



Community Support Program for Chronically Homeless Individuals (CSP-HI) PERFORMANCE SPECIFICATIONS

Performance Specifications (PS) Title: Community Support Program for Chronically Homeless Individuals (CSP-HI)		
PS #: 005	<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"/> MA Medicare Premier <input type="checkbox"/> RI Medicare Preferred <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: 06/03/2021	Effective Date: 08/21/2021
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COVERED SERVICES:

The 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 diagnosis, or to members who’s psychiatric or substance use diagnoses interfere with their ability to access essential medical services. CSPs do not provide clinical treatment services but 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.

Community Support Program for Homeless Individuals (CSP-HI) is a specialized CSP service to address the health-related social needs of members who:

- (1) Are experiencing homelessness and are frequent users of acute health services
- (2) Are experiencing chronic homelessness, as defined by the US Department of Housing and Urban Development
- (3) Have identified a Permanent Supportive Housing (PSH) housing opportunity. Once housing is imminent (Members moving within 120 days), Members receiving CSP may receive CSP-HI services. 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 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-HI services available may be categorized as:

Community Support Program for Chronically Homeless Individuals (CSP-HI) PERFORMANCE SPECIFICATIONS

- **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

CSP-HI 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, transportation, security deposits, first month’s rent, rent/utility arrearages, utility hookups, furnishings, moving expenses, or home modifications
- CSP Providers are required to review CCA’s Medical Necessity Guidelines (MNG) for CSP services which can be found [HERE](#)

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 diagnosis, 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
- **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

Community Support Program for Chronically Homeless Individuals (CSP-HI) PERFORMANCE SPECIFICATIONS

- 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.

COMPONENTS OF SERVICE/PROVIDER RESPONSIBILITIES:

To qualify for participation in MassHealth as a CSP-HI provider, a provider must have

- experience providing services to persons with mental health disorders or substance use disorders or both;
- at least two years of history providing pre-tenancy, transition into housing, and tenancy sustaining supports to persons experiencing homelessness. This must include experience with serving 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.
- 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.

CSP-HI providers may also be CSP providers but are not required to be. Community Support Program for Homeless Individuals(CSP-HI) 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
- 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 met this criteria
- The CSP-HI provider complies with all the provisions in section 11 of CCA's Provider Manual
- Each CSP must obtain written authorization from each member or the member's legal guardian to release information obtained by the provider, to other community based providers, federal and state regulatory agencies, referral providers. All such information must be released on a confidential basis and in accordance with all applicable requirements
- The CSP-HI 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-HI 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-HI will notify and collaborate with Member's care plan team in place including a Community Partner (CP), a CCA Care Partner, primary therapist, shelter program counselor, or primary care provider to ensure coordination and communication with providers and to tailor activities to the needs in the care plan
- CSP service can be delivered on a mobile basis, within housing, at provider sites, or in the

Community Support Program for Chronically Homeless Individuals (CSP-HI) PERFORMANCE SPECIFICATIONS

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 must 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

INTAKE, NEEDS ASSESSMENT, SERVICE PLANNING and RECORD KEEPING:

Please refer to CCA's performance specification for Community Support Program (CSP) for complete details on CSP performance expectations. [HERE](#)

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

Community Support Program for Chronically Homeless Individuals (CSP-HI) PERFORMANCE SPECIFICATIONS

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-HI provider must meet all of the staffing requirements listed in CCA’s performance specification for Community Support Program (CSP) [HERE](#) including:
 - CSP 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 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
- The CSP-HI provider is staffed with bachelor-level paraprofessionals and/or individuals with lived experience or work experience (refer to CCA’s CSP performance specifications link above for detailed minimum staffing requirements)
- CSP-HI providers must generate written documentation of homelessness from the local Continuum of Care Homeless Management Information System (HMIS) or comparable system used by providers of services for victims of domestic violence
- 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
- Knowledge of housing resources and dynamics of searching for housing including, but not limited to:
 - Obtaining and completing housing applications
 - Requesting reasonable accommodations
 - Dealing with poor housing history, lack of housing history, poor or lack of credit history, or criminal record mitigations
 - Gathering supporting documentation

Community Support Program for Chronically Homeless Individuals (CSP-HI) PERFORMANCE SPECIFICATIONS

- 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-HI 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 diagnosis, and medical issues. CSP-HI 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-HI
- 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

REIMBURSEMENT:

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

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

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



Community Support Program for Chronically Homeless Individuals (CSP-HI) PERFORMANCE SPECIFICATIONS

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]

4/19/2023

Signature

Date

Click here to enter text.

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CCA CMO or Designee [Print]

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4/19/2023

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Date