Community Support Programs (CSP) for Homeless Individuals (HI) and **Tenancy Preservation Program (TPP) Notification Form for In-Network Providers Only**



Rev. 12/2024

the performance specifications for this level of care.

 For Tufts Health To and Tufts Health For Tufts Health O 	faxed to the following locations: ogether – MassHealth MCO Pla o Direct, fax to 888-977-0776 ne Care, fax to 857-304-6304 lan Senior Care Options (SCO)				Partners	ship Plans (ACPPs)
•	Initial date of service within one week of the start of se one year from the date services	rvices and		w the pro	vider		
Member Information	1						
Member name							
THP member ID #		DOB	1	1			
Member address			Membe	er phone			
City			Sta	te	ZIP		
Provider Information	n						
Provider organization na	me						
Organization phone							
NPI#	Tax ID#						
Provider address				Phone			
City			Sta	te	ZIP		
Agency/shelter name				Pho	one		
CSP-HI/TPP worker name				Pho	one		
Supervisor name				Pho	one		
Referred by (name)				, who i	is a		
Medical Provider	Behavioral Health Provider	Commu	ınity Par	tner (CP)	С	Care Manager	
Other (specify)							
Fax number to fax author	rization letter						
Clinical Information List all ICD-10 alpha-num	neric mental health/substance us	e disorder	diagnos	is codes			
Check which level of care	e for which notification is being p	rovided	н	TPP			
CSP Provider attests to	the fact that they have confirme	d they hav	e met wi	th the me	mber lis	sted on this form an	d meet

Signature Date / /