

## PERFORMANCE SPECIFICATIONS

Performance Specifications (PS) Title: Community Support Program (CSP)		
PS #: 010	<input type="checkbox"/> SCO <input type="checkbox"/> One Care	Prior Authorization Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Clinical: <input checked="" type="checkbox"/>	Operational: <input type="checkbox"/>	Informational: <input type="checkbox"/>
Medicare Benefit: <input type="checkbox"/> Yes <input type="checkbox"/> No	Approval Date: 7/1/2021	Effective Date: 9/28/2021
Last Revised Date:	Next Annual Review Date: 7/1/2022	Retire Date:

### COVERED SERVICES:

Community Support Program (CSP) provides case management services, delivered by a paraprofessional to Members whose clinical profile or utilization of services indicates that they are at high risk for admission to 24-hour psychiatric or addiction treatment settings. CSP's provide services designed to respond to the needs of the individual member. The intensity and amount of support provided is customized to meet the individual needs of members and will vary according to their needs over time. Community support services include intensive outreach and support as well as face to face contact with Members in their homes or in other non-clinical settings. CSP services are expected to complement and coordinate with other services already in place for the member and the CSP worker does not replace the role of the member's outpatient therapist. The CSP treatment/service plan assists the Member with attaining their goals outlined in outpatient services and/or other levels of care and works to mitigate barriers to doing so. Members who benefit from CSP services include a Member who has a mental health, substance use and/or co-occurring disorder that has required psychiatric hospitalization or the use of another 24- hour level of care or has resulted in serious impairment with a risk of admission. CSP services are used to prevent future hospitalizations. CSP services are designed to be maximally flexible in supporting individuals to implement their clinical treatment plans in outpatient and/or other levels of care and attain the skills and resources needed to maintain integrated living in the community.

### COMPONENTS OF SERVICE/PROVIDER RESPONSIBILITIES:

- The CSP Program must be part of a mental health or substance abuse services organization licensed in the Commonwealth of Massachusetts
- The CSP Program provides urgent coverage for members 24/7, 365 days per year with a referral to Emergency Services and/or diversionary services
- The CSP Program provides mobile services to members in settings deemed safe for the member and CSP provider. This includes all community settings including a Members home and/or community setting including shelters, emergency room, an inpatient or diversionary unit, or a day program
- The CSP staff should attempt to contact the member within 1 business day of receipt of the initial referral and schedule the first meeting with the Member as soon as possible
- The CSP staff shall participate in provider meetings as scheduled by Commonwealth Care Alliance (CCA's) Clinical Teams as appropriate
- The member will be involved to the maximum extent possible in the treatment/service and discharge planning process
- The scope of required service components provided in this level of care includes, but is not limited to, the following:

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- Case management
  - Development and/or updating of crisis prevention plan
  - Needs assessment
  - CSP treatment/service plan
  - Service coordination and linkage, relative to services included in the Member's individualized CSP treatment/service
  - Travel time as part of the initial and on-going engagement process with Members in acute care facilities or community-based settings
  - Provision of temporary assistance with transportation to essential medical and behavioral health appointments while transitioning to community-based or CCA supported transportation resources
  - Research time/telephone time assisting Members with obtaining benefits, housing, and health care
  - The provider encourages and facilitates the utilization of natural support systems (i.e., family and friends) and recovery-oriented, peer support, and/or self-help supports and services (e.g., clubhouses, Recovery Learning Communities, AA) and provides appropriate educational materials to Members support system that address psychiatric and substance use disorders as well as information on Recovery and the Recovery process
  - Support for Members experiencing a behavioral health crisis during or beyond the clinics business hours include:
    - CSP staff can make a referral to the Members outpatient provider if clinically indicated and with a supervisor's approval
    - CSP staff can make a referral to an ESP provider if clinically indicated and with a supervisor's approval
    - Implementation of other interventions to support the Member including elements of the Members Crisis plan, encouragement of step-by-step strategies that pull on Members strengths and coping mechanisms, and or follow-up and safety assessment with the Member and any other relevant parties including family and natural supports
- The CSP program will give 30 days prior notice of planned termination of CSP services to relevant parties and CCA's Care Team. For unplanned termination of services, the CSP will notify all relevant parties, including CCA, within 1 business day of such termination. Notification can be delivered to **the CCA Care Team can be reached by calling 866-420-9332 (option #4)**
- The CSP provider documents all services provided (face-to-face, phone, telehealth and collateral contacts) and progress toward measurable behavioral goals in the progress note in the Members' health record
  - The CSP 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
  - Acting as an advocate, the CSP will notify and collaborate with Members' CCA Care Team and others including the primary therapist, shelter program counselor, or primary care provider. If the Member consents, CSP staff will ensure coordination and communication with those providers and tailor activities to the needs in the care plan

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- The CSP provider will ensure 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 ending homelessness

### **STAFFING REQUIREMENTS:**

- The provider complies with the staffing requirements of the applicable licensing body
- The provider is staffed with bachelor-level paraprofessionals and/or individuals with lived experience
- The provider ensures that staff receive training or have lived experience in behavioral health treatment for co-occurring disorders, trauma-informed care, and Traumatic Brain Injuries (TBI)
- The provider ensures that the staff have received training or have lived experience in outreach and engagement strategies such as progressive engagement, stages of change, motivational interviewing, etc.
- CSP staff are supervised by a licensed masters level clinician with training and experience in providing services to adults with behavioral health and substance use diagnosis
- CSP staff members are trained in and capable of meeting community support needs relative to psychiatric conditions for adults, as well as issues related to substance use and co-occurring disorders, Recovery and medical issues. Included is training in managing professional boundaries, confidentiality, Peers as CSP workers and appropriate service termination
- The CSP programs include, at minimum, staff members with specialized training in behavioral treatment, substance use and co-occurring disorders, principles of wellness and Recovery and family treatment/engagement/education regarding psychiatric, substance use disorder and recovery and medical issues

