

Community Support Program for Homeless Individuals (CSP-HI) Performance Specifications

These performance specifications apply to the following Tufts Health Plan products:

- Tufts Health Plan Commercial¹
- Tufts Medicare Preferred HMO (a Medicare Advantage product)²
- Tufts Medicare Preferred PPO (a Medicare Advantage product)³
- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)²

These performance specifications apply to the following Tufts Health Public Plans products:

- Tufts Health Direct (a Massachusetts Qualified Health Plan (QHP) (a commercial product)
- Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plans)
- Tufts Health RITogether (a Rhode Island Medicaid Plan)
- Tufts Health One Care (a dual-eligible product)

Providers contracted for this level of care or service are expected to comply with all applicable regulations set forth in the [Code of Massachusetts Regulations](#) and requirements of these service specific performance specifications, in addition to the General Behavioral Health Performance Specifications. All performance specifications are in the Provider Resource Center.

The following Community Support Program for Homeless Individuals (CSP-HI) performance specifications are a subset of the Community Support Program (CSP) performance specifications. As such, CSP-HI providers agree to adhere to both the CSP performance specifications and to the CSP-HI performance specifications contained within. Where there are differences between the CSP and CSP-HI performance specifications, these CSP-HI specifications take precedence.

Providers may begin billing for the delivery of CSP-HI as early as 120 days before a member moves into housing however, for eligible members receiving CSP-HI services while residing in a medical respite program, CSP-HI providers can begin billing for services as early as the first day that the member is admitted to the medical respite program. Once the member has obtained housing, CSP-HI services may continue until the provider determines that CSP-HI is no longer medically necessary.

CSP-HI is paid at a daily rate. Rates paid for the CSP-HI services are no less than the rates paid by MassHealth, as set forth in 101 CMR 362.00, and are sufficient to ensure network adequacy.

CSP-HI providers must submit claims using the code H2016 with the modifier "HK." CSP-HI providers must use the appropriate secondary diagnosis code below that reflects the member's housing situation at onset of CSP-HI services:

Z59.00 *Homelessness, unspecified*

Z59.01 *Sheltered Homelessness* including doubled up or living in a shelter such as a motel, scattered, site housing, temporary or transitional living situation

Z59.02 *Unsheltered Homelessness* including residing in a place not meant for human habitation such as: abandoned buildings, cars, park, sidewalk or residing on the street.

DEFINITION

CSP-HI is a health-related social needs service for members who have identified a permanent supportive housing opportunity and will be moving into housing within 120 days. CSP-HI includes assistance from specialized professionals who, based on their unique skills, education, or lived experience, have the ability to engage and support individuals

¹ Commercial products include HMO, POS, PPO, and CareLinkSM when Tufts Health Plan is the primary administrator.

² Tufts Medicare Preferred and Tufts Health Plan SCO are collectively referred to in this payment policy as Senior Products.

³ Tufts Medicare Preferred and Tufts Health Plan SCO are collectively referred to in this payment policy as Senior Products.

experiencing homelessness in searching for permanent supportive housing, preparing for and transitioning to an available housing unit, and once housed, coordinating access to physical health, behavioral health, and other needed services geared towards helping them sustain tenancy and meet their health needs. The types of CSP-HI services available are categorized as:

- pre-tenancy supports, including engaging the member and assisting in the search for an appropriate and affordable housing unit;
- support in transition into housing, including assistance arranging for and helping the member move into housing; and
- tenancy sustaining supports, including assistance focused on helping the member remain in housing and connect with other community benefits and resources.

