



MassHealth
Managed Care Entity Bulletin 99
March 2023

TO: All Managed Care Entities Participating in MassHealth

FROM: Mike Levine, Assistant Secretary for MassHealth

RE: **Specialized Community Support Program Services**

Applicable Managed Care Entities and PACE Organizations

- Accountable Care Partnership Plans (ACPPs)
- Managed Care Organizations (MCOs)
- MassHealth's behavioral health vendor
- One Care Plans
- Senior Care Organizations (SCOs)
- 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 promote sustainable and equitable health, well-being, independence, and quality of life. In support of that mission, MassHealth is expanding services that address the health-related social needs of members to improve health outcomes and reduce health disparities. This bulletin sets forth information about new and continuing Specialized Community Support Program (CSP) Services, effective April 1, 2023.

There is a strong correlation between housing and healthcare. Studies show that people who are homeless have health care costs that range from 10 percent to 150 percent higher than the health care costs of those with housing.¹ In addition, data analysis has shown that in the year before eviction, health care costs, especially inpatient costs, escalate.²

There is also a strong correlation between incarceration and health.³ Individuals released from Correctional Institutions within the first one to three months of release, are at significantly

¹ *Health Care Utilization Patterns of Homeless Individuals in Boston: Preparing For Medicaid Expansion Under The Affordable Care Act.* Bharel, Lin, Zhang, O'Connell, Taube, & Clark, 2013 and *Social Determinants of Health in Managed Care Payment Formulas.* Ash, Mick, Ellis, Kiefe, Allison, & Clark, 2017

² *Tenancy Preservation Program: Exploring Options for MassHealth Support* – internal document produced by Commonwealth Medicine for MassHealth

³ *U.S. Department of Justice. Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009.* June 2017.

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higher risk of fatal overdose than the general population.⁴ Individuals with Justice Involvement also have significantly higher incidences of substance use and/or mental health conditions.⁵

Specialized Community Support Program (CSP) services address health-related social needs concerning housing instability, homelessness, and justice involvement. Specialized CSP 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.

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

- **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 MassHealth’s acute health services or members who are experiencing chronic homelessness. CSP-HI services include pre-tenancy supports, support in transitioning into housing, and tenancy sustaining 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 because 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 to address the underlying issues causing the lease violation.
- **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 use medical and behavioral health services. CSP-JI includes behavioral health and community tenure sustainment supports.

Managed Care Organizations (MCOs), Accountable Care Partnership Plans (ACPPs), One Care plans, Senior Care Options (SCO) plans and the State’s behavioral health vendor (together “managed care entities,” “MCEs,” or “plans”) are required to provide these Specialized CSP services to their members who need them.

The requirements in this bulletin are **effective as of April 1, 2023**, and will be included in corresponding contract language in the MCE contracts, as necessary.

⁴ MA Department of Public Health, *An Assessment of Fatal and Nonfatal Opioid Overdoses in Massachusetts (2011-2015) August, 2017*

⁵ Opioid Overdoses Among High-Risk, MassHealth Members, University of Massachusetts Medical School, October 2018

Definitions

For definitions applicable to the guidance set forth in this bulletin and the delivery of Specialized CSP services, please see 130 CMR 461.000 (forthcoming) and *Guidelines for Medical Necessity Determination for Community Support Program*. Plans' program specifications must adopt the definitions of terms set forth in 130 CMR 461.000 and *Guidelines for Medical Necessity Determination for Community Support Program* applicable to Specialized CSP services.

Eligibility for Services

Specialized CSP services must be provided to members based on clinical standards indicating medical necessity. Plans must adopt medical necessity criteria for Specialized CSP services that is no more restrictive than those set forth in *Guidelines for Medical Necessity Determination for Community Support Program*.

Performance Specifications

To ensure that Specialized CSP services are provided in agreement with the requirements of 130 CMR 461.000 and the requirements of this bulletin, plans must develop Performance Specifications for the delivery of Specialized CSP with separate Performance Specifications for each type of Specialized CSP. Plans must submit a copy of Performance Specifications for each Specialized CSP to MassHealth by May 15, 2023, as well as any updates to the Specifications as they occur.

Performance Specifications are subject to EOHHS approval and must incorporate the guidance in this bulletin, all relevant sections of 130 CMR 461.000, as may be updated from time to time, and the *Guidelines for Medical Necessity Determination for Community Support Program*, as well as other applicable MassHealth regulations, relevant contractual requirements and guidance. Where there are differences between 130 CMR 461.000 and the requirements in this bulletin, the bulletin requirements take precedence.

