




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

MassHealth
Managed Care Entity Bulletin 44
October 2020

TO: All Managed Care Entities
FROM: Daniel Tsai, Assistant Secretary for MassHealth 
RE: **Community Support Program for Chronically Homeless Individuals**

Bulletin Applies to Entities Indicated Below

- | | |
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| <input checked="" type="checkbox"/> Accountable Care Partnership Plans (ACPPs) | <input checked="" type="checkbox"/> One Care Plans |
| <input checked="" type="checkbox"/> Managed Care Organizations (MCOs) | <input checked="" type="checkbox"/> Senior Care Organizations (SCOs) |
| <input checked="" type="checkbox"/> MassHealth's behavioral health vendor | <input type="checkbox"/> Program of All-inclusive Care for the Elderly (PACE) Organizations |

Overview

MassHealth's mission is to improve the health outcomes of our diverse members and their families by providing access to integrated health care services that sustainably and equitably promote health, well-being, independence, and quality of life. In support of that mission, MassHealth provides broad coverage of medically necessary health care services to its members. MassHealth partners with a wide variety of service providers, including vital safety net providers, in order to provide its members access.

Community Support Program (CSP) includes an array of services delivered by community-based, mobile, paraprofessional staff, supported by a clinical supervisor, to members with mental health or substance use disorder diagnoses, or to members whose psychiatric or substance use disorder diagnoses interfere with their ability to access essential medical services.

Research has indicated that providing appropriate housing and services to individuals experiencing chronic homelessness reduces healthcare costs¹ and leads to residential stability². For those members receiving CSP that are experiencing chronic homelessness and for whom housing is imminent, more intensive, customized services may be available through the Community Support Program for Chronically Homeless Individuals (CSP-CHI)³. The provision of CSP-CHI as set forth in this bulletin supports MassHealth's ongoing commitment to addressing the healthcare needs of its members.

¹ See *Estimating Cost Reductions Associated with the Community Support Program for People Experiencing Chronic Homelessness* at https://www.bluecrossmafoundation.org/sites/default/files/download/publication/CSPECH_Report_Mar17_FINAL.pdf

² See *One-Year Outcomes of a Randomized Controlled Trial of Housing First with ACT in Five Canadian Cities* at <https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201400167>

³ This service may also be referred to as "CSP for Persons Experiencing Chronic Homelessness (CSPECH)."

This bulletin sets forth MassHealth’s expectations for Managed Care Organizations (MCOs), Accountable Care Partnership Plans (ACPPs), One Care plans, Senior Care Organizations (SCOs) and the State’s behavioral health vendor (together “managed care plans”) related to the delivery of CSP-CHI. The requirements regarding provider qualifications, performance specifications, care coordination, coding and recordkeeping set forth in this bulletin are effective as of January 1, 2021. EOHHS anticipates updating plan contracts to include these requirements in a forthcoming amendment. Compliance with all applicable federal and state laws, regulations, and standards is the responsibility of each managed care plan.

1. Definitions

For the purposes of this bulletin, the following terms are used as defined below.

- a. **Chronic Homelessness:** a definition established by the U.S. Department of Housing and Urban Development (HUD)⁴ of a disabled individual who has been continuously homeless on the streets or in an emergency shelter or safe haven for 12 months or longer, or has had four or more episodes of homelessness (on the streets, or in an emergency shelter or safe haven) over a three-year period where the combined occasions must total at least 12 months (occasions must be separated by a break of at least seven nights; stays in institution of fewer than 90 days do not constitute a break). To meet the disabled part of the definition, the individual must have a diagnosable substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairment resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of two or more of those conditions.
- b. **Permanent Supportive Housing (PSH):** a model of housing that combines ongoing subsidized housing matched with flexible health, behavioral health, social, and other support service. PSH has been proven to be an effective intervention for persons experiencing chronic homelessness⁵. “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 housed⁶.

2. Description of Services

CSP-CHI is a more intensive form of CSP for chronically homeless individuals who have identified a PSH housing opportunity. Once housing is imminent with members moving within 120 days, members receiving CSP may receive CSP-CHI services. CSP-CHI includes assistance from specialized professionals who – based on their unique skills, education, or lived experience – have the ability to engage and support individuals experiencing chronic homelessness in searching for PSH, 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. The types of CSP-CHI services available may be categorized as:

⁴ 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>

⁵ See *Supportive Housing Helps Vulnerable People Live and Thrive in Community* at <https://www.cbpp.org/research/housing/supportive-housing-helps-vulnerable-people-live-and-thrive-in-the-community>

⁶ See National Alliance to End Homelessness at <https://endhomelessness.org/resource/housing-first/>

- **Pre-Tenancy:** engaging the member and assisting in the search for an appropriate and affordable housing unit;
- **Transition into Housing:** assistance arranging for and helping the member move into housing; and
- **Tenancy Sustaining Supports:** assistance focused on helping the member remain in housing and connect with other community benefits and resources.