To receive CSP-HI services a member must meet one of the following criteria when the services begin:

- i. Have a BH disorder and demonstrate a need for behavioral health diversionary services or
 - For ACPP and PCACO members only: Have a Health Needs Based Criteria (HNBC)

Health Needs Based Criteria (HNBC)

- Is clinically assessed to have a behavioral health need (mental health or substance use disorder) requiring improvement, stabilization, or prevention of deterioration of functioning (including the ability to live independently without support)
- Is clinically assessed to have a complex physical health need, which is defined as persistent, disabling, or progressively life-threatening physical health condition(s), requiring improvement, stabilization, or prevention of deterioration of functioning (including the ability to live independently without support)
- Is clinically assessed to have a need for assistance with one or more Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs)
- Has repeated incidents of emergency department use (defined as two or more visits within six months, or four or more visits within a year)
- Is pregnant and who is experiencing high risk pregnancy or complications associated with pregnancy, as well as such individuals in the 12-month postpartum period
- Is pregnant or postpartum up to 2-months postpartum, without additional clinical factors.

- i. Be at risk of homelessness and facing eviction as a result of behavior related to a disability when services begin.

ii. Housing status:

- Be experiencing chronic homelessness (as defined by HUD) at the onset of services or
- Not meet the definition of chronic homelessness, but be experiencing homelessness at the onset of services and are frequent users of acute health MassHealth services as defined by:
 - Four or more ED visits within the past 12 months from the date of evaluation for CSP-HI services; or
 - Three or more acute and/or psychiatric hospital inpatient admissions within the past 12 months from the date of evaluation for CHS-HI services; and

iii. Imminent Housing:

- Has identified a PSH opportunity and will be moving into housing within 120 days of the initiation of services;
- Is receiving Homeless Medical Respite Services; or
- Is being discharged from Homeless Medical Respite Services, has identified a PSH opportunity, and will be moving into housing within 120 days of discharge from Homeless Medical Respite Services

For the purpose of these performance specifications, the following term is used as defined below:

- **Homelessness:** a condition of any member who lacks a fixed, regular, and adequate nighttime residence, and who has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings including a car, park, abandoned building, bus or train station, airport, or camping group; or who is living in a supervised publicly or privately operated emergency shelter designated to provide temporary living arrangements, including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low income individuals. This includes those members who are exiting an institution (e.g., jail, hospital) where they resided for 90 days or less and were residing in an emergency shelter or place not meant for human habitation immediately before entering the institution
- **Permanent Supportive Housing (PSH):** A model of housing that combines ongoing subsidized housing matched with flexible health, behavioral health, social, and other supports.
- **Chronic Homelessness:** A homeless individual with a disability as defined in section 401(9) of the McKinney-Vento Assistance Act U.S.C. 11360(9), who:

- Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, and;
- Has been homeless and living as described for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions includes at least 7 consecutive nights of not living as described.
- And individual who has been residing in an institutional care facility for less, including jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all the criteria of this definition before entering that facility; or
- A family with an adult head of household (or, if there is no adult in the family, a minor head of household) who meets all the criteria of this definition, including a family whose composition has fluctuated while the head of household has been homeless.
 - A “break” in homelessness is considered to be 7 or more nights
 - An individual residing in an institution care facility does not constitute a break in homelessness

COMPONENTS OF SERVICE

1. The CSP-HI must operate at least one location that is open and operated at least 40 hours per week within the Commonwealth of Massachusetts with the ability to provide onsite and community-based services.
2. Accessibility.
 - Provider staff must be directly accessible to the member, in person Monday through Friday, 9 A.M. to 5 P.M.
 - The Program must be accessible on an on-call basis when the site is closed to triage needs and offer referrals to qualified professionals, emergency services, or other mechanisms for effectively responding to a crisis.
3. Services should be flexible with the goal of helping eligible members get the skills and resources needed to maintain housing stability.
4. CSP-HI services are delivered on a mobile bases to members in any setting that is safe for the member and staff. Services may be provided via telehealth, as appropriate. Details regarding the components of CSP-HI services can be found in 130 CMR 461.000.

