

## PERFORMANCE SPECIFICATIONS

Performance Specifications (PS) Title: Community Support Program for Chronically Homeless Individuals (CSP-CHI)		
PS #: 005	<input checked="" type="checkbox"/> Senior Care Options <input checked="" type="checkbox"/> One Care <input type="checkbox"/> Medicare Preferred – (PPO) MA <input type="checkbox"/> Medicare Value – (PPO) MA <input type="checkbox"/> Medicare Preferred – (PPO) RI <input type="checkbox"/> Medicare Value – (PPO) RI <input type="checkbox"/> Medicare Maximum – (HMO DNSP) RI	Prior Authorization Needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Clinical: <input checked="" type="checkbox"/>	Operational: <input type="checkbox"/>	Informational: <input type="checkbox"/>
Medicare Benefit: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Approval Date: 06/03/2021	Effective Date: 08/21/2021
Last Revised Date: 08/27/2021; 10/18/2021; 3/15/2022; 4/7/2022; 8/25/2022	Next Annual Review Date: 06/03/2022; 08/27/2022/ 10/18/2022; 3/15/2023; 4/7/2023;	Retire Date:

### COVERED SERVICES:

Community Support Program (CSP) includes an array of services delivered by community-based, mobile, paraprofessional staff, supported by a clinical supervisor, to Members with mental health or substance use disorder diagnoses, or to members who's psychiatric or substance use disorder diagnoses interfere with their ability to access essential medical services. CSPs do not provide clinical treatment services, but rather provide outreach and support services to enable Members to utilize clinical treatment services and other supports. The CSP service plan assists the Member with attaining their goals in their clinical treatment plan in outpatient services and/or other levels of care and works to mitigate barriers to doing so.

CSP-CHI is a more intensive form of CSP for individuals experiencing chronic homelessness who have identified a Permanent Supportive Housing (PSH) housing opportunity. Once housing is imminent, with Members moving within 120 days, Members receiving CSP may receive CSP-CHI services. CSP-CHI includes assistance from specialized professionals who – based on their unique skills, education, or lived experience – have the ability to engage and support individuals experiencing chronic homelessness in searching for PSH, 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-CHI services available may be categorized as:

- **Pre-Tenancy:** engaging the Member and assisting in the search for an appropriate and affordable housing unit
- **Transition into Housing:** assistance arranging for and helping the Member move into housing
- **Tenancy Sustaining Supports:** assistance focused on helping the Member remain in housing and connect with other community benefits and resources

Services should be flexible with the goal of helping eligible Members attain the skills and resources needed to maintain housing stability. CSP-CHI services may be delivered within housing, at provider sites, or in the community.

CSP-CHI cannot be used to cover the costs of any housing-related “goods,” including, but not limited to: housing applications fees, criminal record checks, fees related to securing identification documents,



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transportation, security deposits, first month's rent, rent/utility arrearages, utility hookups, furnishings, moving expenses, or home modifications.

### Medical Necessity Criteria for level of care:

- CSP-CHI services are available to members who meet medical necessity criteria for CSP
- Has a Behavioral Health Disorder (mental health and/or substance use disorder)?
- Meets the Federal definition of Chronically Homeless

### **DEFINITIONS:**

- **Chronic Homelessness:** a definition established by the U.S. Department of Housing and Urban Development (HUD) of a disabled individual who has been continuously homeless on the streets or in an emergency shelter or safe haven for at least 12 months or longer, or has had at least four separate episodes of homelessness (on the streets, or in an emergency shelter or safe haven) in the last three-years, where the combined occasions must total at least 12 months (occasions must be separated by a break of at least seven nights; stays in institution of fewer than 90 days do not constitute a break). To meet the disabled part of the definition, the individual must have a diagnosable substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairment resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of two or more of those conditions.
- **Permanent Supportive Housing (PSH):** a model of housing that combines ongoing subsidized housing matched with flexible health, behavioral health, social, and other support service. PSH has been proven to be an effective intervention for persons experiencing chronic homelessness. "Housing First" is a specific PSH approach that prioritizes supporting people experiencing homelessness to enter low-threshold housing as quickly as possible and then providing supportive services necessary to keep them housed.

### COMPONENTS OF SERVICE/PROVIDER RESPONSIBILITIES:

CSP-CHI providers may also be CSP providers but are not required to be.

