



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

Providers contracted for this level of care are expected to comply with all requirements of this service-specific performance specification. 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 Individuals with Justice Involvement (CSP-JI) is a specialized form of CSP service to address the health-related social needs of Members with justice involvement and have a barrier to accessing or consistently utilizing medical and behavioral health services. CSP-JI includes behavioral health and community tenure sustainment support. It provides support services for individuals who have experienced involvement with the justice system, including re-entry following incarceration, parole supervision, and probation supervision.

Community-based service coordination and support services such as CSP-JI should be flexible, with the goal of helping members attain the skills and resources needed to maintain housing stability. Providing low-threshold, high-support services for 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.

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. CSP-JI providers must be an organization that provides mental health or substance use disorder services and are required to be licensed by the Department of Public Health.

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

- The provider complies with all relevant provisions 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 assists the member in enhancing daily living skills, provides service coordination and linkages, assists with obtaining benefits, housing and healthcare, develops a safety plan, provides prevention and intervention, and fosters empowerment and recovery, including linkages to peer support and self-help groups.
- The CSP-JI provides 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 notifies and collaborates with the Member's care team, including, but not limited to the CCA Care Manager, primary therapist, shelter program counselor, or primary care provider to ensure coordination and communication with providers and that activities are tailored to the needs identified in the care plan.
- CSPs deliver services on a mobile basis, in homes, 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. Services may be delivered via telehealth as appropriate.
- CSPs 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.

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)

STAFFING REQUIREMENTS:

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

- Program complies with all provisions of the corresponding section in the General performance specifications
- Program 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

- Program is staffed with bachelor-level paraprofessionals and/or individuals with lived experience 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-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 program 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:
 - 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
 - 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
 - Members who have childcare obligations
- 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 public health recommendations

SERVICE, COLLATERAL, AND COMMUNITY LINKAGES:

- With Member consent, the provider consults and collaborates with family members, significant others, guardians, outpatient providers, PCPs 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 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 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-JI
- 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 (SREs) and/or 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
- March 2026: Annual Review