



## Community Support Program for Individuals Tenancy Preservation Program (CSP-TPP) PERFORMANCE SPECIFICATIONS

Performance Specifications (PS) Title: Community Support - Tenancy Preservation Program (CSP-TPP)		
PS #: 023	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care <input type="checkbox"/> MA Medicare Premier <input type="checkbox"/> MA Medicare Value <input type="checkbox"/> RI Medicare Preferred <input type="checkbox"/> MA Medicare Premier <input type="checkbox"/> RI Medicare Value <input type="checkbox"/> RI Medicare Maximum	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: 1/12/2023;	Effective Date: 5/15/2023;
Last Revised Date: 4/12/23; 7/20/2023;	Next Annual Review Date: 1/12/2024; 4/12/2024; 7/20/2024;	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 and/or substance use diagnoses, or to members whose psychiatric or substance use disorder diagnoses interfere with their ability to access essential medical, behavioral or social determinants of health (SDOH) services. CSPs do not provide clinical treatment services but provide outreach and support services to enable Members to utilize clinical treatment services and attain other supports.

CSP-TPP is a specialized CSP service to address the health-related social needs of members who are at risk of homelessness and facing eviction because 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 to address the underlying issues causing the lease violation.

To qualify for participation as a CSP-TPP provider, a provider must have an active contract with Department of Housing and Community Development (DHCD) or Mass Housing to provide tenancy preservation program services.

CSP-TPP providers are not required to be licensed by DPH.

CSP-TPP includes help from specialized professionals who have the education and/or lived experience required, and who can engage and support Members facing eviction by:

- Assessing the underlying causes of the Member’s eviction, and identifying services to address both the lease violation and the underlying causes
- Developing a service plan to maintain the tenancy
- Providing clinical consultation services as well as short term, intensive casemanagement and stabilization services to Members
- Making regular reports to all parties involved in the eviction until the Member’s housing



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situation is stabilized

Services should be flexible with the goal of helping eligible Members gain the skills and resources needed to maintain housing stability. CSP-TPP services are delivered 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.

### **COMPONENTS OF SERVICE/PROVIDER RESPONSIBILITIES:**

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

Community Support - Tenancy Preservation Program (CSP-TPP) providers must meet the following minimum qualifications:

- The provider complies with all the provisions in section 11 of CCA's Provider Manual [Here](#)
- CSP Providers are required to review CCA's Medical Necessity Guidelines (MNG) for CSP services which can be found [HERE](#)
- CSP provider staff must be directly accessible to the member, in person Monday through Friday, 9:00 A.M. to 5:00 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.
- CSP-TPP providers may modify business hours to reflect the operating hours of the Housing Court and do not need to be accessible when the Housing Court is closed.
- The CSP-TPP will notify and collaborate with Member's CCA's Care Team (**via the CCA Provider Line at 866-420-9332 option #4**) to ensure coordination and communication with the CCA Care Team and tailor activities to the needs in the care plan
- CSP services will 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
- CSP services will provide linguistically appropriate and culturally sensitive support navigation that embraces the diversity of people's identities that includes race, ethnicity, gender/gender identity, sex, sexual orientation, religion, physical/intellectual/developmental disability, and their chosen pathway to achieving and sustaining community tenure
- The CSP-TPP 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
- The CSP-TPP provider assertively provides outreach, service coordination, monitoring, follow-up, and general assistance to Members in managing barriers that may impede access to housing preservation
- CSP-TPP providers must maintain documentation of a copy of the Notice to Quit, a request for temporary, preliminary, or permanent relief or against whom such relief has been granted, or related Housing Court filings and records



## **Community Support Program for Individuals Tenancy Preservation Program (CSP-TPP) PERFORMANCE SPECIFICATIONS**

### **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)

### **Transgender Inclusive and Affirming Expectations**

It is the expectation of CCA that all contracted providers will provide inclusive and affirming care to our transgender/non-binary/gender diverse Members. 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 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
- 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

