Community Support Program for Homeless Individuals (CSP-HI)

Providers contracted for this level of care or service are expected to comply with all requirements of these service specific performance specifications.

The performance specifications contained within pertain to the following service:
Community Support Program for Homeless Individuals (CSP-HI)

Definition

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 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.

Community Support Program for Homeless Individuals (CSP-HI) is a specialized CSP service that provides 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.

CSP-HI providers can begin billing for the delivery of CSP-HI as early as 120 days before a member moves into housing. Once the member has obtained housing, CSP-HI services will continue to be paid until such a time as the Provider determines that CSP-HI is no longer medically necessary.

CSP-HI services are paid on a daily rate. The rate paid for CSP-HI services are no less than the rates paid by MassHealth, as set forth in 101 CMR 362.00, and are sufficient to ensure network adequacy.

Contracted CSP-HI providers must submit claims using the code H2016 with the modifier "HK." CSP-HI providers must the appropriate secondary diagnosis code below that reflects the member's housing situation at onset of the CSP-HI services:

- Z59.00 – Homelessness, unspecified
- Z59.01 - Sheltered Homelessness including doubled up or living in a shelter such as a motel, scattered site housing, temporary or transitional living situation
- Z59.02 - Unsheltered Homelessness including residing in a place not meant for human habitation such as: abandoned buildings, cars, park, sidewalk or residing on the street

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CSP-HI eligibility criteria:

- Have a BH disorder and demonstrate a need for behavioral heath diversionary services, or
- Housing status:
  - Be experiencing chronic homelessness (as defined by HUD) at the onset of services or
  - Not meet the definition of chronically homeless, but be experiencing homelessness at the onset of services and are frequent users of acute health MassHealth services as defined by:
    - 4+ ED visits within the past 12 months from the date of evaluation for CSP-HI services; or
    - 3+ acute and/or psychiatric hospital inpatient admissions within the past 12 months from the date of evaluation for CSP-HI services; and
- Imminent Housing:
  - Has identified Permanent Supportive Housing (PSH) opportunity and will be moving into housing within 120 days of the initiation of services;
  - Is receiving Homeless Medical Respite Services; or

Is being discharged from Homeless Medical Respite Services, has identified a PSH opportunity, and will be moving into housing within 120 days of discharge from Homeless Medical Respite Services.

Components of Service

1. The scope of required service components provided in this level of care must foster member empowerment, recovery, and wellness and must be designed to increase a member's independence, including management of their own behavioral health and medical services. Services vary over time in response to the member's ability to use their strengths and coping skills and achieve these goals independently. Services include:
   a. Assisting members in improving their daily living skills so they are able to perform them independently or access services to support them in doing so;
   b. Spending time with members and providers;
   c. Providing members and their families with education, educational materials, and training about behavioral health and substance use disorders and recovery. The provider facilitates access to education and training on the effects of psychotropic medications, and ensures that the member is linked to ongoing medication monitoring services and regular health maintenance;
   d. Coordinating services and assisting members with obtaining benefits, housing, and healthcare;
   e. Communicating with members or other parties that may include appointment reminders or coordination of care;
   f. Collaborating with crisis intervention providers, state agencies, and outpatient providers, including working with these providers to develop, revise, and utilize member crisis prevention plans and safety plans; and
   g. Encouraging and facilitating the utilization of natural support systems, and recovery-oriented, peer support, and self-help supports and services.
2. The CSP-HI providers may also be CSP providers but are not required to be. CSP-HI providers are not required to be licensed by the Massachusetts Department of Public Health (DPH).

