



**Community Support Program for Individuals with Justice Involvement (CSP-JI)
PERFORMANCE SPECIFICATIONS**

Performance Specifications (PS) Title: Community Support Program for Individuals with Justice Involvement (CSP-JI)		
PS #: 024	<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: 3/28/2023; 7/20/2023;	Next Annual Review Date: 1/12/2024; 3/28/2024; 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 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-JI is a more intensive form of CSP for individuals who have experienced involvement with the justice system, including re-entry following incarceration, parole supervision, and probation supervision. CSP-JI is a community-based service and support program that seeks to work with Members in coordinating the behavioral health supports and related resources that support Members in achieving and sustaining community tenure.

Community-based service coordination and support services such as CSP-JI should be flexible, with the goal of maximizing the ability of Members who have experienced involvement with the justice system, including re-entry following incarceration, parole supervision, and probation supervision, to engage with behavioral health services and other supportive care that support the goal of attaining and maintaining community tenure. Providing low-threshold, high-support, services to Members who have experienced involvement with the justice system has been shown to significantly decrease the likelihood of admission to a 24-hour level of care.



Community Support Program for Individuals with Justice Involvement (CSP-JI) PERFORMANCE SPECIFICATIONS

Medical Necessity Criteria for level of care:

Please refer to CCA's Medical Necessity Criteria [HERE](#)

COMPONENTS OF SERVICE/PROVIDER RESPONSIBILITIES:

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

Community Support Program for Individuals with Justice Involvement (CSP-JI) providers must meet the following minimum qualifications:

- The provider complies with all the provisions in section 11 of CCA's Provider Manual [Here](#)
- The CSP-JI 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-JI provider assertively provides outreach, service coordination, monitoring, follow-up, and general assistance to Members in managing barriers that may impede access to services, supports, or the progress of recovery. In doing so, the provider supports the Member to maintain community tenure
- The CSP-JI 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-JI 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 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 racial, ethnic, gender/gender identity, sex, sexual orientation, physical and intellectual challenges, and their chosen pathway to achieving and sustaining community tenure
- In order to receive the case rate for CSP-JI, the provider must document and be able to demonstrate completion of the following minimum activities with all Members on the case:
 - At least four connections or instances of case-related work with the Member over a 30-day period, including at minimum one connection over the 30-day period. Connections can be made in person, over the phone, via telehealth, or by text provided that the Member is engaged and responsive. These ongoing connections must support the Member in working towards the goals in the Support Plan. The provider must be able to demonstrate that they are fulfilling the requirements of the performance specification, including the minimum Member interaction required for the daily case rate. Sufficient time must be spent on case-related work without the Member present to assist the Member in accomplishing goals (e.g., phone calls to providers, identifying materials). These activities are intended to support the work with the Member but not replace actual connections between the provider and the Member

Community Support Program for Individuals with Justice Involvement (CSP-JI) 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 member's 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

Community Support Program for Individuals with Justice Involvement (CSP-JI)

PERFORMANCE SPECIFICATIONS

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-JI provider complies with all the provisions in section 11 of CCA’s Provider Manual
- The CSP-JI provider must meet all of the staffing requirements listed in CCA’s performance specification for Community Support Program (CSP) Link: [HERE](#)
- The CSP-JI 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-JI 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-JI 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
- CSP-JI staff members are capable of providing services to individuals with justice involvement. CSP-JI programs include, at a minimum, staff members with specialized training in providing services to individuals with justice involvement, behavioral treatment, substance use and co-occurring disorders, and family treatment/engagement/education regarding psychiatric, substance use disorder recovery, and medical issues
- CSP-JI staff are supervised by a licensed, master’s-level clinician with training and experience in providing support services to adults and/or youth 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-JI provider ensures that staff receive documented, annual training to enhance and broaden their skills that is designed to prepare individuals to serve as CSP-JI staff. The training program must be approved by the Executive Office of Health and Human Services (EOHHS), and EOHHS or its designee offers trainings covering many of the topics listed in this section. In addition to the training topics listed in the general CSP specifications, the training topics include but are not limited to:

Community Support Program for Individuals with Justice Involvement (CSP-JI) PERFORMANCE SPECIFICATIONS