### **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

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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-TPP provider must meet all of the staffing requirements listed in CCA's performance specification for Community Support Program (CSP) Link: [HERE](#)
- The CSP-TPP provider complies with the staffing requirements of any/all applicable licensing bodies, the staffing requirements in the Plan service-specific performance specifications, and the credentialing criteria outlined in the Plan Provider Manual
- The CSP-TPP 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.
- CSP-TPP 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-TPP staff are supervised by a licensed, master's-level clinician with training and experience in providing support services to adults with behavioral health conditions. Supervision includes Member-specific supervision, as well as a review of mental health, substance use disorders, core principles of working with individuals with justice involvement, and medical conditions and integration principles and practices
- The CSP-TPP provider ensures that staff receive documented annual training, as outlined above, to enhance and broaden their skills that is designed to prepare individuals to serve as CSP-TPP staff. In addition to the above, training topics should include:
  - Accessibility and accommodations
  - Social determinants of health (SDOH)
  - 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)
  - Supporting Members who hold one or more marginalized identities/experiences, including (but not limited to):
    - Members who have intellectual or developmental disabilities



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- Members who are deaf or hard of hearing
- Members who are blind, blind-deaf, or visually impaired
- Members who have physical disabilities, including invisible illnesses and disabilities
- Members from a wide variety of cultural backgrounds (including those that are non-dominant in Massachusetts/the United States)
- Members with a wide variety of linguistic capacities and backgrounds (including those that are non-dominant in Massachusetts/the United States)
- Members who are experiencing, or have a history of experiencing, racism (including institutional racism)
- Members who are women
- Members who are LGBTQIA+
- Members who are elders
- Members who are veterans
- Members who are experiencing, or have a history of experiencing, homelessness and/or housing insecurity
- Members who are experiencing, or have a history of experiencing, trauma
- Members who have childcare obligations

### **SERVICE, COLLATERAL, AND COMMUNITY LINKAGES:**

- With Member consent, the provider consults and collaborates with family members, significant others, guardians, outpatient providers, state agency representatives who are involved in the Member's treatment. Contraindication/declination of consent is documented in the Member's health record

### **QUALITY MANAGEMENT:**

- The CSP-TPP provider will develop and maintain a quality management plan which utilizes appropriate measures to monitor, measure, and improve the activities and services it provides
- The CSP-TPP provider 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 Adverse Incidents (per [All Provider Bulletin 316](#)). Network providers will comply with all requirements contained in their contract with CCA including any corrective actions required by CCA or applicable regulatory agencies



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### REIMBURSEMENT:

Plans are also reminded to ensure that CSP-TPP providers use a Z59.811 (*housing instability, housed and at risk of Homelessness*) secondary diagnosis code for any member receiving CSP-TPP services

Please refer to CCA’s Covered Services and Prior Authorization PDF in the Provider Manual Link: [Here](#)

### PAYMENT POLICIES:

Please refer to CCA’s Payment Policies

Link: [Here](#)

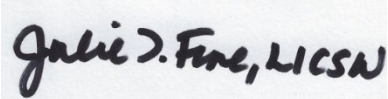

### BILLING PROCEDURES:

Please refer to SECTION 6: Claims and Billing Procedures section in CCA’s Provider Manual.

Link: [Here](#)

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).

### APPROVALS:

Julie Fine, LICSW	Vice President of Clinical Strategy and Implementation
_____ CCA Senior Clinical Lead [Print]	_____ Title [Print]
	
_____ Signature	4/12/2023
_____ Click here to enter text.	_____ Date
_____ CCA Senior Operational Lead [Print]	_____ Title [Print]
_____ Signature	_____ Date
Nazlim Hagmann, MD	Associate Chief Medical Officer
_____ CCA CMO or Designee [Print]	_____ Title [Print]
	
_____ Signature	4/12/2023
	_____ Date