Community Support Program for Chronic Homelessness (CSP-CHI) providers must meet the following minimum qualifications:

#### **Chronic Homelessness experience and expertise** as demonstrated by:

- Direct experience with current or recent grants, projects, or initiatives targeted to chronically homeless individuals
- Staff with lived experience; and
- Current or previous grants from HUD or the Veterans Administration (VA) that require the provider to document chronic homelessness. In lieu of administering HUD or VA grants, a provider that has received training on determining and documenting chronic homelessness from a designated HUD or VA funded technical assistance provider will have been determined to meet these criteria
- The provider complies with all the provisions in section 11 of CCA's Provider Manual.
- The CSP-CHI provider documents all services provided (face-to-face, phone, and collateral contacts) and progress toward measurable behavioral goals in the progress note in the Member's health record.

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- The CSP-CHI provide on-site assistance in helping members to secure and effectively utilize the needed technology to support medical or behavioral health telehealth/virtual care interventions.
- The CSP-CHI will notify and collaborate with Member's care plan team in place, and this includes but is not limited to a Community Partner (CP), primary therapist, shelter program counselor, or primary care provider). If the Member consents, ensure coordination and communication with that provider and tailor activities to the needs in the care plan.
- Deliver services on a mobile basis, within housing, at provider sites, or in the community. Services are to be delivered to Members in any setting that is safe for the Member and staff. Additional examples of such a setting are a shelter, emergency room, an inpatient or diversionary unit, or a day program.
- Provide linguistically appropriate and culturally sensitive support navigation that embraces the diversity of people's identities that includes racial, ethnic, gender/gender identity, sex, sexual orientation, physical and intellectual challenges, and their chosen pathway to ending homelessness.

### **Training Expectations**

It is the expectation of CCA that all contracted providers will offer ongoing staff training in order to best serve the diverse identities and experiences of the CCA Member population. Staff training should be inclusive of, but not limited to:

- Social determinants of health (SDOH)
- Trauma-informed behavioral health and medical care (including, but not limited to, ways in which the ACE study informs care delivery for Members, and trauma-specific treatment approaches)
- Best practices in delivering LGBTQIA+ inclusive and affirming— and, specifically, transgender inclusive and affirming— behavioral health and medical care
- Best practices in delivering culturally responsive, inclusive, and anti-racist behavioral health and medical care
- Best practices in health equity and inclusivity for Members of various racial, ethnic, and cultural backgrounds, as well as disabled Members, Members of various religious backgrounds, and Members with multiply marginalized identities
- Organizational strategies and resources for accessing interpreter services for Members who primarily communicate in languages other than English (including ASL)

### **Expectations of Transgender inclusive and affirming policies for overnight levels of care**

It is the expectation of CCA that all contracted providers will provide inclusive and affirming care to our transgender/non-binary/gender diverse Members. For overnight levels of care this expectation is inclusive of, but not limited to:

- Consistently using the name and pronouns that the Member uses for themselves, even if this is not the name and/or pronoun set reflected in the Member's legal identification and/or CCA insurance card
- Making admission decisions without regard to the Member's gender identity
- Making rooming decisions based on the Member's clinical needs and preferences, and the recommendation of the Member and their ongoing clinical team (e.g.: not mandating that a transgender Member requires a single room based solely on their gender)
- Making determinations about access to any gender-based/gender separated service based on the gender with which the Member identifies, even if this is not the gender reflected in the Member's legal identification and/or CCA insurance card



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- Ensuring that staff are regularly trained in best practices in delivering LGBTQIA+ inclusive and affirming— and, specifically, transgender inclusive and affirming— behavioral health and medical care

### **Expectations of Transgender inclusive and affirming policies for non-overnight levels of care**

It is the expectation of CCA that all contracted providers will provide inclusive and affirming care to our transgender/non-binary/gender diverse Members. For non-overnight levels of care this expectation is inclusive of, but not limited to:

- Consistently using the name and pronouns that the Member uses for themselves, even if this is not the name and/or pronoun set reflected in the Member's legal identification and/or CCA insurance card
- Ensuring that staff are regularly trained in best practices in delivering LGBTQIA+ inclusive and affirming— and, specifically, transgender inclusive and affirming— behavioral health and medical care
- Making determinations about access to any gender-based/gender separated service based on the gender with which the Member identifies, even if this is not the gender reflected in the Member's legal identification and/or CCA insurance card

