



Community Support Programs and Specialized Community Support Programs (CSP) Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Community Support Programs and Specialized Community Support Programs (CSP)		
MNG #: 026	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA)	Prior Authorization Needed? <input type="checkbox"/> Yes (always required) <input type="checkbox"/> Yes (only in certain situations. See this MNG for details) <input checked="" type="checkbox"/> No
Clinical: <input checked="" type="checkbox"/>	Operational: <input type="checkbox"/>	Informational: <input type="checkbox"/>
Benefit Type: <input type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	Approval Date: 9/12/2019;	Effective Date: 1/01/2020; 3/25/25
Last Revised Date: 5/5/2020; 06/24/2021; 6/10/2022; 5/8/2023; 12/6/24	Next Annual Review Date: 9/12/2020; 05/05/2021; 06/24/2022; 6/10/2023; 5/8/2024; 12/6/25	Retire Date:

OVERVIEW:

Community Support Programs (CSPs) provide an array of services delivered by community-based, mobile, paraprofessional staff, supported by a clinical supervisor, to members with psychiatric or substance use disorder diagnoses and/or to members for whom their psychiatric or substance use disorder diagnoses interfere with their ability to access essential medical services or other basic needs which can impact community tenure. These programs provide support services that are necessary to ensure members access and utilize behavioral health 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. CSPs may accompany members to medical or behavioral health appointments. Community Support Programs also include outreach and engagement activities to facilitate face to face interactions with members. The intensity and level of support provided is based on the individual needs of the member.

Specialized CSP services address health-related social needs concerning housing instability, homelessness, and justice involvement. Specialized CSP services provide targeted services to members based on their unique situation. Specialized CSP includes:

- **Community Support Program for Homeless Individuals (CSP-HI):** a Specialized CSP service to address the health-related social needs of members who are experiencing homelessness and are frequent users of acute health services or members who are experiencing chronic homelessness. CSP-HI services include pre-tenancy supports, support in transitioning into housing, and tenancy sustaining supports.
- **Community Support Program for Tenancy Preservation Program (CSP-TTP):** 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-TTP works with the member, the Housing Court, and the member's landlord to preserve



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tenancies by connecting the member to community-based services to address the underlying issues causing the lease violation.

- **Community Support Program for Individuals with Justice Involvement (CSP-JI):** a Specialized CSP service to address the health-related social needs of members with justice involvement who have a barrier to accessing or consistently using medical and behavioral health services. CSP-JI includes behavioral health and community tenure sustainment supports.

DEFINITIONS:

At Risk of Homelessness: any member who does not have sufficient resources or support networks (e.g., friends, family, faith-based, or other social networks) immediately available to prevent them from moving to an emergency shelter or place not meant for human habitation.

Behavioral Health Disorder: any disorder pertaining to mental health or substance use as defined by the current edition of the Diagnostic and Statistical Manual of Mental Disorders.

Chronic Homelessness: as defined by the U.S. Department of Housing and Urban Development (HUD)

Correctional Institution: a county house of corrections, county jail or Department of Corrections prison facility.

Criminogenic Needs: needs that, if addressed through targeted interventions and strategies, may lower an individual's risk of further criminal activity.

Detainee: a person in custody of a correctional institution who is not sentenced and is awaiting the outcome of a legal issue.

Eviction: the process of obtaining a court order to remove a tenant and other occupants from a rental property, including serving either a Notice to Quit or a request for temporary, preliminary, or permanent relief. Eviction may also refer to any instance in which such relief has been granted. This may include members under the age of 18 residing with a parent/guardian facing eviction.

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 designed to provide temporary living arrangements, including congregate shelters, transitional housing and hotels/motels paid for by charitable organizations or by federal, state or local government programs for low-income individuals.

Inmate: an individual who is in custody and held involuntarily through operation of criminal law in a Correctional Institution.

Justice Involvement or Justice Involved: a member who is a former inmate or detainee of a Correctional Institution within the past year; or an individual under the supervision of the Massachusetts Probation Service, Massachusetts Parole Board, or both, as determined by the Massachusetts Probation Service and/or Massachusetts Parole Board.

