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4. Program Regulations

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461.401: Introduction

130 CMR 461.000 establishes the requirements for participation of community support programs in MassHealth. All community support programs participating in MassHealth must comply with the MassHealth regulations, including, but not limited to, regulations set forth in 130 CMR 461.000 and in 130 CMR 450.000: *Administrative and Billing Regulations*.

461.402: Definitions

The following terms used in 130 CMR 461.000 have the meanings given in 130 CMR 461.402 unless the context clearly requires a different meaning.

Adverse Incident – an occurrence that represents actual or potential serious harm to the well-being of a member or to others under the care of the community support program. Adverse incidents may be the result of the actions of a member served, actions of a staff member providing services, or incidents that compromise the health and safety of the member, or operations of the provider.

At Risk of Homelessness – any member who does not have sufficient resources or support networks (e.g., family, friends, faith-based or other social networks) immediately available to prevent them from moving to an emergency shelter or another place not meant for human habitation.

Behavioral Health Supports for Individuals with Justice Involvement (BH-JI) – supports to assist justice-involved MassHealth-eligible members in navigating and engaging with health care services. Supports include in-reach and re-entry supports for individuals releasing from correctional institutions, as well as community supports post-release for members who are not already receiving CSP-JI services.

Behavioral Health Disorder – any disorder pertaining to mental health or substance use as defined by the current edition of the *Diagnostic and Statistical Manual of Mental Disorders*.

Certified Peer Specialist (CPS) – a person who has been trained by an agency approved by the Department of Mental Health (DMH) who is a self-identified person with lived experience of a mental health disorder and wellness who can effectively share their experiences and serve as a mentor, advocate, or facilitator for a member experiencing a mental health disorder.

Community Support Program (CSP or the Program) – behavioral health diversionary services provided through community-based, mobile, paraprofessional staff to members, as set forth in 130 CMR 461.000.

Community Support Program for Homeless Individuals (CSP-HI) – a specialized CSP service to address the health-related social needs of members who

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

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Community Support Program for Individuals with Justice Involvement (CSP-JI) – a specialized 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, as defined by EOHHS. CSP-JI includes behavioral health and community tenure sustainment supports.

Community Support Program Tenancy Preservation Program (CSP-TPP) – a specialized CSP service to address the health-related social needs of members who are at risk of homelessness and facing eviction as a result of behavior related to a disability. 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.

Correctional Institution – a county house of corrections, county jail, or Department of Corrections prison facility.

Criminogenic Needs – needs that, if addressed through targeted interventions and strategies, may lower an individual’s risk of further criminal activity.

Detainee – a person in custody of a correctional institution who is not sentenced and is awaiting the outcome of a legal issue.

Eviction – 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 or a request for temporary, preliminary or permanent relief. Eviction may also refer to any instance in which such relief has been granted.

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. 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.

Inmate – an individual who is in custody and held involuntarily through operation of criminal law in a correctional institution.

Justice Involvement or Justice Involved – a member who is a former inmate or detainee of a correctional institution who has been released from a correctional institution within the past year; or an individual under the supervision of the Massachusetts Probation Service, Massachusetts Parole Board or both, as determined by Massachusetts Probation Service or the Massachusetts Parole Board.

Mental Health Disorder – any disorder pertaining to mental health as defined by the current edition of the *Diagnostic and Statistical Manual of Mental Disorders*.

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Notice to Quit – a written notice from a landlord to a tenant that formally terminates a tenancy. Properly terminating the tenancy is the first part of the eviction process.

Parent Community Support Program – the central location of the community support program, at which most of the administrative, and organizational services are performed. The parent program oversees the satellite locations and must ensure compliance with these regulations at its parent and satellite locations.

Parole – the procedure whereby certain inmates are released prior to the expiration of their sentence, permitting the remainder of their sentence to be served in the community under supervision and subject to specific rules and conditions of behavior.

Permanent Supportive Housing (PSH) – a model of housing that combines ongoing subsidized housing matched with flexible health, behavioral health, social, and other support services. “Housing First” is a specific PSH approach that prioritizes supporting people experiencing homelessness to enter low-threshold housing as quickly as possible and then providing supportive services necessary to keep them housed.

