

Community Support Programs including Specialized Community Support Programs

Effective: January 1, 2024

Prior Authorization Required If <u>REQUIRED</u> , submit supporting clinical documentation pertinent to service request to the FAX numbers below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Notification Required IF <u>REQUIRED</u> , concurrent review may apply	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Applies to:

Commercial Products

- Harvard Pilgrim Health Care Commercial products; 800-232-0816
- Tufts Health Plan Commercial products; 617-972-9409
CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization

Public Plans Products

- Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); 888-415-9055
- Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; 888-415-9055
- Tufts Health RITogether – A Rhode Island Medicaid Plan; 857-304-6404
- Tufts Health One Care – A dual-eligible product; 857-304-6304

Senior Products

- Harvard Pilgrim Health Care Stride Medicare Advantage; 866-874-0857
- Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); 617-673-0965
- Tufts Medicare Preferred HMO, (a Medicare Advantage product); 617-673-0965
- Tufts Medicare Preferred PPO, (a Medicare Advantage product); 617-673-0965

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

The provider must submit notification to the plan within one week of initiation of services.

Overview

Community Support Program services are provided by community-based, mobile, paraprofessional staff to members with behavioral health disorder diagnoses that interfere with their ability to access essential medical services or other basic needs which can impact community tenure. Behavioral health disorders pertain to mental health or substance use disorders as defined by the current edition of the Diagnostic and Statistical Manual of Mental Disorders.

Specialized CSP services are CSPs that provide targeted CSP services to members based on their unique situation. Specialized CSP includes:

1. Community Support Program for Homeless Individuals (CSP-HI) – a specialized CSP service to address the health-related social needs of members who are experiencing homelessness and are frequent users of acute health MassHealth services or are experiencing chronic homelessness. CSP-HI services include pre-tenancy supports, support in transitioning into housing, and tenancy sustaining supports.
2. Community Support Program for Individuals with Justice Involvement (CSP-JI) – a specialized CSP service to address the health-related social needs of members with justice involvement who have a barrier to accessing or consistently utilizing medical and behavioral health services. CSP-JI includes behavioral health and community tenure sustainment

supports.

3. Community Support Program Tenancy Preservation Program (CSP-TPP) – a specialized CSP service to address the health-related social needs of members who are at risk of homelessness and facing eviction as a result of behavior related to a disability. CSP-TPP works with the member, the Housing Court, and the member’s landlord to preserve tenancies by connecting the member to community-based services in order to address the underlying issues causing the lease violation.

Clinical Guideline Coverage Criteria

The Plan may cover CSP and specialized CSP only when provided to Members based on clinical standards indicating medical necessity. The plan considers CSP and specialized CSP services as reasonable and medically necessary when **ALL** of the following are met:

1. The Member has a behavioral health disorder diagnosis; **and**
2. The Member demonstrates a need for behavioral health diversionary services and is at risk of admission to 24-hour behavioral health inpatient services as demonstrated by at least **ONE** of the following:
 - a. Being discharged from a 24-hour behavioral health inpatient or diversionary level of care within the past 180 days; **or**
 - b. Having more than one acute behavioral health services encounter, including Adult or Youth Mobile Crisis Intervention (AMCI/YMCI) services, Adult or Youth Community Crisis Stabilization (Adult CCS/YCCS) services, services provided by an Emergency Departments (ED), behavioral health services provided on an urgent care basis or at a restoration center within the past 90 days; **or**
 - c. Having documented barriers to accessing or consistently utilizing medical and behavioral health services.
3. The Member does not require a more intensive level of service, including requiring structure or supervision beyond the scope of the service, or does not have medical conditions or impairments that would prevent utilization of services, including posing an imminent risk to self or others; **and**
4. The member voluntarily consents to CSP or specialized CSP services and has the ability to participate in all aspects of services.

Additional Clinical Coverage for Specialized CSP

In addition to the clinical standards above, providers must determine medical necessity for the specialized CSP services using the following criteria, all of which must be present for medical necessity to be established for that specialized CSP service.

Community Support Program for Homeless Individuals (CSP-HI)

To receive CSP-HI services a Member must meet **BOTH** of the below:

1. The Member must meet **ONE** of the following criteria when the services begin:
 - a. Experiencing chronic homelessness; **or**
 - b. Experiencing homelessness and is a frequent user of acute MassHealth services as defined by:
 - i. Five or more ED visits within the past 12 months from the date of evaluation for CSP services; **or**
 - ii. Three or more acute and/or psychiatric hospital inpatient admissions within the past 12 months from the date of evaluation for CSP services.
2. The Member must have identified a PSH opportunity and will be moving into housing within 120 days.