- Principles of working with Members with justice involvement, including:
 - Health impacts of incarceration
 - Familiarity with Cognitive Behavioral Therapy and Dialectical Behavioral Therapy
 - Treatment for individuals with a history of criminal conduct and substance use disorder treatment
 - Effective behavioral change interventions for individuals with justice involvement in community settings
 - Criminal thinking and antisocial traits
 - Crisis intervention
 - Treatments for individuals with a history of justice involvement and mental health diagnoses
 - Working with individuals with a history of sex offenses
 - Working with individuals with a history of arson or violence
- Motivational interviewing
- Accessibility and accommodations
- 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)
- 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
 - 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

Community Support Program for Individuals with Justice Involvement (CSP-JI) PERFORMANCE SPECIFICATIONS

- Members who have childcare obligations
 - Safety protocols
- Safety protocol: The CSP-JI provider maintains and adheres to a safety protocol, which, at a minimum, includes policies and procedures to ensure:
 - The right of staff to request that a Member be changed to the caseload of a different staff person
 - The ability to ensure safe and appropriate environments are available for providing CSP-JI services
 - The safety of its staff and other Members
 - If home visits are conducted, they are conducted in a manner to maximize staff safety
 - Members are transported to appointments in a manner to maximize staff safety
 - That staff have access to an emergency distress signal system, such as an emergency phone application; and
 - Compliance with current guidance regarding the COVID-19 pandemic and other public health emergencies

SERVICE, COLLATERAL, AND COMMUNITY LINKAGES:

- With Member consent, the provider consults and collaborates with family members, significant others, guardians, outpatient providers, PCCs and other medical providers, state agency representatives, day program staff, residential staff, probation officers, parole officers, and others who are involved in the Member's treatment. Contraindication/declination of consent is documented in the Member's health record. Additionally, the CSP-JI provider maintains written affiliation agreements with entities that refer a high volume of Members to the provider and/or to which the provider refers a high volume of Members
- In addition to the service components set forth in 461.410(A) and (B), CSP-JI includes: (a) if the referral source is a correctional institution, coordinating with the BH-JI provider conducting in-reach services; (b) ensuring that the CSP-JI service plan does not conflict with the member's probation and parole supervision plan, as applicable; and (c) addressing the member's criminogenic needs in the service plan goals, including interventions and strategies for developing alternative behaviors.

DISCHARGE PLANNING AND DOCUMENTATION:

- Discharge planning begins upon engagement of the Member with the CSP-JI, and the CSP-JI documents all discharge planning activity in progress notes in the Member's health record
- The Member is involved in the discharge planning process, and this involvement is consistently documented 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
- With Member consent—and unless clinically contraindicated— natural supports, family members, significant others, state agencies, the Member's PCP, any outpatient behavioral health



Community Support Program for Individuals with Justice Involvement (CSP-JI) PERFORMANCE SPECIFICATIONS

- providers/medication prescribers, any relevant medical specialists, community-based providers, community supports, and CCA providers are involved in the discharge planning process. If the Member declines coordination with other parties, this should be documented in the Member's health record
- Discharge from the program occurs when discharge criteria are met, as outlined within the CSP-JI medical necessity criteria
- CSP-JI providers must maintain documentation of justice involvement, including whether referral was received from a correctional institution or BH-JI vendor
- Prior to discharge, the CSP-JI provider collaborates with clinical service providers to ensure a crisis prevention plan and/or safety plan is developed and/or updated in conjunction with the Member, and, with consent, all providers of care and family members/significant others. The crisis prevention plan and/or safety plan is entered in the Member's health record
- A written aftercare plan is available to the Member at the time of discharge. When consent is given, a copy of the aftercare plan will be forwarded to the family/guardian/significant other, or state agency, if they are affiliated with them, all appropriate community-based providers, PCPs, and the local Adult Mobile Crisis Intervention (AMCI)

QUALITY MANAGEMENT:

- The CSP-JI 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-JI 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



Community Support Program for Individuals with Justice Involvement (CSP-JI) PERFORMANCE SPECIFICATIONS

REIMBURSEMENT:

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]

4/19/2023

Signature

Date

Click here to enter text.

CCA Senior Operational Lead [Print]

Title [Print]

Signature

Date

Nazlim Hagmann, MD

Associate Chief Medical Officer

CCA CMO or Designee [Print]

Title [Print]

4/19/2023

Signature

Date