



ENHANCED STRUCTURED OUTPATIENT ADDICTION PROGRAM (SOAP) FOR ADOLESCENTS

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

Enhanced SOAP (ASAM Intensive Outpatient Program) for Adolescents consists of short-term, clinically intensive, structured, day and/or evening substance use disorder services for adolescents. Enhanced SOAP for Adolescents provides opportunities for peer support and discussion of health, safety, and relapse prevention, in group sessions and/or other service components. These programs are used as a transition service in the continuum of care or are directly accessed from the community and other levels of care. The appropriate population for these services is adolescents, including those who are pregnant, who need outpatient services, but also need more structured treatment for substance use disorders.

SOAP 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 services 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®.

Enhanced SOAP for Adolescents provides multi-disciplinary treatment to address the sub-acute needs of adolescent 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. Enhanced SOAP for Adolescents services is only provided in Department of Public Health (DPH)-licensed, freestanding

facilities skilled in adolescent substance use and co-occurring disorder recovery treatment, outpatient departments in acute care hospitals, or licensed outpatient clinics and facilities.

Exclusion criteria must be based on clinical presentation and must not include automatic exclusions based on stable medical conditions, homelessness, medications prescribed including Medication for Addiction Treatment (MAT)/Medication for Opioid Use Disorder (MOUD), compliance with medications, lack of prescription refills, or previous unsuccessful treatment attempts.

Enrollees in Enhanced SOAP for Adolescents meet continued stay criteria for the clinical services offered by the program until the goals from the individualized plan have been met, and/or Enrollee's psychosocial well-being has stabilized or if Enrollee requires a higher level of care.

The following Enhanced SOAP for Adolescents performance specifications are a subset of the SOAP performance specifications. As such, Enhanced SOAP for Adolescents providers agree to adhere to both the SOAP performance specifications and to the Enhanced SOAP for Adolescents performance specifications contained within. Where there are differences between the SOAP and Enhanced SOAP for Adolescents performance specifications, these Enhanced SOAP for Adolescents specifications take precedence.

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*, including reporting requirements, and must have the adolescent "designation" on their BSAS license.
2. The provider must provide a minimum of 3.5 hours of clinical service programming per day that the program operates, as well as the other required service components contained in the SOAP level of care.
3. In addition to the requirements of the SOAP level of care, the Enhanced SOAP for Adolescents provider must provide the following over the course of treatment as identified in the Enrollee's treatment/recovery plan:
 - a) Referral to family counseling in coordination with pediatric and family care providers
 - b) Family group psycho-education/support
 - c) Case consultation with school personnel
 - d) Referral to and coordination with Adolescent Community Reinforcement Approach (A-CRA) providers
 - e) Coordination with the Department of Children and Families (DCF), Department of Mental Health (DMH), the Office of Youth and Young Adult Services (OYYAS), and/or Department of Youth Services (DYS), as appropriate
 - f) Provide or connect the Enrollee with research informed and/or evidence-based modalities
 - g) Provide or connect the Enrollee with domains of recovery capital: Health (e.g., nutrition, physical activity, emotional wellbeing), Home (e.g., MH flexible support services, financial literacy); Purpose (e.g., job, school, vocation, volunteering); and Community (e.g., sober social interactions, hope for their future)

- h) Medication for Opioid Use Disorder (MOUD), overdose prevention and education
 - i) All efforts listed above should be documented in the Enrollee's health record
4. The program is responsible for updating its available capacity, one time per week 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

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 Enhanced SOAP for Adolescents 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 Plan provider manual found at providerexpress.com.
3. The Enhanced SOAP for Adolescents provider ensures that all other staff in the program are bachelor's-level or master's-level clinicians who have specific training and/or experience in adolescent behavior, development, clinical issues, and substance use disorder treatment with this population.

SERVICE, COMMUNITY AND OTHER LINKAGES

1. In addition to the levels of care/services identified in the corresponding section of the SOAP performance specifications, the Enhanced SOAP for Adolescents 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.
2. The Enhanced SOAP for Adolescents provider maintains written affiliation agreements with local providers. Such agreements include the referral process, as well as the transition, aftercare, and discharge processes.
 - a) Youth Stabilization Service Program (also known as Enhanced Acute Treatment Services (E-ATS) for Adolescents)
 - b) CBHI, Adolescent Community Reinforcement Approach (A-CRA)
 - c) Recovery high schools
 - d) Office of Youth and Youth Adult Services (OYYAS)
 - e) Recovery Support Services
 - f) Case management services provided by other state agencies, including the Department of Children and Families (DCF), Department of Mental Health (DMH), and the Department of Youth Services (DYS)

PROCESS SPECIFICATIONS

Assessment, Treatment Planning, and Documentation

1. Enhanced SOAP for Adolescents provides a minimum of one counseling/motivational interviewing session per week, and a minimum of one family group or counseling session per week.
2. Each Enrollee's treatment/recovery plan is reviewed and updated, as needed, once per week, and documented in his/her health record.
3. The Enhanced SOAP for Adolescents provider makes best efforts to actively engage parents/guardians/caregivers throughout the service delivery process including but not limited to the assessment, family consultation, educational groups or events, referrals for family therapy as needed, and discharge planning.

Discharge Planning and Documentation

1. The Enhanced SOAP for Adolescents provider makes reasonable efforts to discharge Enrollees to stable and safe living situations. Such efforts are documented in the Enrollee's health record.
2. The Enhanced SOAP for Adolescents provider ensures that Enrollees are discharged with connections to primary care clinicians, pediatricians, and OB/GYNs (if applicable).

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.