### **Trauma-Informed Care Expectations**

It is the expectation of CCA that all contracted providers will provide care to our Members that is fundamentally trauma-informed. Trauma-informed care is inclusive of, but not limited to:

- Providing staff with ongoing training in trauma-informed behavioral health and medical care (including, but not limited to, ways in which the ACE study informs care delivery for Members, and trauma-specific treatment approaches)
- Providing comprehensive trauma screening as part of the standard evaluative process, in order to avoid potentially traumatic re-screening
- Integrating knowledge of trauma, and trauma responsiveness, into the creation and implementation of policies and procedures
- Including the Member's voice, involvement, and feedback in treatment planning—including offering harm reduction strategies in all aspects of treatment
- Seeking to avoid re-traumatization for Members receiving care by creating a safe treatment environment
- Offering trauma-specific treatment interventions and approaches

### **STAFFING REQUIREMENTS:**

- The CSP-CHI provider is staffed with bachelor-level paraprofessionals and/or individuals with lived experience or work experience.
- Staff received training or have lived or work experience in behavioral health treatment for co-occurring disorders, trauma-informed care, and Traumatic Brain Injuries.
- Staff have received training or have lived or work experience in outreach and engagement strategies such as progressive engagement, motivational interviewing, etc.
- Knowledge of housing resources and dynamics of searching for housing including, but not limited to:
  - Obtaining and completing housing applications
  - Requesting reasonable accommodations



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- Dealing with poor housing history or lack of housing history; with poor or lack of credit history, or criminal record mitigations
- Gathering supporting documentation
- Negotiating and completing lease agreements
- Identifying resources for move-in cost (i.e., first, and last months' rent, security deposits), furniture, and household goods.
- CSP-CHI staff members are capable of meeting community support needs relative to psychiatric conditions for adults, as well as issues related to substance use and co-occurring disorders, and medical issues. CSP-CHI programs include, at minimum, staff members with specialized training in behavioral treatment, substance use and co-occurring disorders, and family treatment/engagement/education regarding psychiatric, substance use disorder and recovery and medical issues

### **QUALITY MANAGEMENT:**

- The facility will develop and maintain a quality management plan which utilizes appropriate measures to monitor, measure, and improve the activities and services it provides
- The facility utilizes a continuous quality improvement process and will include outcome measures and satisfaction surveys, to measure and improve the quality of care and service delivered to Members, including their families
- The success of the program and the care and well-being of the Members relies on a collaborative partnership with Commonwealth Care Alliance and its provider network.
- Providers are required to collect and measure outcome data and incorporate the data in treatment plans in the medical records.
- Clinical outcomes data must be made available to Commonwealth Care Alliance (CCA) upon request, and must be consistent with CCA's performance standards for CSP and CSP-CHI
- Providers will comply with all applicable laws and regulations including but not limited to any and all applicable Medicare and/or Medicaid laws, regulations, and instructions of CMS and/or EOHHS relating to addressing and reporting Serious Reportable Events (SREs). Network providers will comply with all requirements contained in their contract with CCA including any corrective actions required by CCA or applicable regulatory agencies

### **REIMBURSEMENT:**

Providers may begin billing for the delivery of CSP-CHI as early as 120 days before a member moves into housing. Once the member has obtained housing, CSP-CHI providers may bill continuously until such a time that it is determined that CSP-CHI is no longer medically necessary. CSP-CHI is paid at a daily rate.

Please refer to CCA's Covered Services and Prior Authorization PDF in the Provider Manual [HERE](#) and payment policies [HERE](#)

### **BILLING PROCEDURES:**

Claims are to be submitted on the applicable industry standard claim forms and shall include, at a minimum, the following information:

- Member's name and address



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- Member's Date of Birth
- Member's CCA ID Number
- CCA Provider Number
- Date of Service
- Diagnosis, using appropriate and applicable code
- Services, equipment, supply, or treatment/procedure provided, using applicable coding (i.e., HCPCS) \*
- Provider's Usual Charges

Insurance eligibility must be confirmed on a regular and frequent basis. Eligibility may be confirmed by utilizing the current MassHealth Provider Online Service Center on the Eligibility Verification System (EVS).