



Guidelines for Medical Necessity Determination for Community Support Program

This edition of *Guidelines for Medical Necessity Determination* (Guidelines) identifies the clinical information MassHealth needs to determine medical necessity for Community Support Program (CSP) services. These Guidelines are based on generally accepted standards of practice and federal and state policies and laws applicable to Medicaid programs.

Providers should consult MassHealth regulations at [130 CMR 450.000 \(All Providers\)](#) and [130 CMR 461.000 \(Community Support Program Services\)](#) for information about coverage, service limitations, and requirements applicable to this service.

Providers serving members enrolled in a MassHealth-contracted Managed Care Organization, Accountable Care Partnership Plan, One Care plan, or Senior Care Options (SCO) plan should refer to the ACP's, MCO's, One Care plan's, or SCO's medical policies for covered services. Providers serving members enrolled in a MassHealth-contracted Primary Care Accountable Care Organization, the state's Primary Care Clinician Plan, or the MassHealth-contracted behavioral health vendor should refer to the MassHealth-contracted behavioral health vendor's medical policies for covered services. Additional information may be found in MCE Bulletin 99.

No prior authorization is required for CSP services. Payment for CSP services is subject to all general conditions of MassHealth, including member eligibility, other insurance, and program restrictions.

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SECTION I. GENERAL INFORMATION

Community Support Program services are provided by community-based, mobile, paraprofessional staff to members with behavioral health disorder diagnoses that interfere with their ability to access essential medical services or other basic needs which can impact community tenure. Behavioral health disorders pertain to mental health or substance use disorders as defined by the current edition of the *Diagnostic and Statistical Manual of Mental Disorders*.

Specialized CSP services are CSPs that provide targeted CSP services to members based on their unique situation. Specialized CSP includes:

1. Community Support Program for Homeless Individuals (CSP-HI) – a specialized CSP service to address the health-related social needs of members who are experiencing homelessness and are frequent users of acute health MassHealth services, or are experiencing chronic homelessness. CSP-HI services include pre-tenancy supports, support in transitioning into housing, and tenancy sustaining supports.
2. 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 who have a barrier to accessing or consistently utilizing medical and behavioral health services. CSP-JI includes behavioral health and community tenure sustainment supports.

3. 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.

Neither CSP nor specialized CSP services require prior authorization. Instead, providers must determine member eligibility for services on an individual, case-by-case basis in accordance with 130 CMR 461.000 and based on the guidelines set forth herein.

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SECTION II. CLINICAL GUIDELINES

A. DEFINITIONS

The following definitions are to be used when determining the medical necessity for CSP and Specialized CSP services.

- *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 place not meant for human habitation.
- *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.
- *Chronic Homelessness*: as defined by the U.S. Department of Housing and Urban Development (HUD).¹
- *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. This may include members under the age of 18 residing with a parent/guardian facing eviction.
- *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.

¹ See Homeless Emergency Assistance and Rapid Transition to Housing: Defining “Chronically Homeless” at <https://files.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf>

- *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*.
- *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.
- *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 supports.
- *Probation*: the portion of a sentence that the court orders be served in the community under the supervision of the Massachusetts Probation Service.
- *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.
- *Substance Use Disorder*: any disorder pertaining to substance use as defined by the current edition of the *Diagnostic and Statistical Manual of Mental Disorders*.

B. CLINICAL COVERAGE

MassHealth covers CSP and specialized CSP only when provided to members based on clinical standards indicating medical necessity. Providers must determine medical necessity for CSP and specialized CSP services using the following criteria, all of which must be present for medical necessity to be established.

1. The member has a behavioral health disorder diagnosis; and
2. The member demonstrates a need for behavioral health diversionary services and is at risk of admission to 24-hour behavioral health inpatient services as demonstrated by at least one of the following:
 - a. being discharged from a 24-hour behavioral health inpatient or diversionary level of care within the past 180 days; or
 - b. having more than one acute behavioral health services encounter, including Adult or Youth Mobile Crisis Intervention (AMCI/YMCI) services, Adult or Youth Community Crisis Stabilization (Adult CCS/YCCS) services, services provided by an Emergency Departments (ED), behavioral health services provided on an urgent care basis or at a restoration center within the past 90 days; or
 - c. having documented barriers to accessing or consistently utilizing medical and behavioral health services.

