complaints about the program to the provider and to Plan;
 - g) the continuum of care available during and following participation in the program; and
 - h) the following MassHealth expectations:
 - i. confidentiality including exceptions to 42 CFR Part 2, informed consent, and nondiscrimination provisions,
 - ii. an explanation of the Enrollee's right to file complaints or grievances concerning their treatment,
 - iii. a copy of the complaint and grievance procedure which must include the BSAS complaint line telephone numbers(s),
 - iv. and information on how to access emergency behavioral crisis supports; e.g., access to Naloxone.
6. The SOAP provider offers specific programming that identifies and addresses the symptomatology of co-occurring addictions and psychiatric disorders.

7. The SOAP provider ensures that all Enrollees have access to prescribers specializing in addiction medicine and are educated on their options for MAT/MOUD.
8. The SOAP provider requests drug screening services when medically necessary as part of a diagnostic assessment or component of an individualized treatment/recovery plan that includes other clinical interventions. All requests are made in writing by an authorized prescriber, (e.g., physician, physician assistant, nurse practitioner). The prescriber documents medical necessity for the drug screening and test results in the Enrollee's health record.
9. Full therapeutic programming is provided at least five days per week, with sufficient multi-disciplinary staff to conduct these services and to manage a therapeutic milieu. The scope of required service components provided in this level of care includes, but is not limited to, the following.
 - a) Bio-psychosocial evaluation
 - b) Assignment of a primary counselor
 - c) Group counseling
 - d) Family consultation
 - e) Contact with Enrollee's primary care clinician (PCC)
 - f) Health education: high risk/HIV/nutrition/wellness
 - g) Treatment/recovery planning
 - h) Relapse prevention education, including structuring of time outside the program
 - i) Case management
 - j) Peer support and/or other recovery-oriented services
 - k) Aftercare/discharge planning
 - l) Access to medical services for pregnant women
 - m) Identification of community and social support systems
 - n) Development and/or updating of crisis prevention plan, and/or safety plan as part of the Crisis Planning Tools for youth, and/or relapse prevention plan, as applicable
 - o) Substance use disorder assessment and treatment services
 - p) Nursing assessment and services, as indicated
10. The SOAP program provides a minimum of half a day of service (one 3.5 hour unit) including a combination of at least two groups and one brief individual meeting daily. The programming addresses the addictions recovery and behavioral health needs of specific populations as clinically indicated. A full day of SOAP (two units) provides a minimum of four groups and one brief individual meeting.
11. The SOAP program provides one individual counseling session per week and one weekly group for family, guardian, and/or individual natural supports focused on their involvement and education.
12. Enrollees are educated about and assisted with accessing, as needed, urgent and emergent behavioral health services during business hours and after-hours through their outpatient provider, if applicable, and/or linkages and established protocols with the local Emergency Services Program/Mobile Crisis Intervention (ESP/MCI).
13. When an Enrollee experiences a behavioral health crisis during business hours, the provider must assess the Enrollee's needs and, under the guidance of their 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 them 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).
14. The SOAP program must refer Enrollees to services that address social determinants of health, as indicated in the Enrollee's assessment (e.g., food pantries, domestic violence agencies, vocational services).
15. The program 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 applicable 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

1. If the Program is experiencing a hardship in meeting these specifications, BSAS has a process for waiving regulatory and contractual 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.
2. The SOAP 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 Plan provider manual that can be found at providerexpress.com.
3. The SOAP utilizes a multi-disciplinary team which includes:
 - a) A minimum of one full-time Clinical Director, who is independently licensed or a credentialed clinician, who is responsible for the clinical/educational operation of the program and supervision of the staff.
 - b) The multi-disciplinary staff has established skills, training, and expertise in the integrated treatment of addictions, co-occurring disorders, biomedical and related emotional and behavioral disorders.
4. The SOAP ensures that all other staff in the program are bachelor's-level or master's level trained clinicians.
5. The SOAP ensures that a program director (or his/her designee) is available regarding urgent or emergent situations.

6. The SOAP has a written staffing plan that clearly delineates the number, FTE, and credentials of its professional staff, along with program job descriptions and clinical responsibilities of all staff employed in the day-to-day operations of the program.
7. The SOAP ensures that all staff receive supervision in compliance with Plan's credentialing criteria.
8. The SOAP provides staff orientation and at least annual training that includes but is not limited to the treatment of substance use disorders and co-occurring disorders and motivational interviewing.