CSP for Homeless Individuals

Historically, MCEs have provided Specialized CSP services for members who are experiencing homelessness through CSP for Chronically Homeless Individuals (CSP-CHI)⁶ and Community Support Program Social Impact Financing (CSP-SIF)⁷. **The new Specialized CSP service, known as CSP for Homeless Individuals (CSP-HI), combines and expands the CSP-CHI and CSP-SIF services.** The information below relates to the new CSP-HI program.

⁶ This service may also be referred to as "CSP for Persons Experiencing Chronic Homelessness (CSPECH)."

⁷ CSP-SIF is part of a Pay for Success (PFS) initiative launched in 2014.

Description of CSP-HI Services

CSP-HI is a health-related social needs service for members who have identified a permanent supportive housing opportunity and will be moving into housing within 120 days. CSP-HI includes assistance from specialized professionals who, based on their unique skills, education, or lived experience, 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. The types of CSP-HI services available are categorized as:

- **pre-tenancy supports**, including engaging the member and assisting in the search for an appropriate and affordable housing unit;
- **support in transition into housing**, including assistance arranging for and helping the member move into housing; and
- **tenancy sustaining supports**, including 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 get the skills and resources needed to maintain housing stability. CSP-HI services are delivered 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. Details regarding the components of CSP-HI services can be found in 130 CMR 461.000.

CSP-HI Provider Requirements

Plans must require network providers of CSP-HI to meet the minimum qualifications set forth in 130 CMR 461.404 and 461.411. 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).

Plans must enter into contracts with any qualified providers for CSP-HI that operate within the Plans' service areas. MassHealth anticipates that CSP-CHI and CSP-SIF providers already contracted with the plans will meet the new CSP-HI provider qualifications and encourages Plans to reach out to these providers for enrollment into the plan's network as a CSP-HI provider. A list of agencies previously contracted with plans as CSP-CHI or CSP-SIF providers can be found in Appendix A.

CSP-HI Reporting

Plans must submit to MassHealth a report on the community-based providers that the Plan has contracted with to deliver CSP-HI in a form, format, and frequency determined by MassHealth. Additional reporting requirements may be requested from the plans from time to time.

CSP-HI Rate Structure and Billing

Plans must allow providers to 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, plans must pay for CSP-HI services until such a time as the Provider determines that CSP-HI is no longer medically necessary.

Plans must pay for CSP-HI using a daily rate. Plans are required to ensure that rates 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.

Plans must require their contracted CSP-HI providers to submit claims using the code H2016 with the modifier “HK.” Plans must configure their payment systems to accept claims submitted using this code and modifier combination.

Plans are also reminded to ensure that CSP-HI providers use the appropriate secondary diagnosis code below that reflects the member’s housing situation at onset of 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

Transition to CSP-HI and Continuity of Care

Plans are required to ensure that eligible members receiving CSP-CHI or CSP-SIF prior to April 1, 2023, continue to receive needed services. To accomplish this, Plans must:

- Transition members receiving services through CSP-CHI or CSP-SIF to CSP-HI services effective April 1, 2023. For these members, Plans are not required to redetermine the member’s eligibility for services but must ensure that CSP-HI rate and billing codes are adopted (see above).
- Ensure that members receiving services through CSP-CHI or CSP-SIF continue to receive CSP-HI services from the same provider agency. If the CSP-HI provider is not within the Plan’s network, the Plan must pay for CSP-HI services to continue via an out of network relationship or single case agreement. CSP-HI services must be continued as long as the member continues to meet the Medical Necessity Criteria in the *Guidelines for Medical Necessity Determination for Community Support Program*.

CSP Tenancy Preservation Program

To address the needs of members facing eviction, MassHealth is introducing a new Specialized CSP service, CSP Tenancy Preservation Program, for members at risk of homelessness and facing eviction.

CSP- TPP is a specialized homelessness prevention service that works directly with members who are facing eviction because of behavior related to a disability and helps them address health-related social needs. CSP-TPP provides tenancy sustaining services, including tenant rights education and eviction prevention. CSP-TPP providers work with the Housing Court Department, the property owner, and the member to determine whether the disability can be reasonably accommodated, and the tenancy preserved. The program's primary goal is to preserve tenancies by addressing the underlying issues related to the lease violation by connecting the member to community-based services.