3. The member does not require a more intensive level of service, including requiring structure or supervision beyond the scope of the service, or does not have medical conditions or impairments that would prevent utilization of services, including posing an imminent risk to self or others; and
4. The member voluntarily consents to CSP or specialized CSP services and has the ability to participate in all aspects of services.

C. CLINICAL COVERAGE FOR SPECIALIZED CSP

In addition to the clinical standards above, providers must determine medical necessity for the specialized CSP services using the following criteria, all of which must be present for medical necessity to be established for that specialized CSP service.

1. CSP-HI. To receive CSP-HI services a member must meet both (a) and (b) below.
 - a. The member must meet one of the following criteria when the services begin:
 - i. experiencing chronic homelessness; or
 - ii. experiencing homelessness and is a frequent user of acute MassHealth services as defined by:
 1. Five or more ED visits within the past 12 months from the date of evaluation for CSP services; or
 2. Three or more acute and/or psychiatric hospital inpatient admissions within the past 12 months from the date of evaluation for CSP services.
 - b. The member must have identified a PSH opportunity and will be moving into housing within 120 days.
2. CSP-JI. To receive CSP-JI services, a member must
 - a. have justice involvement when the services begin; and
 - b. have a barrier to accessing or consistently utilizing essential medical and behavioral health services determined by at least one of the following:
 - i. the member demonstrates antisocial behaviors, including criminal activity that has led, or could lead, to criminal justice involvement; lack of concern for others; antisocial cognition; diagnosis with Antisocial Personality Disorder; and/or disregard for authority, as expressed through distrust, conflict, or opposition; or
 - ii. the member's behavioral health and/or substance use disorders produce cyclical relapse and justice involvement, without the opportunity for treatment; or
 - iii. the member engages repetitively in behaviors that pose a risk of relapse to addiction and/or mental disorder; or
 - iv. the member has insufficient community and social supports to reinforce recovery; or
 - v. the member is identified as high risk, or above, of recidivism on validated risk assessments due, at least in part, to a substance use disorder, mental health or co-occurring disorder.
 - c. Demonstrate a need for behavioral health diversionary services and be at risk of admission to 24-hour behavioral health inpatient services as described in Section II.B.2 but with modified time frames as follows:

- i. being discharged from a 24-hour behavioral health inpatient or diversionary level of care within the past year; or
 - ii. having more than one acute behavioral health services encounter, including Adult or Youth Mobile Crisis Intervention (AMCI/YMCI) services, Adult or Youth Community Crisis Stabilization (Adult CCS/YCCS) services, or services provided by Emergency Departments (ED), behavioral health services provided on an urgent care basis, or restoration centers within the past year; or
 - iii. having documented barriers to accessing or consistently utilizing medical and behavioral health services.
- 3. CSP-TPP. To receive CSP-TPP services, a member must be at risk of homelessness and facing eviction when the services begin.
 - a. Members whose eviction cases have already gone to trial in either the District Court or Boston Municipal Court are not eligible.
 - b. Members whose eviction cases have already gone to trial in the Housing Court may be eligible, depending on the Judge's ruling.

D. NONCOVERAGE

MassHealth does not pay for CSP and specialized CSP services provided to members who do not meet the medical necessity guidelines set forth herein. Additional service limitations applicable to CSP and Specialized CSP are set forth in 130 CMR 461.417: *Service Limitations*.

E. DOCUMENTATION OF MEDICAL NECESSITY

Each CSP must maintain member records in accordance with 130 CMR 450.000: *Administrative and Billing Regulations* and 130 CMR 461.414: *Recordkeeping Requirements*. The member records must include written documentation that the member receiving services meets the clinical standards published by the MassHealth agency

These Guidelines are based on review of the current practice in the provision of Community Support Program services. MassHealth reserves the right to review and update the contents of these Guidelines and cited references as new clinical evidence emerges.

This document was prepared for medical professionals to assist them in determining the medical necessity of the proposed treatment, products or services. Some language used in this communication may be unfamiliar to other readers; in this case, those readers should contact their health care provider for guidance or explanation.

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Approved by: _____



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