Probation – the portion of a sentence that the court orders to be served in the community under the supervision of the Massachusetts Probation Service, as authorized by M.G.L. c. 279, §§ 1 and 1A.

Re-entry – the transition of inmates and detainees from correctional institutions back into the community.

Release of Information – a document that allows a member to authorize and revoke what information they want to release from their record, who they want it released to, how long it can be released for, and under what statutes and guidelines it is released.

Restoration Center – a designated entity that provides behavioral health services to individuals in mental health or substance use crisis, diverting individuals with behavioral health conditions from arrest or unnecessary hospitalization

Satellite Community Support Program – a community support program at a different location from the parent community support program that operates under the fiscal, administrative, and personnel management of the parent community support program, including licensure as applicable, and provides eligible CSP services to eligible members in accordance with this regulation.

Specialized Community Support Program – a community support program that provides targeted CSP services to members based on their unique situation. For the purposes of this regulation, specialized CSPs include CSP for Homeless Individuals (CSP-HI), CSP Tenancy Preservation Program (CSP-TPP), and CSP for Individuals with Justice Involvement (CSP-JI). All sections of 130 CMR 461.000 apply to specialized CSP unless noted.

Substance Use Disorder – any disorder pertaining to substance use as defined by the current edition of the *Diagnostic and Statistical Manual of Mental Disorders*.

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Telehealth – the use of synchronous or asynchronous audio, video, electronic media, or other telecommunications technology, including, but not limited to

- (1) interactive audio-video technology;
- (2) remote patient monitoring devices;
- (3) audio-only telephone; and
- (4) online adaptive interviews, for the purpose of evaluating, diagnosing, consulting, prescribing, treating or monitoring of a patient's physical health, oral health, mental health or substance use disorder condition.

461.403: Eligible Members

(A) MassHealth members. The MassHealth agency covers CSP services only when provided to eligible MassHealth members, subject to the restrictions and limitations described in the MassHealth agency's regulations. Regulations at 130 CMR 450.105: *Coverage Types* specifically state, for each MassHealth coverage type, which services are covered and which members are eligible to receive those services.

(B) Recipients of the Emergency Aid to the Elderly, Disabled and Children Program. For information on covered services for recipients of the Emergency Aid to the Elderly, Disabled and Children Program, see 130 CMR 450.106: *Emergency Aid to the Elderly, Disabled and Children Program*.

(C) For information on verifying member eligibility and coverage type, see 130 CMR 450.107: *Eligible Members and the MassHealth Card*.

(D) For limitations on mental health disorder and substance use disorder services provided to members enrolled with a MassHealth managed care provider, see 130 CMR 450.105: *Coverage Types* and 130 CMR 450.124: *Behavioral Health Services*.

(E) Clinical Standards for CSP Services. Community support program services, including specialized CSP services, are provided to members based on the clinical standards published by the MassHealth agency.

461.404: Provider Eligibility

Each community support program is eligible to enroll only if the community support program meets all provider participation requirements as specified in 130 CMR 461.000 and 450.000: *Administrative and Billing Regulations*.

(A) CSP and CSP-JI Requirements. To qualify for participation in MassHealth as a CSP or CSP-JI provider, a provider must be an organization that provides mental health or substance use disorder services and operates under a valid license issued by the Massachusetts Department of Public Health (DPH).

(B) CSP-HI Requirements. To qualify for participation in MassHealth as a CSP-HI provider, a provider must have

- (1) experience providing services to persons with mental health disorders or substance use disorders or both;

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(2) 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.

(3) 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.

(C) CSP-TPP Requirements. To qualify for participation in MassHealth as a CSP-TPP provider, a provider must have an active contract with Department of Housing and Community Development or MassHousing to provide tenancy preservation program services.

461.405: Provider Enrollment Process

(A) A separate, complete application for enrollment as a MassHealth CSP provider must be submitted for each CSP. If the CSP is a parent CSP operating satellite locations, the parent CSP must identify all locations of operation in their application, including indicating which site will serve as the parent CSP location and identifying all satellite CSPs and their locations. The applicant must submit the appropriate provider enrollment application to the MassHealth agency. The MassHealth agency may request additional information or perform a site inspection to evaluate the applicant's compliance with the regulations in 130 CMR 461.000.

