

Acupuncture Treatment

Providers contracted for this level of care or service are expected to comply with all requirements of these service-specific performance specifications. These performance specifications govern the detoxification period; aftercare services are subject to the Outpatient Services performance specifications.

Acupuncture Treatment consists of the insertion of metal needles through the skin at certain points on the body, with or without the use of herbs, an electric current, heat to the needles or skin, or both, as an aid to individuals in withdrawal from dependence on substances or in recovery from addiction.

Components of Service

1. The provider is licensed by the Massachusetts Department of Public Health (DPH) as an Acupuncture program and complies with 105 CMR 164.000.
2. 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. Medical history/screening and physical examination
 - c. Acupuncture supplies (needles, tea, etc.)
 - d. Substance use disorder assessment and treatment services
 - e. Psycho-education on substance use disorders, relapse prevention, and communicable diseases
 - f. Nursing care
 - g. Development of a treatment/recovery plan
 - h. Development and/or updating of crisis prevention plans and/or safety plans, and/or relapse prevention plans, as applicable
3. Specific acupuncture protocols are individualized, documented, and available on-site.
4. The provider ensures that each Member receives a program orientation at the initiation of services. The orientation information additionally includes, at a minimum, information regarding the process of care specific to acupuncture treatment.
5. If a Member experiencing a behavioral health crisis contacts the provider, during business hours or outside business hours, the provider, based on his/her assessment of the Member's needs, may:
 - a. refer the Member to his/her outpatient provider;
 - b. refer the Member to the local Adult Mobile Crisis Intervention provider for emergency behavioral health crisis assessment, intervention, and stabilization; and/or
 - c. implement other interventions to support the Member and enable him/her to remain in the community, when clinically appropriate, e.g., highlight elements of the Member's crisis

Performance Specifications**Acupuncture Detoxification Treatment**

prevention plan, and/or safety plan, and/or relapse prevention plan, encourage implementation of the plan, offer constructive, step-by-step strategies which the Member may apply, and/or follow-up and assess the safety of the Member and other involved parties, as applicable.

Staffing Requirements

1. The provider complies with the staffing requirements of the applicable licensing body, the staffing requirements in the Senior Whole Health service-specific performance specifications, and the credentialing criteria outlined in the Senior Whole Health Provider Manual, as referenced at www.SWHMA.com.
2. Acupuncture programs ensure the following staff are on-site during the hours of operation:
 - a. A licensed acupuncturist
 - b. A clinician certified in addiction treatment (i.e., certified addiction counselor (CAC), certified alcoholism and drug abuse counselor (CADAC), licensed alcohol and drug counselor (LADC) and a physician, psychiatrist, nurse practitioner, physician assistant, registered nurse or licensed practical nurse (either on-site or through an Affiliation Agreement) for the purpose of consultation to staff
 - c. A physician assistant or nurse practitioner for the purpose of conducting the medical history/screening to determine that acupuncture is not contraindicated
3. The provider provides all staff with supervision consistent with Senior Whole Health credentialing criteria.
4. The provider ensures that supervision of nursing staff is overseen by a registered nurse.

Process Specifications**Assessment, Treatment/Recovery Planning, and Documentation**

1. An intake appointment is scheduled within one (1) business day of the referral, or of a Member's request for services.
2. Upon admission, each Member is assigned to a clinician certified in addiction treatment (CAC, CADAC, and/or LADC).
3. Upon admission, a bio-psychosocial evaluation, initial treatment/recovery plan, and initial discharge plan are completed by the assigned clinician.
4. The provider ensures that a physical examination which conforms to the principle established by the American Society of Addiction Medicine is completed for all Members within 24 hours of admission.
5. The provider assigns a multi-disciplinary treatment team to each Member within 24 hours of admission. The multi-disciplinary treatment team meets to review the bio-psychosocial evaluation, the initial treatment/recovery plan, and initial discharge plan within 48 hours of admission. On weekends and holidays, the treatment/recovery plan may be developed by an abbreviated treatment team, with a review by the full treatment team on the next business day.

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- a. During intensive acupuncture administration for detoxification purposes, the multidisciplinary treatment team, in collaboration with the Member, reviews the treatment/recovery plan and discharge plan at least every 48 hours (a maximum of 72 hours between reviews on weekends), and updates them when major clinical changes occur.
- b. During less intensive treatment for relapse prevention, the multi-disciplinary treatment team, in collaboration with the Member, reviews the treatment/recovery plan and discharge plan at the following intervals, and updates them accordingly:
 - i. Within 30 days
 - ii. Quarterly thereafter
 - iii. After any 24-hour behavioral health inpatient admission that necessitates a change in the treatment/recovery plan
 - iv. When major clinical changes occur
6. All evaluations, treatment/recovery and discharge plans, reviews, and updates are documented in the Member's health record.
7. Drug screening/testing is requested when medically necessary as part of a diagnostic assessment or as a component of an individualized treatment/recovery plan that includes other clinical interventions. All requests are made in writing by an authorized prescriber (i.e., physician, physician assistant, nurse practitioner, PNMHCS). Medical necessity for the drug screen is documented in the Member's health record, including the test results.

Discharge Planning and Documentation

The provider engages the Member in developing and implementing an aftercare plan when the Member meets the Acupuncture discharge criteria established in his/her treatment/recovery plan. The provider provides the Member with a copy of the aftercare plan upon his/her discharge, and documents these activities and the plan in the Member's health record.

Service, Community, and Collateral Linkages

1. With Member consent, if a Member is referred to another treatment setting, the provider collaborates in the transfer, referral, and/or discharge planning process to ensure continuity of care.
2. The staff members are familiar with all the following levels of care/services, and are able and willing to accept referrals from, and refer to, these levels of care/services when clinically indicated:
 - a. Level 4 Detoxification Services
 - b. Acute Treatment Services (ATS) for Substance Use Disorders Level 3.7
 - c. Clinical Support Services (CSS) for Substance Use Disorders Level 3.5
 - d. Structured Outpatient Addiction Program (SOAP)

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- e. Regional court clinics
 - f. Residential support services (halfway house)
 - g. Opioid Replacement Therapy
 - h. Transitional supportive housing
 - i. Sober housing
 - j. Outpatient counseling services
 - k. Shelter programs
 - l. Transitional Support Services (TSS) for Substance Use Disorders
3. With Member consent, the provider collaborates with the Member's primary care provider (PCP) and/or primary care team (PCT).