Providers contracted for this level of care or service will be expected to comply with all requirements of these service-specific performance specifications. Additionally, providers of this service and all contracted services will be held accountable to the “General” performance specifications, located at the beginning of this section of the Provider Manual.

The Performance Specifications contained herein pertain to the following SOAP services:

- Structured Outpatient Addiction Program (SOAP)
- SOAP with Motivational Interviewing
- Enhanced SOAP for Homeless Members
- Enhanced SOAP for Adolescents

Please refer to these performance specification attachments for these specialty services.

**Structured Outpatient Addiction Program (SOAP)** shall mean clinically intensive, structured, day and/or evening substance abuse services. These programs can be used as a transition service in the continuum of care for those individuals being discharged from community-based Acute Treatment Services (ATS) for Substance Abuse, or can be used by individuals, including pregnant women, who need outpatient services, but who also need more structured treatment for substance abuse.

SOAP provides multidisciplinary treatment to address the sub acute needs of Members with addiction and/or co-occurring disorders, while allowing them to maintain employment and participation in the community. SOAP services can only be provided in DPH-licensed, freestanding facilities skilled in addiction recovery treatment, outpatient departments in acute-care hospitals, or outpatient agencies of health care professionals.

Unless contraindicated, the family, guardian, and/or natural supports are actively involved in the treatment as required by the treatment plan, or there are active efforts being made, and documented, to involve them.

**Components of Service**

| 1. The SOAP will have 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. |
| 2. An Orientation Packet will be provided for every client at the time of acceptance in the SOAP that describes: |
1. The SOAP will offer specific programming that identifies and addresses the symptomatology of co-occurring addiction and psychiatric disorders.

2. The SOAP has psychiatric and psychopharmacology services available either on-site or through formal linkages with the providers of these services.

3. The SOAP will request drug screening services when medically necessary as part of a diagnostic assessment or component of an individualized treatment plan that includes other clinical interventions. All requests must be made in writing by an authorized prescriber, (e.g., physician, physician assistant, nurse practitioner). The prescriber will document medical necessity for the drug screen and test results in the client record.

4. The SOAP will provide a minimum of 3.5 hours of service per unit including a combination of two groups and one brief individual meeting daily. The programming will address the addictions recovery and mental health needs of specific populations as clinically indicated. A full day of SOAP (two units) must provide a minimum of four groups and one brief individual meeting.

5. The program will provide one individual counseling session per week and one weekly group for family, guardian, and individual natural supports involvement and education.

6. Full therapeutic programming is supplied with sufficient multidisciplinary staff to manage a therapeutic milieu of services five days per week. The scope of available services on-site include, but are not limited to, the following:

   a. the treatment philosophy and mission statement of the SOAP;
   b. requirements 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 MBHP; and
   g. the continuum of care available during and following participation in SOAP.
• Biopsychosocial evaluation
• Individual counseling
• Group counseling
• Family consultation/intervention/education
• Contact with Member’s Primary Care Clinician (PCC)
• Programming for co-occurring mental health issues
• Psychoeducational groups
• Health Education: High Risk/HIV/Nutrition/Wellness
• Recovery Planning
• Case Management
• Peer support
• Aftercare/discharge planning
• Life skills training
• Direct access to mental health services and psychopharmacology
• Access to medical services (off-site)
• Identification of community outreach and social support systems

9. Crisis coverage and after-hours coverage are available through linkages and established protocols with the local Emergency Service Program (ESP) or the local mental health clinic.

### Staffing Requirements

1. SOAP staffing is a multidisciplinary team with a minimum of one full-time master’s level clinician, responsible for the clinical/educational operation of the program and supervision of the staff. The multidisciplinary staff has established skills training/expertise in the integrated treatment of addictions, co-occurring disorders, biomedical, and related emotional/behavioral problems.

2. All other staff in the program must be bachelor’s or master’s level trained.

3. The SOAP ensures that a program director (or his/her designee) is available regarding urgent or emergency situations.

4. There will be a written staffing plan outlining the number of staff positions and the number of scheduled hours associated with each
position, along with program job descriptions, required credentials, and clinical responsibilities of all staff employed in the day-to-day operation of the SOAP.

5. All master’s level clinicians shall receive a minimum of one hour per week of individual or group consultation (for presenting specific cases to clinicians of equal or greater expertise for the purpose of feedback, direction, and guidance) from another master’s level (or higher) clinician, in accordance with the DPH regulation, 105 CMR 162.323. All other staff shall receive a minimum of one hour of individual or group supervision per week (for training, education, and guidance in the management of their clinical cases).

## Service, Community, and Collateral Linkages

1. The SOAP shall maintain documented active affiliation agreements for service linkages and continuity of care with all of the following service providers, making it possible to accept MBHP referrals from, or refer back to, these resources whenever clinically indicated:
   - Level IV medically managed detoxification
   - Acute Treatment Services (ATS) for addiction disorders
   - Community Shelters
   - Transitional Support Services (TSS)
   - Enhanced Acute Treatment Services (E-ATS) for co-occurring disorders
   - Halfway housing and long-term residential programs for addictions recovery
   - DMH residential programs
   - Opioid replacement services
   - Transitional housing
   - Violence prevention programs
   - Legal services
   - Transportation resources

2. Case management services begin upon entry into the program. Case management will focus on establishing linkages in the community to assist the Member with engaging community services during the course of treatment and upon discharge. Linkages may include safe housing, transportation, outpatient therapy, outpatient medication management, self-help meetings, vocational training, and other social services. In
addition, case management services will address barriers to treatment or discharge and possible relapse triggers for the Member.

3. The SOAP will either host self-help meetings outside of the regularly scheduled program times or provide direct linkage to self-help and peer support programs in the community.

### Quality Management (QM)

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<tbody>
<tr>
<td>1.</td>
<td>The SOAP will submit to DPH/BSAS the data DPH requires for entry and tracking in DPH’s Substance Abuse Management Information System (SAMIS). The facility/provider will track, by referral source:</td>
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<tr>
<td></td>
<td>a. all referrals for services;</td>
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<td>b. the outcome of each referral (i.e., admission, etc.); and</td>
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<td></td>
<td>c. if a rejection, the reason for the rejection.</td>
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<tr>
<td>2.</td>
<td>The SOAP will have a written summary of the general mission statement for the service, the treatment philosophy used, and criteria for admission to the program.</td>
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### Process Specifications

#### Treatment Planning and Documentation

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<tr>
<td>1.</td>
<td>There will be a daily treatment team meeting of all SOAP staff to address day-to-day programming issues and review individual client participation. Team meetings must include the presence of at least one Clinician I staff member.</td>
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<td>2.</td>
<td>The following information must be clearly documented within the Member’s SOAP treatment record:</td>
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<td>• One daily progress note for every 3.5 hour unit attended that summarizes the client’s collaboration with his/her Recovery Plan as observed in two groups, a brief individual meeting, and any case-specific multidisciplinary treatment team discussions that day</td>
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<td>• A separate counseling note for every individual session provided</td>
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<td>• A separate note for every family meeting or contact</td>
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<td>• Ongoing documentation of case management services provided and arrangements made on the Member’s behalf</td>
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<td>• A separate progress note for every psychopharmacology and/or psychiatric encounter (whether billed separately or not)</td>
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<td>• A separate note that documents any toxic screens</td>
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- administered, reason requested, and results
- Documentation of any missed sessions and attempts to make follow-up contact, reason given for absence, and staff’s rationale for continuation or discontinuation of SOAP
- A separate note for any after hours/emergency contact that takes place