Mental Health Disorder: any disorder pertaining to mental health as defined by the current edition of the Diagnostic and Statistical Manual of Mental Disorders.

Notice to Quit: a written notice from a landlord to a tenant that formally terminates a tenancy. Properly terminating the tenancy is the first part of the eviction process.

Parole: the procedure whereby certain inmates are released prior to the expiration of their sentence, permitting the remainder of their sentence to be served in the community under supervision and subject to specific rules and conditions of behavior.

Permanent Supportive Housing (PSH): a model of housing that combines ongoing subsidized housing matched with flexible health, behavioral health, social and other supports.



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Probation: the portion of a sentence that the court orders be served in the community under the supervision of the Massachusetts Probation Service.

Restoration Center: a designated entity that provides behavioral health services to individuals in mental health or substance use crisis, diverting individuals with behavioral health conditions from arrest or unnecessary hospitalization.

Substance Use Disorder: any disorder pertaining to substance use as defined by the current edition of the Diagnostic and Statistical Manual of Mental Disorders.

DECISION GUIDELINES:

Clinical Coverage Criteria for CSP:

Providers must determine medical necessity for CSP services using the following criteria, all of which must be present for medical necessity to be established.

1. The member has a behavioral health disorder diagnosis; and
2. The member demonstrates a need for behavioral health diversionary services and is at risk of admission to 24-hour behavioral health inpatient services as demonstrated by at least one of the following:
 - a. Being discharged from a 24-hour behavioral health inpatient or diversionary level of care within the past 180 days; or
 - b. Having more than one acute behavioral health services encounter, including Adult Mobile Crisis Intervention services, Adult Community Crisis Stabilization services, services provided by an Emergency Department, behavioral health services provided on an urgent care basis or at a restoration center within the past 90 days; or
 - c. Having documented barriers to accessing or consistently utilizing medical and behavioral health services.
3. The member does not require a more intensive level of service, including requiring structure or supervision beyond the scope of the service, or does not have medical conditions or impairments that would prevent utilization of services, including posing an imminent risk to self or others; and
4. The member voluntarily consents to CSP services and can participate in all aspects of services.

Clinical Coverage for Specialized CSP

In addition to the standards above, providers must determine medical necessity for the specialized CSP services using the following criteria, all of which must be present for medical necessity to be established for that specialized CSP service.

1. **CSP-HI:** To receive CSP-HI services a member must meet both (a), (b) and (c) below:
 - a. Clinical:
 - i. The member meets the clinical criteria for CSP as defined in the above section (Clinical Coverage Criteria for CSP). Presence of the medical necessity can be verified by diagnosis or member attestation.
 - b. The member must meet one of the following criteria for the services to begin:
 - i. Experiencing chronic homelessness; or
 - ii. Experiencing homelessness and is a frequent user of acute services as defined by:
 - 1) Four or more ED visits within the past 12 months from the date of evaluation for CSP services; or
 - 2) Three or more acute and/or psychiatric hospital inpatient admissions within the past 12 months from the date of evaluation for CSP services.
 - c. Imminent Housing: The member must meet one of the following criteria when services begin.
 - i. Has identified a PSH opportunity and will be moving into housing within 120 days of the initiation of



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services.

- ii. Is receiving homeless medical respite services in accordance with 130 CMR 458.000; or
- iii. Is being discharged from homeless medical respite services in accordance with 130 CMR 458.410, has identified a PSH opportunity, and will be moving into housing within 120 days of discharge from homeless medical respite services.