Description of CSP-TPP Services

CSP-TPP includes help from specialized professionals who – based on their unique skills, education, or lived experience – can engage and support members facing eviction by:

- Assessing the underlying causes of the member's eviction, and identifying services to address both the lease violation and the underlying causes;
- Developing a service plan to maintain the tenancy;
- Providing clinical consultation services as well as short term, intensive case management and stabilization services to members; and
- Making regular reports to all parties involved in the eviction until the member's housing situation is stabilized.

Services should be flexible with the goal of helping eligible members attain the skills and resources needed to maintain housing stability. CSP-TPP services are delivered 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. Details regarding the components of CSP-TPP services can be found in 130 CMR 461.000.

CSP-TPP Provider Requirements

Plans must require network providers of CSP-TPP to meet the minimum qualifications set forth in 130 CMR 461.404 and 461.411. As set forth in 130 CME 461.404, CSP-TPP providers must have an active contract with Department of Housing and Community Development (DHCD) or MassHousing to provide tenancy preservation program services. Appendix B includes a list of such providers as of the effective date of this bulletin.

Plans must contract with all qualified providers for CSP-TPP that operate within the plans' service areas. MassHealth will notify the plan if there are any changes to the list of entities contracted with DHCD or MassHousing that may be qualified to deliver CSP-TPP.

CSP-TPP providers may also be CSP providers but are not required to be. CSP-TPP providers are not required to be licensed by DPH.

CSP-TPP Rate Structure and Billing

Plans must allow providers to begin billing for the delivery of CSP-TPP beginning as early as the day that the member first receives a Notice to Quit or a request for temporary, preliminary or permanent relief or against whom such relief has been granted. Once the member has stabilized in housing, CSP-TPP providers may bill continuously until such a time as the provider determines that CSP-TPP is no longer medically necessary.

CSP-TPP is paid at a daily rate. Plans are required to ensure that rates paid for CSP-TPP services are equal to or exceed the rates paid by MassHealth, as set forth in 101 CMR 362.00, and are sufficient to ensure network adequacy.

Plans must require their contracted CSP-TPP providers to submit claims using the code H2016 with the modifier "HE." Plans must configure their payment systems to accept claims submitted using this code and modifier combination.

Plans are also reminded to ensure that CSP-TPP providers use a *Z59.81 (housing instability)* secondary diagnosis code for any member receiving CSP-TPP services.

CSP for Individuals with Justice Involvement

Community Support Program for Individuals with Justice Involvement (CSP-JI) is a specialized CSP service that provides services to members with justice involvement to address their health-related social needs, including behavioral health and community tenure sustainment supports. On September 1, 2022, EOHHS implemented CSP-JI in its contracts with MCOs, ACPPs, and the State's behavioral health vendor, and as of January 1, 2023, these services were effective in the One Care and SCO plan contracts.

Some individuals receiving CSP-JI services previously received Behavioral Health Supports for Individuals with Justice Involvement (BH-JI). BH-JI involves a range of functions that assist MassHealth members with justice involvement, including those members who are incarcerated or detained in a correctional facility. Once released, these individuals will often receive community supports from a CSP-JI provider. BH-JI started through a partnership between MassHealth and the Massachusetts Executive Office of the Trial Court, in collaboration with the Massachusetts Parole Board, the Massachusetts Department of Corrections, Middlesex Sheriff's Office, Worcester County Sheriff's Office, and a range of other groups.

Description of CSP-JI Services

CSP-JI is a service to address the health-related social needs of Individuals with Justice Involvement and have a barrier to accessing or consistently utilizing medical and behavioral health services. CSP-JI includes behavioral health and community tenure sustainment supports.

Services should be flexible with the goal of helping eligible members attain the skills and resources needed to maintain housing stability. CSP-JI services are delivered 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. Details regarding the components of CSP-JI services can be found in 130 CMR 461.000.

CSP-JI Provider Requirements

Plans must require network providers of CSP-JI to meet the minimum qualifications set forth in 130 CMR 461.404 and 461.411.

Plans must contract with all agencies that MassHealth has contracted with for BH-JI as CSP-JI providers. A list of current qualified BH-JI providers and their contracted areas is included in Appendix C. MassHealth will notify plans if there are any changes to BH-JI providers. Plans may enter into contracts with other qualified providers for CSP-JI.