(1) Based on the information in the enrollment application, information known to the MassHealth agency about the applicant, and the findings from any site inspection deemed necessary, the MassHealth agency will determine whether the applicant is eligible for enrollment. In the event of an application by a parent CSP with satellite CSP locations, MassHealth may evaluate each identified satellite CSP location for eligibility prior to enrollment. MassHealth determinations of ineligibility of a parent CSP will apply to all its component satellite CSP locations. MassHealth determinations of ineligibility of a constituent satellite CSP location may not result in determination of ineligibility for the parent CSP location or all related satellite CSP locations.

(2) The MassHealth agency will notify the applicant of the determination in writing within 60 days of the MassHealth agency receiving a completed application. An application will not be considered complete until the applicant has responded to all MassHealth requests for additional information, and MassHealth has completed any required site inspection.

(B) If the MassHealth agency determines that the applicant, parent CSP location, or any satellite location is not eligible for enrollment, the notice will contain a statement of the reasons for that determination, including but not limited to incomplete application materials and recommendations for corrective action, if appropriate, so that the applicant may reapply for enrollment once corrective action has been taken.

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(C) The enrollment is valid only for the provider types and locations described in the application and is not transferable to other programs operated at other locations by the applicant. Any CSP program seeking to establish an additional satellite CSP program must reapply for enrollment pursuant to 130 CMR 461.405(A). Each location must be identified in the provider application to receive payment for services provided at that location.

461.406: Provider Reporting Requirements

(A) Each program must comply with all reporting requirements that may pertain to the practice, facility, policies or staffing of the program as directed by the MassHealth agency, and in compliance with 130 CMR 450.000: *Administrative and Billing Regulations* and 130 CMR 461.000.

(B) Adverse Incident Reports. Each provider must report adverse incidents to the MassHealth agency within 24 hours of discovery of the incident, or, if the incident occurs on a holiday or weekend, on the next business day, in a format specified by the MassHealth agency.

(C) Additional Information. Eligible providers must file such additional information as EOHHS may from time to time reasonably require.

429.407: Revocation of Enrollment and Sanctions

(A) The MassHealth agency has the right to review a CSP's continued compliance with the conditions for enrollment referred to in 130 CMR 461.405 and the reporting requirements in 130 CMR 461.406 upon reasonable notice and at any reasonable time during the CSP's hours of operation. The MassHealth agency has the right to revoke the enrollment, subject to any applicable provisions of 130 CMR 450.000: *Administrative and Billing Regulations* if such review reveals that the CSP has failed to or ceased to meet such conditions.

(B) If the MassHealth agency determines that there exists good cause for the imposition of a lesser sanction than revocation of enrollment, it may withhold payment, temporarily suspend the CSP from participation in MassHealth, or impose some other lesser sanction as the MassHealth agency sees fit, pursuant to the processes set forth in 130 CMR 450.000, as applicable.

461.408: In-state Providers: Maximum Allowable Fees

(A) The MassHealth agency pays for CSP services with rates set by EOHHS, subject to the conditions, exclusions, and limitations set forth in 130 CMR 461.000. EOHHS fees for CSP services are contained in 101 CMR 362.00: *Rates for Community Support Program Services*.

(B) Administrative Operations. Payment by the MassHealth agency for CSP services includes payment for administrative operations and for all aspects of service delivery not explicitly included in 130 CMR 461.000, such as, but not limited to

- (1) staff supervision or consultation with another staff member;
- (2) providing information for the coordination of referrals; and
- (3) recordkeeping.

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461.409: Site Inspections

(A) The MassHealth agency, and their agents and designated contractors may, at any time, conduct announced or unannounced site inspections of any and all provider locations to determine compliance with applicable regulations, which can include auditing activities in accordance with 130 CMR 450.000: *Administrative and Billing Regulations*. Such site inspections need not pertain to any actual or suspected deficiency in compliance with the regulations.