3. The CSP-HI provider must have experience providing services to persons with mental health disorders or substance use disorders or both; and 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.
4. The CSP-HI provider must have specialized professional staff 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.
5. The CSP-HI staff must be directly accessible to the member, in person Monday through Friday, 9:00 A.M. to 5:00 pm; and the staff 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.
6. If a member experiencing a behavioral health crisis contacts the CSP-HI provider during business hours or outside business hours, each program must have capacity to respond to a member's behavioral health crisis. Under the guidance of a CSP-HI supervisor, the CSP-HI staff may implement interventions to support and enable the member to remain in the community, refer the member to crisis intervention services, or refer the member to other healthcare providers, as appropriate.
7. The CSP-HI provider delivers CSP-HI services on a mobile basis to members in any setting that is safe for the member and staff. Services may also be delivered via telehealth, as appropriate. The provider assertively provides outreach, service coordination, monitoring, follow-up, and general assistance to members in mitigating and managing any barriers that may impede access to services, participation in CSP-HI services and/or clinical treatment services, or the progress of recovery.
8. The provider facilitates and serves as an adjunct to outpatient and/or other behavioral health services and primary care services for medical issues.
9. The provider encourages and facilitates the utilization of natural support systems (i.e., family/caregiver and friends) and recovery-oriented, peer support, and/or self-help supports and services (e.g., clubhouses, Recovery Learning Communities, AA, etc.).
10. The CSP-HI provides members and their families/caregivers with education, educational materials, and training about psychiatric and substance use disorder diagnoses and recovery. The provider facilitates access to education and training on the effects of psychotropic medications, as well as those for physical disorders, and ensures that the member is linked to ongoing medication monitoring services and regular health maintenance.
11. CSP-HI includes assistance from specialized professionals who have the ability to engage and support individuals experiencing homelessness in searching for permanent supportive housing; preparing for and transitioning to an available housing unit; and, once housed, coordinating access to physical health, behavioral health, and other needed services geared towards helping them sustain tenancy and meet their health needs. In addition to the service components noted above, CSP-HI services must also include
    a. pre-tenancy supports, including engaging the member and assisting in the search for an appropriate and affordable housing unit;

   b. support in transition into housing, including assistance arranging for and helping the member move into housing; and
   c. tenancy sustaining supports, including assistance focused on helping the member remain in housing and connect with other community benefits and resources.
12. CSP-HI services should be flexible with the goal of helping eligible members get the skills and resources needed to maintain housing stability

Staffing Requirements

1. The CSP-HI program must designate a professional as overall administrator and program director in charge of day-to-day administration of the program.
2. The CSP-HI program must employ a multidisciplinary staff that can support the schedule of operation and provide services to members. A member of the program's professional or paraprofessional staff must be assigned to each member to assume primary responsibility for that member's case.
3. The provider staff must have at least a bachelor's degree in a related behavioral health field, or two years of relevant work experience, or lived experience of homelessness, behavioral health conditions and/or justice involvement.
4. CSP-HI staff are capable of meeting community support needs relative to mental health conditions for adults, as well as issues related to substance use, co-occurring disorders, and medical issues. CSP-HI providers include, at a minimum, staff with specialized training in behavioral treatment, substance use and co-occurring disorders, and family/caregiver engagement and education regarding mental health and substance use disorder recovery as well as medical issues.
5. CSP-HI staff must have access to a licensed, master's-level clinician or licensed psychologist, with training and experience in providing support services to adults with behavioral health conditions. 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 CSP-HI 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.
6. The provider ensures that staff receive training to enhance and broaden their skills. The recommended training topics may include but are not limited to:
   a. Common diagnoses across medical and behavioral health care;
   b. Engagement and outreach skills and strategies;
   c. Service coordination skills and strategies;
   d. Behavioral health and medical services, community resources and natural supports;
   e. Principles of recovery and wellness;
   f. Cultural competence;
   g. Managing professional relationships with Members including but not limited to boundaries, confidentiality, and peers as CSP workers;
   h. Service termination;
   i. Motivational Interviewing;
   j. Accessibility and accommodations;
   k. Trauma-informed care;
   l. Traumatic brain injuries; and

m. Safety protocols.

7. The CSP-HI staff and supervisor access additional consultation and services, as needed, through collaboration with the member's outpatient treaters, prescribers, primary care provider (PCP) and/or Primary Care Team (PCT), behavioral health crisis intervention team, and other providers.