STAFFING REQUIREMENTS

1. CSP-HI Requirements: To qualify for participation in MassHealth as a CSP-HI provider, a provider must have
 - i. Experience providing services to persons with mental health disorders or substance use disorder or both;
 - ii. At least two years of history providing pre-tenancy, transition into housing, and tenancy sustaining supports to person experiencing homelessness. This must include experience with service people experiencing chronic homelessness and with documenting their chronic homeless status in accordance with requirements set by the U.S. Department of Housing and Urban Development.
 - iii. Specialized professional staff with knowledge of housing resources and dynamics of searching for housing such as obtaining and completing housing applications, requesting reasonable accommodations, dealing with housing or credit histories that are poor or lacking, mitigating criminal records, negotiating lease agreements, and identifying resources for move-in costs, furniture, and household goods.
2. Minimum Staffing Requirements. Each program must meet the minimum staffing and staff composition requirements outline in 130 CMR 461.411 to adequately provide the required scope of service set forth in 130 CMR 461.410. the staff must include an adequate number of qualified personnel to fulfill the program’s objective.
3. Minimum Staff Composition.
 - i. Program Director. The CSP-HI program must designate a professional as overall administrator and program director in charge of day-to-day administration of the program. The program director’s responsibilities include:
 - Hiring and firing of CSP-HI staff;
 - Establishing and implementing a supervision protocol;
 - Establishing CSP-HI policies and procedures;
 - Accountability for adequacy and appropriateness of member service;
 - Coordinating staff activities to meet program objectives;
 - Program evaluation; and
 - Establishing and supervising in-service training and education.
 - ii. Multidisciplinary Staff.
 - i. The program must employ a multidisciplinary staff that can support the schedule of operations and provide services to members. A member of the program’s professional or paraprofessional staff must be assigned to each member to assume primary responsibility for that member’s case.

- ii. The program must employ the number of staff necessary to implement all aspects of the service plan; maintain the member's records; initiate periodic review of the service plan for necessary modifications or adjustments; coordinate the various services provided by the program itself and by other agencies; coordinate referrals to other state agencies as needed; meet regularly with relatives and significant friends of the member; and monitor the member's progress in accomplishing the treatment goals.
 - iii. The program must have a licensed, master's-level behavioral health clinician or licensed psychologist to provide supervision to CSP-HI staff.
 - iv. All staff must have at least a bachelor's degree in a related behavioral health field, or two years of relevant work experience, or lived experience of homelessness, behavioral health conditions and/or justice involvement.
 - v. Staff may include qualified Certified Peer Specialists and staff with lived experience of homelessness, behavioral health conditions or justice involvement.
4. Staff Supervision Requirements. CSP-HI staff must have access to a licensed, master's-level behavioral health clinician or licensed psychologist, with training and experience in providing support services to adults or youth with behavioral health conditions, to provide supervision. Each staff member must receive supervision appropriate to the staff member's skills and level of professional development. Supervision must occur in accordance with the program's policies and procedures and must include review of specific member issues, as well as a review of general principles and practices related to mental health, substance use disorder, and medical conditions.
5. Staff Training. The program must ensure that staff receive training to enhance and broaden their skills. Recommended training topics may include but are not limited to:
- Common diagnoses across medical and behavioral healthcare;
 - Engagement and outreach skills and strategies;
 - Service coordination skills and strategies;
 - Behavioral health and medical services, community resources, and natural supports;
 - Principles of recovery and wellness;
 - Cultural competence
 - Managing professional relationships with members including but not limited to boundaries, confidentiality, and peers as CSP workers;
 - Service termination;
 - Motivational interviewing;
 - Accessibility and accommodations;
 - Trauma-informed care;
 - Traumatic brain injuries; and
 - Safety protocols
6. Staff Professional Standards. Any staff, of any discipline, operating in the program must comply with the standards and scope of practice delineated in their professional licensure and be in good standing with their board of professional licensure, as applicable. Each program must notify the MassHealth agency of any staff who are sanctioned by the Department of Public Health or sanctioned by their board of licensure, as applicable.
7. Staffing Plan. The program must maintain a staffing plan that includes policies and procedures to ensure all staffing and supervision requirements pursuant to 130 CMR 461.000 are met.
8. Conflict of Interest. The program must ensure appropriate protections against conflicts of interest in the service planning and delivery of CSP-HI services.