(B) After any site inspection where deficiencies are observed, the MassHealth agency will prepare a written site inspection report. The site inspection report will include the deficiencies found, and the period within which the deficiency must be corrected. The program must submit a corrective action plan, within the timeframe set forth by the MassHealth agency, for each of the deficiencies cited in the report, including the specific corrective steps to be taken, a timetable for these steps, and the date by which full compliance will be achieved. The MassHealth agency will review the corrective action plan and will accept the corrective action plan only if it conforms to these requirements.

461.410: Scope of Services

(A) The CSP provider delivers CSP services on a mobile basis to members in any setting that is safe for the member and staff. Services may be provided *via* telehealth, as appropriate.

(B) A community support program must have the capacity to provide at least the following service components:

(1) Intake Services.

(a) The program 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) If, during intake, the member is determined to be ineligible for CSP services pursuant to 130 CMR 461.403, 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 program 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 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.

(c) 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.

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- (d) For CSP-JI, the needs assessment also must also include determination of Criminogenic Needs.
- (e) For Specialized CSP, 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.
- (3) Service Planning. The program 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:
 1. Identified problems and needs relevant to services;
 2. The member’s strengths and needs;
 3. A comprehensive, individualized plan that is solution-focused with clearly defined interventions and measurable goals.
 4. Identified clinical interventions, services, and benefits to be performed and coordinated by the provider;
 5. Clearly defined staff responsibilities and assignments for implementing the plan;
 6. The date the plan was last reviewed or revised; and
 7. 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) Community Support Program Services. These services include those provided by the CSP staff to the member and supervised by the staff identified in 130 CMR 461.411. CSP services 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;

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- (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.
- (5) Referral Services. The program 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 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.
- (6) Crisis Intervention Referrals. 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 supervisor, the CSP 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) Discharge Planning. The program must provide discharge planning for each member receiving CSP to expedite a member-centered disposition to other levels of care, services, and supports, as appropriate. Discharge from the program occurs in accordance with the clinical standards published by the MassHealth agency.
- (a) The provider shall begin discharge planning upon admission of the member into the CSP, with the participation of the member, and shall document all discharge planning activity in progress notes in the member's health record;
 - (b) 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.
 - (c) The discharge planning process must include crisis prevention and safety planning.
 - (d) The program shall ensure that a written CSP discharge plan is given to the member at the time of discharge along with the updated service plan and a copy is entered in the member's health record. With member consent, a copy of the written discharge plan shall be forwarded at the time of discharge to the following individuals or entities involved in or engaged with the member's ongoing care: family members, guardian, caregiver, and significant other; state agencies; outpatient or other community-based provider; physician; school; crisis intervention providers; probation, parole; and other entities and agencies that are significant to the member's aftercare.

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- (C) Additional Services Provided through Specialized Community Support Programs
- (1) CSP-HI Services. 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 set forth in 130 CMR 461.410(A) and (B), 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.
- (2) CSP-TPP Services. 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
- (a) assessing the underlying causes of the member’s Eviction, and identifying services to address both the lease violation and the underlying causes;
 - (b) developing a service plan to maintain the tenancy;
 - (c) Providing clinical consultation services as well as short term, intensive case management and stabilization services to members; and
 - (d) Making regular reports to all parties involved in the Eviction until the member’s housing situation is stabilized.
- (3) CSP-JI Services. 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.

461.411: Staffing Requirements

(A) Minimum Staffing Requirements. Each program must meet the minimum staffing and staff composition requirements outlined in 130 CMR 461.411 to adequately provide the required scope of services set forth in 130 CMR 461.410. The staff must include an adequate number of qualified personnel to fulfill the program’s objective.

(B) Minimum Staff Composition.

(1) Program Director. The CSP program must designate a professional as overall administrator and program director in charge of day-to-day administration of the program. The program director’s responsibilities include:

- (a) hiring and firing of CSP staff;
- (b) establishing and implementing a supervision protocol;
- (c) establishing CSP policies and procedures;

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- (d) accountability for adequacy and appropriateness of member service;
 - (e) coordinating staff activities to meet program objectives;
 - (f) program evaluation; and
 - (g) establishing and supervising in-service training and education.
- (2) Multidisciplinary Staff.
- (a) The program must employ a multidisciplinary staff that can support the schedule of operations 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.
 - (b) The program must employ the number of staff necessary to implement all aspects of the service plan; maintain the member's records; initiate periodic review of the service plan for necessary modifications or adjustments; coordinate the various services provided by the program itself and by other agencies; coordinate referrals to other state agencies as needed; meet regularly with relatives and significant friends of the member; and monitor the member's progress in accomplishing the treatment goals.
 - (c) The program must have a licensed, master's-level behavioral health clinician or licensed psychologist to provide supervision to CSP staff.
 - (d) All 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.
 - (e) Staff may include qualified Certified Peer Specialists and staff with lived experience of homelessness, behavioral health conditions or justice involvement.