Process Specifications

Assessment, Service Planning, and Documentation

1. Intake Services.
   a. The CSP-HI provider must initiate service planning immediately by communicating with the referral source, if any, to determine goals, and document appropriateness of services.
   b. If the member is referred by a 24-hour behavioral health level of care, including inpatient and diversionary providers, the program will participate, as appropriate, in member discharge planning at the referring provider.
   c. Please note that presence of the medical necessity can be verified by diagnosis or member attestion.
   d. If, during intake, the member is determined to be ineligible for CSP-HI, the program must provide referrals to alternative services that may be medically necessary to meet the member's needs, if any.
2. Needs Assessment. The CSP-HI provider must conduct a needs assessment for every member as follows:
   a. The needs assessment must be completed within two (2) weeks of the initial appointment.
   b. The timeframes for completing and updating the needs assessment may be extended as needed to allow for member engagement if the provider documents timely, yet unsuccessful, efforts to engage the member in completing or updating the assessment.
   c. The needs assessment must be updated with the member quarterly, at a minimum, or more frequently if needed, and must be entered in the member's health record.
   d. The needs assessments must identify ways to support the member in mitigating barriers to accessing and utilizing clinical treatment services and attaining the skills and resources to maintain community tenure.
3. Service Planning. The CSP-HI provider must complete a service plan for every member upon completion of the comprehensive needs assessment as follows:
   a. The service plan must be person-centered and identify the member's needs and individualized strategies and interventions for meeting those needs;
   b. As appropriate, the service plan must be developed in consultation with the member and member's chosen support network including family, and other natural or community supports;
   c. As appropriate, the program must incorporate available records from referring and existing providers and agencies into the development of the service plan, including any bio-psychosocial assessment, reasons for referral, goal, and discharge recommendations.
   d. The service plan must be in writing, and must include at least the following information, as appropriate to the member's presenting complaint:
      - Identified problems and needs relevant to services;
      - The member's strengths and needs;

- A comprehensive, individualized plan that is solution-focused with clearly defined interventions and measurable goals.
- Identified clinical interventions, services, and benefits to be performed and coordinated by the provider;
- Clearly defined staff responsibilities and assignments for implementing the plan;
- The date the plan was last reviewed or revised; and
- The signatures of the CSP staff involved in the review or revision.

e. The service plan must be reviewed and revised at least every 12 months. The service plan must be updated if there are significant changes in the member's needs, by reviewing and revising the goals and related activities.

4. Referral Services. The CSP-HI must have effective methods to promptly and efficiently refer members to community resources. The program must have knowledge of and connections with resources and services available to members.
   a. Each program must have written policies and procedures for addressing a member's behavioral health disorder needs that minimally include personnel, referral, coordination, and other procedural commitments to address the referral of members to the appropriate health care providers.
   b. When referring a member to another provider for services, each program must ensure continuity of care, exchange of relevant health information, and avoidance of service duplication between the CSP-HI provider and the provider to whom a member is referred. Each program must also ensure that the referral process is completed successfully and documented.
   c. Referrals should result in the member being directly connected to and in communication with community resources for assistance with housing, employment, recreation, transportation, education, social services, health care, outpatient behavioral health services, and legal services.
5. Crisis Intervention Referrals. During business hours or outside business hours, each CSP-HI provider must have capacity to respond to a member's behavioral health crisis. Under the guidance of a CSP-HI supervisor, the CSP-HI staff may implement interventions to support and enable the member to remain in the community, refer the member to crisis intervention services, or refer the member to other healthcare providers, as appropriate.
6. 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.

Discharge Planning and Documentation

1. The provider begins discharge planning upon admission of the member into the CSP-HI and documents all discharge planning activity in progress notes in the member's health record.
2. The member is involved in the discharge planning process. Such involvement is documented in the member's health record. With member consent, and unless clinically contraindicated, family members/caregivers, significant others, state agencies, the member's PCP and/or PCT, community supports, outpatient and other community-based providers are involved in the discharge planning process. The purpose of this planning process is to expedite a member-focused disposition to other levels of care, services and supports when clinically indicated and with member consent. If the member chooses not to consent to such coordination, this is documented in member's health record.

3. Discharge from the program occurs when discharge criteria are met, as outlined within the CSP-HI medical necessity criteria.
4. Prior to discharge, the 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/caregivers. The crisis prevention plan and/or safety plan is entered in the member's health record.
5. The program ensures that a written CSP-HI discharge or aftercare plan is given to the member at the time of discharge or mailed to the member along with the updated crisis prevention plan and/or safety plan, and a copy is entered in the member's health record. With member consent, a copy of the written discharge or aftercare plan is forwarded at the time of discharge to the following: family/guardian/caregiver/significant other, state agencies, outpatient or other community-based provider, PCP and/or PCT, Behavioral Health Mobile Crisis Intervention team, and other entities and agencies that are significant to the member's aftercare.