CSP-JI Rate Structure and Billing

Plans must allow providers of CSP-JI to begin billing as early as the day that the member consents to receive CSP-JI services with the provider. CSP-JI providers may only bill for days in which members are not detained or incarcerated within a correctional facility. CSP-JI providers may bill continuously until such a time as the Provider determines that CSP-JI is no longer medically necessary.

CSP-JI is paid at a daily rate. Plans are required to ensure that rates paid for CSP-JI services are equal to or exceed the rates paid by MassHealth, as set forth in 101 CMR 362.00, and are sufficient to ensure network adequacy.

Plans must require their contracted CSP-JI providers to submit claims using the code H2016 with the modifier "HH." Plans must configure their payment systems to accept claims submitted using this code and modifier combination.

If and when directed by EOHHS, plans should ensure that CSP-JI providers use an appropriate Z code as a secondary diagnosis code for any member receiving CSP-JI services.

Specialized CSP Care Coordination

While the Specialized CSP provider should take the lead in communicating with the member regarding delivery of Specialized CSP services, plans must actively communicate with Specialized CSP providers regarding the provision of Specialized CSP services to members, including coordinating care to ensure that members' needs are met. To this end, plans must designate a single point of contact who is responsible for:

- Serving as primary liaison between Specialized CSP providers and the plan with regards to coordinating care, requirements for the delivery of Specialized CSP services, and general operations related to the provision of the services; and
- Providing required information as set forth in this bulletin and other information upon request to MassHealth.

Transportation

Specialized CSP providers may provide referrals to community-based transportation resources. Specialized CSP providers may also assist with transportation as part of the delivery of Specialized CSP services. CSP providers may pay for a member's transportation costs related to the member's receipt of CSP services. MassHealth does not, and plans are not required to, reimburse CSP providers for transportation costs.

MassHealth Website

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

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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.

APPENDIX A

Agencies Contracted with MCEs for CSP-CHI or CSP-SIF Services as of April 1, 2023

- Advocates, Inc. (Metrowest)
- Bay Cove Human Services (Boston)
- Behavioral Health Network (Western)
- Boston Health Care for the Homeless Program (Boston)
- Boston Medical Center (Boston)
- Boston Public Health Commission (Boston)
- Clinical Support Options (Western)
- Community Counseling of Bristol County (Southeast)
- Community HealthLink (Central)
- Duffy Health Center (Cape)
- Eliot Community Human Services (statewide)
- Mental Health Association (western)
- North Suffolk Community Services (Boston)
- Open Sky (Central)
- Pine Street Inn (Boston)
- ServiceNet (western)
- South Middlesex Opportunity Council (Central, Metrowest)
- SteppingStone (Southeast)
- Veterans, Inc. (Central)

In addition to the agencies listed above, Eliot Community Human Services works with the following providers to delivery CSP-CHI services. MCEs may contract with Eliot in order to access the providers below.

- Action Inc (Northeast)
- Commonwealth Land Trust (Boston)
- Emmaus (Northeast)
- Father Bill's & Mainspring (Southeast)
- Heading Home (Boston)
- Healthcare Without Walls (Boston)
- Hearth (Boston)
- HomeStart (Boston)
- Lawrence Housing (Northeast)
- Lifebridge (Northeast)
- Lynn Shelter Association (Northeast)
- North Shore Community Action Program (Northeast)
- Somerville Homeless Coalition (Boston)
- St. Francis House (Boston)

APPENDIX B

Agencies Contracted with DHCD or MassHousing as of April 1, 2023

- Bay Cove Human Services
- Berkshire County Regional Housing Authority
- Community HealthLink
- Eliot Community Human Services
- Father Bills & Mainspring

APPENDIX C

Agencies Contracted with EOHHS to Provide BH-JI as of April 1, 2023

- Advocates, Inc. (Essex and Middlesex Counties)
- Bay State Community Services (Plymouth County)
- Behavioral Health Network (Hampden County)
- The Bridge of Central Massachusetts, d.b.a. Open Sky Community Services (Worcester County)
- Centers for Human Development (Berkshire, Franklin, and Hampshire Counties)
- Community Counseling of Bristol County (Bristol County)
- Gavin Foundation, Inc. (Suffolk County)
- Gosnold, Inc. (Barnstable, Dukes and Nantucket Counties)
- Riverside Community Counseling (Norfolk County)