2. **CSP-JI:** To receive CSP-JI services, a member must:

- a. The member meets the clinical criteria for CSP as defined in the above section (Clinical Coverage Criteria for CSP).
- b. Have justice involvement when the services begin; and
- c. Have a barrier to accessing or consistently utilizing essential medical and behavioral health services determined by at least one of the following:
 - i. The member demonstrates antisocial behaviors, including criminal activity that has led or could lead, to criminal justice involvement; lack of concern for others; antisocial cognition; diagnosis of Antisocial Personality Disorder; and/or disregard for authority, as expressed through distrust, conflict, or opposition; or
 - ii. The member's behavioral health and/or substance use disorders produce cyclical relapse and justice involvement, without the opportunity for treatment; or
 - iii. The member engages repetitively in behaviors that pose a risk of relapse to addiction and/or mental disorder; or
 - iv. The member has insufficient community and social supports to reinforce recovery; or
 - v. The member is identified as high risk, or above, of recidivism on validated risk assessments due, at least in part, to a substance use disorder, mental health, or co-occurring disorder.
- d. Demonstrate a need for behavioral health diversionary services and be at risk of admission to 24-hour behavioral health inpatient services as demonstrated by at least one of the following:
 - i. Being discharged from a 24-hour behavioral health inpatient or diversionary level of care within the past year; or
 - ii. Having more than one acute behavioral health services encounter, including Adult Mobile Crisis Intervention services, Adult Community Crisis Stabilization services, or services provided by Emergency Departments, behavioral health services provided on an urgent care basis, or restoration centers within the past year; or
 - iii. Having documented barriers to accessing or consistently utilizing medical and behavioral health services.

3. **CSP-TPP:** To receive CSP-TPP services, to receive CSP-TPP services, a member must meet (a), (b), and (c) below.

- a. Must meet the following clinical criteria:
 - i. The member meets the clinical criteria for CSP as defined in the above section (Clinical Coverage Criteria for CSP). Presence of the medical necessity can be verified by diagnosis or member attestation.
- b. Must be at risk of homelessness; and
- c. Must be facing eviction when the services begin, with the following exceptions.



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- i. Member whose eviction cases have already gone to trial in either the District Court or Boston Municipal Court are not eligible.
- ii. Members whose eviction cases have already gone to trial in the Housing Court may be eligible, depending on the Judge's ruling.

LIMITATIONS/EXCLUSIONS:

Community Support Programs are not a covered benefit for MAPD and DSNP plans in MA and RI.

KEY CARE PLANNING CONSIDERATIONS:

CCA will collaborate with ICT and CSP when considering a discharge plan.

CODING:

When applicable, a list(s) of codes requiring prior authorization is provided. This list is for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment.

Prior authorization is NOT required.

<u>Procedure Code</u>	<u>Service</u>
H2015	Community Support Program (CSP)
H2016-HK	Community Support Program -Homeless Individuals (CSP-HI)
H2016-HE	Community Support Program Tenancy Preservation Program (CSP-TPP)
H2016-HH	Community Support Program-Justice Involved (CSP -JI)

Disclaimer

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses evidence based InterQual® criteria, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists. Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria.

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider's agreement with the Plan (including complying with Plan's Provider Manual specifications).

This Medical Necessity Guideline is not a rigid rule. As with all of CCA's criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity (supporting literature (full text preferred) should be attached to the request), or describing the member's unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another



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service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member's unique clinical circumstances will generally be required.

RELATED REFERENCES:

- MassHealth Managed Care Entity Bulletin 99: Specialized Community Support Program Services:
<https://www.mass.gov/doc/managed-care-entity-bulletin-99-specialized-community-support-program-services/download>
- MassHealth Guidelines for Medical Necessity Determination for Community Support Program:
<https://www.mass.gov/guides/masshealth-guidelines-for-medical-necessity-determination-for-community-support-program>

REVISION LOG:

REVISION DATE	DESCRIPTION
12/6/2024	Updated MNG in support of the following documents provided by MassHealth requirements and guidance for CSP and Specialized CSP services: <ul style="list-style-type: none">• 130 CMR 461.000: Community Support Program Services• 101 CMR 362.00: Rates for Community Support Program Services• Guidelines for Determining Medical Necessity for Community Support Program• MassHealth Managed Care Bulletin 99
4/11/2024	Template update
1/12/2023	Language in the Clinical Coverage Criteria changed from "This Medical Necessity Guideline (MNG) applies to all CCA Products unless a less restrictive and applicable..." to "This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable..."



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APPROVALS:

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