### **ASSESSMENT, TREATMENT/RECOVERY PLANNING AND DOCUMENTATION:**

- The CSP provider activates a referral immediately by contacting the referral source to gain clarification and insight about the referral. If the referral comes from a CCA Care Team, the provider is to contact the **CCA Care Team at 866-420-9332 (option 4)**. If the referral comes from a 24-hour inpatient or a diversionary setting, the CSP provider, with the Members consent, will participate in the discharge planning process and document this activity in the Members health record
- The CSP provider contacts the Member within 24 hours of the referral being made and schedules a visit with the Member as soon as possible
- A comprehensive CSP needs assessment, informed by a biopsychosocial assessment from the referral source, will be completed in the first 2 weeks post referral to support the Member in identifying ways to support the Member in mitigating barriers to accessing and utilizing clinical treatment services and attaining the skills and resources to maintain integrated living in the community. CSP staff will work with their supervisor in reviewing the biopsychosocial assessment from the referral source to support formulating a treatment plan for the Member

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- The CSP needs assessment is updated as needed and entered into the Members health record
- In collaboration with the Member and support from CSP staff supervisor, a comprehensive treatment/service plan is formulated that is solution-focused with clearly defined interventions and measurable goals, and that outlines all the activities to be performed and/or coordinated by the provider
- The goal of the CSP treatment/service plan is to support the Members use of outpatient and/or other clinical treatment services and attainment of his/her treatment plan goals in those settings and address barriers that the Member faces. The treatment/service plan is updated at a minimum quarterly or more frequently if there are significant changes to the Members needs
- CSP treatment/ service plan should be designed to maximize the Members independence, ability to care and manage him/her self, manage behavioral health and medical needs, support wellness and recovery needs and draw on the Members strengths
- All services, progress notes, collateral contacts, progress toward goals, and contact with or related to the member shall be documented in their service record
- The provider and member collaboratively develop a crisis prevention or risk management safety plan. This plan will include strategies, supports, and contact information that will assist the member in the event that s/he experiences a crisis. The plan will also include contact information for the Emergency Services (ESP) most accessible to the member

### **DISCHARGE PLANNING, COMMUNITY AND COLLATERAL LINKAGES:**

- Discharge Planning begins upon admission of the member into the program
- The Member will be involved in the discharge planning process and this will be clearly documented in the discharge and treatment/service plan, which should incorporate the member's signature.
- With consent, and as clinically indicated, family members, guardians, significant others, CCA Care Team and all involved providers, including state agencies, will be involved in the discharge planning process
- An updated crisis or risk management safety plan is developed with the member and is included as part of the aftercare plan at discharge
- 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, CCA Care Team, DMH or other state agency, if they are affiliated with them, all appropriate community-based providers, PCP, and the local Emergency Service Provider
- The CSP provider makes best efforts to develop policies and linkages that promote communication and coordination of care with PCPs and to be knowledgeable of chronic medical conditions and diseases, to assess Members' compliance with medical treatment, and to assist

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Members with mitigating related barriers

- The Provider will ensure that linkages have been coordinated with community agencies and make available to Members services related to:
  - Recovery and wellness information and resources, such as peer support services, self-help groups (e.g., Manic Depressive Disorders Association, twelve-step groups such as AA, Al-Anon, Double Trouble, family support groups and others)
  - Consumer-operated and recovery-oriented services and supports (e.g., Recovery Learning Communities and Independent Living Centers)
  - Advocacy organizations (e.g., NAMI, PPAL, M-POWER)
  - As appropriate, Members may also be referred to other supportive community services, such as holistic care, massage therapy, nutritional therapy, employment training centers, etc

### **QUALITY MANAGEMENT:**

- The facility will develop and maintain a quality management plan which utilizes appropriate measures to monitor, measure, and improve the activities and services it provides
- The facility 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 standard for CSP services
- 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). Network providers will comply with all requirements contained in their contract with CCA including any corrective actions required by CCA or applicable regulatory agencies. A more complete list of SRE's can be found in Section 11 of CCA's Provider Manual.

### **REIMBURSEMENT:**

Please refer to CCA's Covered Services and Prior Authorization PDF in the Provider Manual

Link: [HERE](#)

### **BILLING PROCEDURES:**

Claims are to be submitted on the applicable industry standard claim forms and shall include, at a minimum, the following information:

- Member's name and address
- Member's Date of Birth
- Member's CCA ID Number



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- CCA Provider Number
- Date of Service
- Diagnosis, using appropriate and applicable code
- Services, equipment, supply or treatment/procedure provided, using applicable coding (i.e., HCPCS) \*
- Provider’s Usual Charges

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:**

Peggy Johnson  
\_\_\_\_\_  
CCA Senior Clinical Lead [Print]

Signature

Chief of Psychiatry  
\_\_\_\_\_  
Title [Print]

7/1/2021

Date

Doug Hsu  
\_\_\_\_\_  
CCA Senior Operational Lead [Print]

Signature

VP, Medical Policy & Utilization Review  
\_\_\_\_\_  
Title [Print]

7/1/2021

Date

Lori Tishler  
\_\_\_\_\_  
CCA CMO or Designee [Print]

Signature

SVP, Medical Services  
\_\_\_\_\_  
Title [Print]

7/1/2021

Date