QUALITY MANAGEMENT (QM)

1. The program will develop and maintain a quality management plan that is consistent with that of Tufts Health Public Plans, 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 will include outcome measures and satisfaction surveys to measure and improve the quality of care and service delivered to Members, including youth and their families.
3. Clinical outcomes data must be made available to Tufts Health Public Plans upon request and must be consistent with Tufts Health Public Plans' performance standard for community support programs.
4. All Reportable Adverse Incidents will be reported to Tufts Health Public Plans within 1 business day of their occurrence per Tufts Health Public Plans' policy and DMH licensing requirements. A Reportable Adverse Incident is an occurrence that represents actual or potential harm to the wellbeing of a Member, or to others by action of a

Member, who is receiving services managed by Tufts Health Public Plans or has recently been discharged from services managed by Tufts Health Public Plans.

PROCESS SPECIFICATIONS

1. The CSP-HI provider delivers CSP services on a mobile basis to members in any setting that is safe for the member and staff. Services may be provided via telehealth, as appropriate.
2. A community support program must have the capacity to provide at least the following service components:
 - a. Intake Services
 - The program must initiate service planning immediately by communicating with the referral source, if any, to determine goals, and document appropriateness of services.
 - If the member is referred by a 24-hour behavioral health level of care, including inpatient and diversionary providers, the program will participate, as appropriate, in member discharge planning at the referring provider.
 - Ensure that Behavioral Health Clinical Assessments conducted by Behavioral Health Providers are in writing, dated and signed, and include, at a minimum, the following:
 - Clinical formulation, rationale for admission or continuance of care, discussion of any possible diversionary or lower levels of care, recommendations, and strengths
 - If, during intake, the member is determined to be ineligible for CSP services pursuant to 130 CMR 461.403, the program must provide referrals to alternative services that may be medically necessary to meet the member's needs, if any.
 - b. Needs Assessment. The program must conduct a needs assessment for every member as follows:
 - The needs assessment must be completed within two (2) weeks of the initial appointment.
 - The needs assessment must be updated with the member quarterly, at a minimum, or more frequently if needed, and must be entered in the member's health record.
 - The needs assessments must identify ways to support the member in mitigating barriers to accessing and utilizing clinical treatment services and attaining the skills and resources to maintain community involvement.
 - For Specialized CSP, including CSP-HI, the timeframes for completing and updating the needs assessment may be extended as needed to allow for member engagement if the provider documents timely, yet unsuccessful, efforts to engage the member in completing or updating the assessment.
 - c. Service Planning. The program must complete a service plan for every member upon completion of the comprehensive needs assessment as follows:
 - The service plan must be person-centered and identify the member's needs and individualized strategies and interventions for meeting those needs;
 - As appropriate, the service plan must be developed in consultation with the member and member's chosen support network including family, and other natural or community supports;
 - As appropriate, the program must incorporate available records from referring and existing providers and agencies into the development of the service plan, including any bio-psychosocial assessment, reasons for referral, goal, and discharge recommendations.
 - The service plan must be in writing, and must include at least the following information, as appropriate to the member's presenting complaint:
 - i. Identified problems and needs relevant to services;
 - ii. The member's strengths and needs;
 - iii. A comprehensive, individualized plan that is solution-focused with clearly defined interventions and measurable goals.
 - iv. Identified clinical interventions, services, and benefits to be performed and coordinated by the provider;
 - v. Clearly defined staff responsibilities and assignments for implementing the plan;
 - vi. The date the plan was last reviewed or revised; and
 - vii. The signatures of the CSP staff involved in the review or revision
 - The service plan must be reviewed and revised at least every 12 months. The service plan must be updated if there are significant changes in the member's needs, by reviewing and revising the goals and related activities.
 - d. Community Support Program Services. These services include those provided by the CSP-HI staff to the member and supervised by the staff identified in 130 CMR 461.411. CSP-HI services must foster member empowerment, recovery, and wellness and must be designed to increase a member's independence,

including management of their own behavioral health and medical services. Services vary over time in response to the member's ability to use their strengths and coping skills and achieve these goals independently. Services include:

- Assisting members in improving their daily living skills so they can perform them independently or access services to support them in doing so;
 - Spending time with members and providers;
 - Providing members and their families with education, educational materials, and training about behavioral health and substance use disorders and recovery. The provider facilitates access to education and training on the effects of psychotropic medications, and ensures that the member is linked to ongoing medication monitoring services and regular health maintenance;
 - Coordinating services and assisting members with obtaining benefits, housing, and healthcare;
 - Communicating with members or other parties that may include appointment reminders or coordination of care;
 - Collaborating with crisis intervention providers, state agencies, and outpatient providers, including working with these providers to develop, revise, and utilize member crisis prevention plans and safety plans; and
 - Encouraging and facilitating the utilization of natural support systems, and recovery-oriented, peer support, and self-help supports and services.
- e. Referral Services. The program must have effective methods to refer members promptly and efficiently to community resources. The program must have knowledge of and connections with resources and services available to members.
- Each program must have written policies and procedures for addressing a member's behavioral health disorder needs that minimally include personnel, referral, coordination, and other procedural commitments to address the referral of members to the appropriate health care providers.
 - When referring a member to another provider for services, each program must ensure continuity of care, exchange of relevant health information, and avoidance of service duplication between the CSP-HI provider and the provider to whom a member is referred. Each program must also ensure that the referral process is completed successfully and documented.
 - Referrals should result in the member being directly connected to and in communication with community resources for assistance with housing, employment, recreation, transportation, education, social services, health care, outpatient behavioral health services, and legal services.
- f. Crisis Intervention Referrals. During business hours or outside business hours, each program must have capacity to respond to a member's behavioral health crisis. Under the guidance of a CSP-HI supervisor, the CSP-HI staff may implement interventions to support and enable the member to remain in the community, refer the member to crisis intervention services, or refer the member to other healthcare providers, as appropriate.
- g. Discharge Planning: The program must provide discharge planning for each member receiving CSP-HI to expedite a member-centered disposition to other levels of care, services, and supports, as appropriate. Discharge from the program occurs in accordance with the clinical standards published by the MassHealth agency.
- The provider shall begin discharge planning upon admission of the member into the CSP-HI, with the participation of the member, and shall document all discharge planning activity in progress notes in the member's health record;
 - As appropriate and applicable, the discharge planning process must involve the member's natural and community supports, current and anticipated future providers, current and anticipated future involved services agencies, and probation or parole staff.
 - The discharge planning process must include crisis prevention and safety planning.
 - The program will ensure that a written CSP-HI discharge plan is given to the member at the time of discharge along with the updated service plan and a copy is entered in the member's health record. With member consent, a copy of the written discharge plan shall be forwarded at the time of discharge to the following individuals or entities involved in or engaged with the member's ongoing care: family members, guardian, caregiver, and significant other; state agencies; outpatient or other community-based provider; physician; school; crisis intervention providers; probation, parole; and other entities and agencies that are significant to the member's aftercare.
- h. CSP-HI Services: CSP-HI includes assistance from specialized professionals who can engage and support individuals experiencing homelessness in searching for permanent supportive housing; preparing

for and transitioning to an available housing unit; and, once housed, coordinating access to physical health, behavioral health, and other needed services geared towards helping them sustain tenancy and meet their health needs. In addition to the service components set forth in 130 CMR 461.410(A) and (B), CSP-HI services must also include:

- Pre-tenancy supports, including engaging the member and assisting in the search for an appropriate and affordable housing unit;
- Support in transition into housing, including assistance arranging for and helping the member move into housing; and
- Tenancy sustaining supports, including assistance focused on helping the member remain in housing and connect with other community benefits and resources.

DOCUMENT HISTORY

- February 2025: Updates based on MassHealth guidelines
- January 2024: Included medical respite language from MassHealth guidance
- January 2024: Tufts Health One Care (a dual-eligible product) name change.
- April 2023: Updates based on MassHealth Managed Care Entity Bulletin 99
- March 2022: Template Updates
- February 2020: Template Updates
- December 2020: Updated based on MassHealth Managed Care Entity Bulletin 44 and performance specifications currently in use by MassHealth