



Community Support Program for Homeless Individuals (CSP-HI) 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 Homeless Individuals (CSP-HI) is a specialized CSP service to address the health-related social needs of members who are experiencing homelessness and are frequent users of acute health MassHealth services or are experiencing chronic homelessness. Homelessness is defined as 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 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. CSP-HI services include pre-tenancy supports, support in transitioning into housing, and tenancy sustaining supports. CSP-HI services are to address the health-related social needs of members who:

- are experiencing homelessness and are frequent users of acute health MassHealth services, as defined by EOHS; or
- are experiencing chronic homelessness, as defined by the US Department of Housing and Urban Development.

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

COMPONENTS OF SERVICE/PROVIDER RESPONSIBILITIES:

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

- 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.

- 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 specialized CSP, 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.
- The CSP-HI 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-HI providers may also be CSP providers but are not required to be. Community Support Program for Homeless Individuals (CSP-HI) includes assistance from specialized professional who have the ability to engage and support Members experiencing homelessness in search for permanent supportive housing; preparing for and transitioning to an available housing unit; and once housed, coordinating access to medical care, behavioral health and other needed services geared towards helping Members sustain tenancy and meet their health needs. Providers must meet the service components set forth in 130 CMR 461.410 (A) and (B), CSP services must also include:

- **Pre-Tenancy supports** 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 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-HI provider must meet all of the staffing requirements listed in CCA's performance specification for Community Support Program (CSP) [HERE](#) including:

- 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.
- 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.
- CSP-HI 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.

EXPECTED OUTCOMES AND 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-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 Serious Reportable Events (SREs) and Adverse Incidents.
- Reportable adverse incidents must be reported to CCA and MassHealth Office of Behavioral Health within one business day as per policy and DMH licensing requirements. Providers must follow all laws and regulations for reporting Adverse Incidents ([per MassHealth 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.

DOCUMENT UPDATES:

- February 2025: Revised template and updated MassHealth changes effective 1/1/25.
- February 2026: Added definition of homelessness.