Community Support Program for Individuals with Justice Involvement (CSP-JI)

To receive CSP-JI services, a Member must meet **ALL** of the following:

1. Have justice involvement when the services begin; **and**
2. The Member must have identified a PSH opportunity and will be moving into housing within 120 days of the initiation of services:
 - a. The Member demonstrates antisocial behaviors, including criminal activity that has led, or could lead, to criminal justice involvement; lack of concern for others; antisocial cognition; diagnosis with Antisocial Personality Disorder; and/or disregard for authority, as expressed through distrust, conflict, or opposition; **or**
 - b. The Member’s behavioral health and/or substance use disorders produce cyclical relapse and justice involvement, without the opportunity for treatment; **or**
 - c. The Member engages repetitively in behaviors that pose a risk of relapse to addiction and/or mental disorder; or the member has insufficient community and social supports to reinforce recovery; **or**
 - d. The Member is identified as high risk, or above, of recidivism on validated risk assessments due, at least in part, to a substance use disorder, mental health or co-occurring disorder; **and**
3. Demonstrate a need for behavioral health diversionary services and be at risk of admission to 24-hour behavioral health inpatient services as described in Section II.B.2, but with modified time frames as follows:
 - a. Being discharged from a 24-hour behavioral health inpatient or diversionary level of care within the past year; **or**

- b. Having more than one acute behavioral health services encounter, including Adult or Youth Mobile Crisis Intervention (AMCI/YMCI) services, Adult or Youth Community Crisis Stabilization (Adult CCS/YCCS) services, or services provided by Emergency Departments (ED), behavioral health services provided on an urgent care basis, or restoration centers within the past year; **or**
- c. Having documented barriers to accessing or consistently utilizing medical and behavioral health services.

Community Support Program Tenancy Preservation Program (CSP-TPP)

To receive CSP-TPP services, a Member must be at risk of homelessness and facing eviction when the services begin:

1. Members whose eviction cases have already gone to trial in either the District Court or Boston Municipal Court are not eligible.
2. Members whose eviction cases have already gone to trial in the Housing Court may be eligible, depending on the Judge's ruling.

***Note:** Psychosocial, Occupational, and Cultural and Linguistic Factors may change the risk assessment and should be considered when making level of care decisions.

Limitations

The Plan will not cover CSP or Specialized CSP services if **ONE** of the following are met:

1. The Member is receiving similar supportive services and does not require this level of care
2. The Members does not consent to Community Support Program service
3. The Member Is in an Inpatient Setting
4. The Member Is in the Custody of a Correctional Institution

Codes

The following code(s) are associated with this service:

Table 1: CPT/HCPCS Codes

Code	Description
H2015	Comprehensive community support services, per 15 minutes (Community Support Program)
H2016-HH	Comprehensive community support program, per diem (integrated mental health/substance abuse program) (Community Support Program for Justice Involved)
H2016-HK	Comprehensive community support services, per diem (specialized mental health programs for high-risk populations) (Community Support Program for Homeless Individuals)
H2016-HE	Comprehensive community support services, per diem (Community Support Program– Tenancy Preservation Program)

References:

1. Commonwealth of Massachusetts MassHealth Provider Manual Series Subchapter Number and Title Appendix T. CMSP Covered Codes Introduction and Explanation of Abbreviations. Accessed May 11, 2023. <https://www.mass.gov/doc/appendix-t-cmsp-covered-codes-3/download>.
2. Section 461.417 - Service Limitations, 130 Mass. Reg. 461.417.. <https://casetext.com/regulation/code-of-massachusetts-regulations/departments-130-cmr-division-of-medical-assistance/title-130-cmr-461000-community-support-program-services/section-461417-service-limitations>. Accessed May 11, 2023

Approval And Revision History

August 17, 2022: Reviewed by Medical Policy Approval Committee (MPAC). New policy applicable to Together, approved for effective date September 1, 2022. Unify added as applicable product, effective September 1, 2022.

Subsequent Endorsement Date(s) and Changes Made:

- September 21, 2022: Reviewed by Medical Policy Approval Committee (MPAC), renewed without changes
- May 17, 2023: Reviewed by Medical Policy Approval Committee (MPAC). Addition of SCO as applicable product effective April 1, 2023. Update to new Point32 Health Template for effective date July 1, 2023
- August 16, 2023: Reviewed by MPAC, renewed without changes, template updated effective November 1, 2023
- November 2023: Unify name changed to One Care, effective January 1, 2024

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.