Services should be flexible with the goal of helping eligible members attain the skills and resources needed to maintain housing stability. CSP-CHI services may be delivered within housing, at provider sites, or in the community.

CSP-CHI cannot be used to cover the costs of any housing-related “goods,” including, but not limited to: housing applications fees, criminal record checks, fees related to securing identification documents, transportation, security deposits, first month’s rent, rent/utility arrearages, utility hookups, furnishings, moving expenses, or home modifications.

Managed care plans should provide CSP-CHI services to members who meet medical necessity criteria for CSP and are chronically homeless as defined in Section 1(a).

3. Provider Requirements

Qualifications

Plans must require network providers of CSP-CHI to meet the following minimum qualifications:

- **Chronic Homelessness experience and expertise** as demonstrated by:
 - Direct experience with current or recent grants, projects, or initiatives targeted to chronically homeless individuals or staff with lived experience; **and**
 - Current or previous grants from HUD or the Veterans Administration (VA) that require the provider to document chronic homelessness. In lieu of administering HUD or VA grants, a provider that has received training on determining and documenting chronic homelessness from a designated HUD or VA funded technical assistance provider will have been determined to meet these criteria.

Plans must further require that any staff of network providers of CSP-CHI meet the following minimum qualifications:

- Specialized training or lived experience in behavioral health treatment for co-occurring disorders, trauma-informed care, and Traumatic Brain Injuries;
- Specialized training or lived experience in outreach and engagement strategies such as progressive engagement, motivational interviewing, etc.
- Knowledge of housing resources and dynamics of searching for housing including, but not limited to:
 - Obtaining and completing housing applications;
 - Requesting reasonable accommodations;

- Dealing with poor housing history or lack of housing history; with poor or lack of credit history; or criminal record mitigation
- Gathering supporting documentation
- Negotiating and completing lease agreements
- Identifying resources for move-in costs (first and last month's rent, security deposits), furniture, and household goods

CSP-CHI providers may also be CSP providers but are not required to be.

Performance Specifications

Plans are required to develop Performance Specifications for the delivery of CSP-CHI. These Performance Specifications should incorporate the guidance in this bulletin as well as other related MassHealth regulations, relevant contractual requirements and guidance. Plans must submit a copy of the CSP-CHI Performance Specifications to MassHealth as well as any updates to the Specifications as they occur.

Provider Report

Plans must submit to MassHealth a report on the qualified community-based providers that the Plan has contracted with to deliver CSP-CHI in a form, format, and frequency determined by MassHealth.

4. Care Coordination

While the CSP-CHI provider should take the lead in communicating with the member in delivering CSP-CHI, Plans must actively communicate with CSP-CHI providers regarding the provision of CSP-CHI services to members, including coordinating care to ensure that members' needs are met.

Plans must designate a single Point of Contact that is responsible for:

- Serving as primary liaison between CSP-CHI providers and the Plan with regards to coordinating care, requirements for the delivery of CSP-CHI; and general operations related to the provision of the services
- Providing required information as set forth in this Bulletin, such as updates to the CSP-CHI provider list, and other information upon request to MassHealth

5. Rate Structure and Billing

Providers may begin billing for the delivery of CSP-CHI as early as 120 days before a member moves into housing. Once the member has obtained housing, CSP-CHI providers may bill continuously until such a time as the Plan determines that CSP-CHI is no longer medically necessary.

CSP-CHI is paid at a daily rate. Plans are required to ensure that rates paid for CSP-CHI services are reflective of the current market rate and are sufficient to ensure network adequacy.

Plans must require their contracted CSP-CHI providers to submit claims using the code H2016 with the modifier "HK". Managed care plans should configure their payment systems to accept claims

submitted using this code and modifier combination. Plans are also reminded to ensure that CSP-CHI providers use a Z59.0 (homelessness) secondary diagnosis code for any member receiving CSP-CHI services.

6. Recordkeeping

In addition, Plans must collect and maintain written documentation that the members receiving CSP-CHI are chronically homeless. Documentation of chronic homelessness should meet the HUD standards for recordkeeping⁷ and be generated from the local Continuum of Care Homeless Management Information System (HMIS). If HMIS records are not available, Plans may collect other documents to prove chronic homeless status, but these must meet the HUD standards for determining and documenting chronic homelessness.

MassHealth Website

This bulletin is available on the [MassHealth Provider Bulletins](#) web page.

To sign up to receive email alerts when MassHealth issues new bulletins and transmittal letters, send a blank email to join-masshealth-provider-pubs@listserv.state.ma.us. No text in the body or subject line is needed.

Questions

If you have any questions about the information in this bulletin, please contact the MassHealth Customer Service Center at (800) 841-2900, email your inquiry to providersupport@mahealth.net, or fax your inquiry to (617) 988-8974.

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⁷ See HUD's *Defining Chronically Homeless Final Rule Webinar* at <https://www.hudexchange.info/trainings/courses/defining-chronically-homeless-final-rule-webinar/> and HUD's *Chronic Homeless Resources* at <https://www.hudexchange.info/homelessness-assistance/resources-for-chronic-homelessness/>