SERVICE, COMMUNITY AND OTHER LINKAGES

1. The SOAP staff is familiar with all the following levels of care/services, and is able and willing to accept referrals from, and refer to, these levels of care/services when clinically indicated. The SOAP maintains written affiliation agreements with local providers of these levels of care that refer a high volume of Enrollees to the SOAP and/or to which the SOAP refers a high volume of Enrollees. Such agreements include the referral process, as well as the transition, aftercare, and discharge processes.
 - a) Level 4 Withdrawal Management Services
 - b) Acute Treatment Services (ATS) for Substance Use Disorders Level 3.7
 - c) Shelter programs
 - d) Transitional Support Services (TSS) for Substance Use Disorders
 - e) Enhanced ATS (E-ATS) for Individuals with Co-occurring Mental Health and Substance Use Disorders
 - f) Clinical Stabilization Services (CSS) for Substance Use Disorders Level 3.5
 - g) Residential Support Services
 - h) Department of Mental Health (DMH) residential programs
 - i) Opioid Replacement Therapy
 - j) Transitional supportive housing
 - k) Regional court clinics
 - l) Sober housing
 - m) Outpatient counseling services
2. Case management services begin upon entry into the program and focus on establishing linkages in the community to assist the Enrollee with engaging community services during treatment and upon discharge. Linkages may include primary care, safe housing, transportation resources, legal services, outpatient therapy, outpatient medication management, peer support and other recovery-oriented meetings, vocational training, violence prevention programs, and other social services, supports and/or resources. In addition, case management services address barriers to treatment or discharge, and possible relapse triggers for the Enrollee.
3. With Enrollee consent, the SOAP collaborates with the Enrollee's PCC as delineated in the Primary Care Clinician Integration section of the General performance specifications.
4. The SOAP either hosts peer support meetings outside of the regularly scheduled program times or provides direct linkage to peer support and/or other recovery-oriented programs in the community.

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. The provider maintains standardized intake/admission log that tracks all applications for admission, documents admission decisions, reasons for non-acceptance, and referrals made. The log shall be made available for review upon request. The provider must facilitate referrals to appropriate services and/or resources in the case of admission denials.
3. The SOAP provider convenes a daily treatment team meeting with all program staff on duty to address day-to-day programming issues and to review individual Enrollee participation. Team meetings include the presence of at least one master's-level clinician.
4. The SOAP provider ensures the following information is clearly documented within the Enrollee's health record:
 - a) A progress note documenting the completion of the bio-psychosocial assessment during the first visit
 - b) One daily progress note for every 3.5 hour unit attended that summarizes the Enrollee's collaboration with his/her treatment/recovery plan as observed in two groups, a brief individual meeting, and any Enrollee-specific multi-disciplinary treatment team discussions that day
 - c) A progress note for every individual session provided
 - d) A progress note for every family meeting or contact
 - e) Ongoing documentation of case management services provided, and arrangements made on the Enrollee's behalf
 - f) A progress note for any psychopharmacology and/or psychiatric contact provided within the SOAP program by the SOAP provider
 - g) A progress note that documents any drug screening/testing administered, reason(s) requested, and results
 - h) Documentation of any missed sessions and attempts to make follow-up contact, reason(s) given for absence, and staff's rationale for continuation or discontinuation of SOAP
 - i) A progress note for any after-hours/emergency contact that takes place.
5. Each Enrollee's treatment/recovery plan is reviewed and updated, as needed, once per week, and documented in his/her health record.

Discharge Planning and Documentation

1. The clinician/case manager works with the Enrollee to create an individualized aftercare plan that must include:
 - a) referrals to individual, group and/or family outpatient aftercare as appropriate;
 - b) alcohol and drug-free living environments;
 - c) vocational and educational opportunities;

- d) resources to support access to programs that address social determinants of health (SDOH), such as housing, food, benefits, etc.
2. The SOAP provider makes reasonable efforts to discharge Enrollees to stable and safe living situations. Such efforts are documented in the Enrollee's health record.
3. The SOAP provider ensures that Enrollees are discharged with connections to primary care clinicians and other specialists as needed (e.g., pediatricians, OB/GYNs). They must also connect Enrollees to resources including but not limited to mental health support and community resources.

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.