461.412: Supervision, Training, and Other Staff Requirements

(A) Staff Supervision Requirements. CSP 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 or youth 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.

(B) Staff Training. The program must ensure that staff receive training to enhance and broaden their skills. Recommended training topics may include but are not limited to:

- (1) common diagnoses across medical and behavioral healthcare;
- (2) engagement and outreach skills and strategies;
- (3) Service coordination skills and strategies;
- (4) behavioral health and medical services, community resources, and natural supports;
- (5) principles of recovery and wellness;
- (6) cultural competence;
- (7) managing professional relationships with members including but not limited to boundaries, confidentiality, and peers as CSP workers;
- (8) service termination;
- (9) motivational interviewing;

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- (10) accessibility and accommodations;
- (11) trauma-informed care;
- (12) traumatic brain injuries; and
- (13) safety protocols.

(C) Staff Professional Standards. Any staff, of any discipline, operating in the program must comport with the standards and scope of practice delineated in their professional licensure and be in good standing with their board of professional licensure, as applicable. Each program must notify the MassHealth agency of any staff who are sanctioned by the Department of Public Health or sanctioned by their board of licensure, as applicable.

(D) Staffing Plan. The program must maintain a staffing plan that includes policies and procedures to ensure all staffing and supervision requirements pursuant to 130 CMR 461.000 are met.

(E) Conflict of Interest. The program must ensure appropriate protections against conflicts of interest in the service planning and delivery of CSP services.

461.413: Schedule of Operations

(A) The CSP must operate at least one location that is open and operated at least 40 hours per week within the Commonwealth of Massachusetts with the ability to provide onsite and community-based services.

(B) Accessibility.

- (1) Provider staff must be directly accessible to the member, in person Monday through Friday, 9:00 A.M. to 5:00 P.M.
- (2) 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.
- (3) 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.

461.414: Recordkeeping Requirements

(A) Release of Information. Each CSP must obtain written authorization from each member or the member's legal guardian to release information obtained by the provider, to other community-based providers, federal and state regulatory agencies, and, when applicable, referral providers or other relevant parties to the extent necessary to carry out the purposes of the program and to meet regulatory requirements. All such information must be released on a confidential basis and in accordance with all applicable requirements.

(B) Member Records.

- (1) A CSP must maintain member records in accordance with 130 CMR 450.000: *Administrative and Billing Regulations*. When a member is referred to any other provider, the program must maintain the original member record and forward a copy to the other provider.
- (2) Member records must be complete, accurate, and properly organized.

