



Community Support Program for Tenancy Preservation Program (CSP-TPP) Performance Specifications

Providers contracted for this level of care are expected to comply with all requirements of this service-specific performance specifications. Providers contracted for this service and all contracted services are held accountable to the General performance specifications. The requirements within this service-specific performance specification take precedence over general performance specifications.

Community Support Program for Tenancy Preservation Program (CSP-TPP) is a specialized CSP service to address the health-related social needs of members who are at risk of homelessness or facing eviction as a result of behavior related to a disability. Members at risk of homelessness are defined as any member who does not have sufficient resources or support networks (e.g., family, friends, faith-based or other networks) immediately available to prevent them from moving to an emergency shelter or another place not meant for human habitation. Eviction is 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 (a written notice from a landlord to a tenant that formally terminates tenancy; properly terminating the tenancy is the first part of the eviction process) or a request for a temporary, preliminary or permanent relief. Eviction may also refer to any instance in which such relief has been granted. 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 in order to address the underlying issues causing the lease violation.

CSP-TPP providers are required to review and ensure enrolled members meet the Medical Necessity Guidelines (MNG) located [HERE](#).

COMPONENTS OF SERVICE/PROVIDER RESPONSIBILITIES:

CSP-TPP providers may also be CSP providers but are not required to be. CSP-TPP providers must meet all requirements specified in 130 CMR 461 and 450: Administrative and Billing regulations and following qualifications:

- 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 MassHousing to provide tenancy preservation program services.
- CSP-TPP are encouraged to conduct due diligence to gather documentation of ICD-10 code diagnosis, CCA will allow providers to submit alternative types of documentation referenced above as evidence of member meeting clinical eligibility.
- Please refer to CCA's performance specification for Community Support Program (CSP) for complete details on CSP performance expectations including intake, needs assessment, service planning, referral services, crisis intervention referrals, discharge planning, record keeping located

[HERE](#)

- For CSP-TPP, the timeframe for completing and updating the needs assessment may be extended as needed to allow for Member engagement if the provider documents timely, unsuccessful attempts to engage the Member in completing or updating the assessment.
- CSP-TPP provides tenancy sustaining services, including tenant rights education and eviction prevention. In addition to the service components set forth in 130 CMR 461.410(A) and (B), CSP-TPP services must also include:
 - 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 case management and stabilization services to members; and
 - Making regular reports to all parties involved in the Eviction until the member's housing situation is stabilized.
- CSP-TPP must operate at least one location that is open and operated at least 40 hours per week within Massachusetts with the ability to provider onsite and community-based services.
- 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**) to ensure coordination and communication with the CCA Care Team and tailor activities to the needs in the care plan.

CSP SERVICE LIMITATIONS:

- Services cannot be delivered when member is receiving inpatient or long-term care services in an acute or chronic hospital, a psychiatric hospital, or a level II or level III nursing facility. However, CSP services can be delivered when they are a part of a support for transition between service settings, including connecting with Member as part of the Member's discharge planning from inpatient or 24-hour diversionary setting supporting them through transition to accessing outpatient and community-based services.
- Housing related expenses (i.e., cost related to housing move-in fees or fees related to eviction prevention).
- Services provided when Member is in the Custody of a correctional institution.
- Travel time: travel time that is to or from community-based locations, including the member's home, and is specifically related to the engagement of a member in CSP-TPP services or the direct provision of CSP-TPP services is reimbursed. No other travel time is covered.
- Transportation: CSP-TPP providers may provide referrals to community-based transportation resources. CSP-TPP providers may pay for a member's transportation costs related to CSP-TPP services. CCA does not reimburse CSP providers for transportation costs.

- Funding Availability

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. (i.e., consistently using the name and pronouns that the Member uses for themselves)
- 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)

STAFFING REQUIREMENTS

The CSP-TPP provider must meet all of the staffing requirements listed in CCA's performance specification for Community Support Program (CSP) located [HERE](#) including:

- The CSP-TPP provider complies with the staffing requirements of any/all applicable licensing bodies, the staffing requirements in the service-specific performance specifications, and the credentialing criteria outlined in the MassHealth CSP Provider Manual
- All staff must have at least a bachelor's degree in related behavioral health field, or two years of relevant work experience, or lived experience of homelessness, behavioral health conditions and/or justice involvement. CSP-TPP 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.

QUALITY MANAGEMENT:

- The program will develop and maintain a quality management plan which utilizes appropriate measures to monitor, measure, and improve the activities and services it provides.
- The program 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-TPP
- Providers must comply with all relevant laws and regulations, including Medicare and Medicaid rules, for reporting Serious Reportable Events (SREs).
- Reportable adverse incidents, which pose actual or potential harm to a Member or others, must be reported within one business day as per policy and DMH licensing requirements.
- Providers must follow all laws and regulations for reporting Adverse Incidents (per [All Provider Bulletin 316](#)) and adhere to their contract with CCA, including any corrective actions required by CCA or regulatory agencies.

DOCUMENT UPDATES:

- February 2025: Revised template and updated MassHealth changes effective 1/1/25.
- February 2026: Revised description of CSP-TPP services.