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- (3) The member's record must include at least the following information:
- (a) the member's name and case number, MassHealth identification number, address, telephone number, gender identity, date of birth, marital status, next of kin, school or employment status (or both), and date of initial contact;
 - (b) the place of service;
 - (c) the member's description of the problem, and any additional information from other sources, including the referral source, if any;
 - (d) the events precipitating the member's contact with the CSP;
 - (e) Written documentation that the member receiving services meets the clinical standards published by the MassHealth agency, including the following:
 1. 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;
 2. CSP-TPP providers must maintain a copy of the Notice to Quit, a request for temporary, preliminary, or permanent relief or against whom such relief has been granted, or related Housing Court filings and records; and
 3. CSP-JI providers must maintain documentation of justice involvement, including whether referral was received from a correctional institution or BH-JI vendor.
 - (f) the relevant medical, psychosocial, educational, and vocational history;
 - (g) a needs assessment of the member;
 - (h) short- and long-range goals that are realistic and obtainable and a time frame for their achievement;
 - (i) the member's service plan, updates, and related CSP service planning meetings, including schedule of activities and services necessary to achieve the member's goals, signed by both the CSP staff person and the member;
 - (j) written record of all services provided, including face-to-face, virtual, and collateral contacts, and including progress notes;
 - (k) a written record of the reassessments that includes recommendations for revision of the service plan, when indicated, and the names of the reviewers;
 - (l) the name(s) of the CSP staff person(s) responsible for providing services to the member;
 - (m) reports on all collateral consults and collaborations with family, friends, and outside professionals, including probation, parole or correctional institution staff, who are involved in the member's treatment;
 - (n) all information and correspondence to and from other involved agencies, including appropriately signed and dated consent forms;
 - (o) when discharged, a discharge summary, including a summary of the member's services, a brief summary of the member's condition and response to services on discharge, achievement of goals, and recommendations for appropriate services that should be provided in subsequent programs by the same or other agencies to accomplish the member's long-range goals, and the program's future responsibility for the member's care; and
 - (p) if the member fails to keep appointments or to adequately participate in the service plan, CSP staff must make every effort to encourage the member to do so, and these follow-up efforts must be documented in the member's record.

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(C) Program Records. The program must retain documentation reflecting compliance with the requirements of 130 CMR 461.000, including 130 CMR 461.403.

(D) Other Records and Reports as Directed by EOHHS. The program must maintain other records and reports as directed by EOHHS.

(E) Availability of Records. Any and all records must be made available to the MassHealth agency upon request.

461.415: Written Policies and Procedures

Each community support program must have and adhere to written policies and procedures that include

- (A) a statement of its philosophy and objectives and of the geographical area served;
- (B) an intake policy;
- (C) admission procedures;
- (D) service delivery procedures, including, but not limited to, development of the service plan, case assignment, case review, discharge planning, and follow-up on members who leave the CSP;
- (E) a referral policy, including procedures for ensuring uninterrupted and coordinated member care;
- (F) recordkeeping policies, including what information must be included in each record, and procedures to ensure confidentiality;
- (G) personnel and management policies, including policies for hiring, training, evaluation, supervision, and termination protocol for all staff;
- (H) conflict of interest.

461.416: Administration

(A) Organization. The CSP must establish an organizational chart showing major operating programs of the organization, the personnel in charge of each program, and the lines of authority, responsibility, and communication among and between personnel.

(B) Staff Development and Supervision. Each staff member must receive supervision appropriate to the person's skills and level of professional development. Supervision must be documented and must occur within the context of a formalized relationship that provides frequent and regularly scheduled individual or group personal contact with the supervisor.

(C) All documents described above must be made accessible and available upon request.

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461.417: Service Limitations

(A) Services Provided When the Member Is in an Inpatient Setting. The MassHealth agency does not pay for services when a 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. The MassHealth agency also does not pay for services when the member resides in the facility in which services are provided. However, the MassHealth agency will pay for CSP services provided as part of support for transition between service settings, including connecting with the member as part of the member’s discharge planning from an inpatient or 24-hour diversionary setting and supporting them through the transition to accessing outpatient and community-based services and supports.

(B) Housing Related Expenses. The MassHealth agency does not pay for costs related to housing move-in or fees related to eviction prevention.

(C) Services Provided When the Member Is in the Custody of a Correctional Institution. The MassHealth agency does not pay for services when a member is in the custody of a correctional institution. The MassHealth agency also does not pay for services when the member is incarcerated or detained in a correctional institution in which services are provided.

(D) Travel Time. The MassHealth agency pays for 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 services, or direct provision of CSP services. The MassHealth agency does not pay for any other travel time.

(E) Transportation. CSP providers may provide referrals to community-based transportation resources. CSP providers may pay for a member’s transportation costs related to CSP services. The MassHealth agency does not reimburse CSP providers for transportation costs.

(F) Funding Availability. Reimbursement for MassHealth services is subject to limitation based on the availability of full federal financial participation, and requirements for federal funding, pursuant to EOHHS’ Section 1115 Demonstration waiver and any other applicable federal statute, regulation, or payment limit.

REGULATORY AUTHORITY

130 CMR 461.000: M.G.L. c. 118E, §§ 7 and 12.

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