TUFTS Health Plan

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Community Support Programs (CSP) Performance Specifications

These performance specifications apply to the following Tufts Health Plan products:

- ☐ Tufts Health Plan Commercial[1]
- ☐ Tufts Medicare Preferred HMO (a Medicare Advantage product)[2]
- ☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)[2]

These performance specifications apply to the following Tufts Health Public Plans products:

- ☐ Tufts Health Direct (a Massachusetts Qualified Health Plan (QHP) (a commercial product)
- ☒ Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plans)
- ☐ Tufts Health RITogether (a Rhode Island Medicaid Plan)
- ☒ Tufts Health One Care (a dual-eligible product)

Providers contracted for this level of care or service are expected to comply with all applicable regulations set forth in the Code of Massachusetts Regulations and requirements of these service specific performance specifications, in addition to the General Behavioral Health Performance Specifications. All performance specifications are in the Provider Resource Center.

Definition

Community Support Programs (CSPs) provide an array of services delivered by a community-based, mobile, multidisciplinary team of paraprofessionals, supported by a clinical supervisor, 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 involvement.

In general, a Member who can benefit from CSP services has a disorder that has required hospitalization or has resulted in serious impairment with a risk of hospitalization. CSP services are used to prevent hospitalization. They are designed to respond to the needs of individuals whose pattern of utilization of services or clinical profile indicates high risk of readmission into 24-hour treatment settings. These services are designed to be maximally flexible in supporting individuals who are unable to independently access and sustain involvement with needed services.

Services include:

- Assisting members in enhancing their daily living skills;
- Providing service coordination and linkage;
- Assisting with obtaining benefits, housing, and health care;
- Developing a safety plan
- Providing a prevention and intervention; and
- Fostering empowerment and recovery, including linkages to peer support and self-help groups

These outreach and supportive services are directed toward adults, children, and adolescents and vary according to duration, type, and intensity of services depending on the changing needs of each individual. Community Support Services are expected to complement other services already in place for the individual.

Components of Service

1. The CSP must be part of a larger mental health or substance use disorder services organization that is licensed within the Commonwealth of Massachusetts.
2. 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.
3. Scheduling of appointments.
    - Initial contact attempt must be made within 24 hours of the referral; and

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[1] Commercial products include HMO, POS, PPO, and CareLink℠ when Tufts Health Plan is the primary administrator.

[2] Tufts Medicare Preferred and Tufts Health Plan SCO are collectively referred to in this payment policy as Senior Products.

- Initial appointments must be made available within 48 hours of initial contact.

4. Accessibility.
   - Provider staff must be directly accessible to the member, in person Monday through Friday, 9 A.M. to 5 P.M.
   - 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.
5. The CSP provider provides mobile services to Members in any setting that is safe for the Member and staff. Examples of such a setting are a Member's home, an inpatient unit, or a day program.
6. The CSP provider will address a variety of complex treatment issues, including treatment resistance, limited self-care, impulsive behavior, and/or difficulty obtaining needed mental health and substance use treatment.
7. The CSP provider delivers services in accordance with an individualized treatment plan jointly developed by the following participants: the Member, treatment providers involved in the care of the Member, family/guardian/significant other with proper consent, and as needed, a DMH clinician when the Member is identified as DMH Continuing Care Eligible, and/or a DCF caseworker when appropriate. Such services may include, but are not limited to, transportation to appointments and other activities, training and assistance in decision making, vocational guidance, skills building, problem solving, and support in both crisis and non-crisis situations.
8. The CSP provider assertively provides outreach, care management monitoring, follow-up, and general assistance for Members in dealing with day-to-day activities or problems that may impede access to treatment or the progress of recovery.
9. The CSP provider facilitates and serves as an adjunct to psychotherapy services and primary care services for medical issues.
10. The CSP provider will encourage and facilitate the utilization of peer and natural support systems (i.e., self-help, peer support, etc.)
11. The CSP provides Members and their families with education, educational materials, and training about mental illness, substance use, and recovery and rehabilitation. The CSP provider facilitates access to education and training on the effects of psychotropic medications, as well as those for physical disorders, and ensures that the Member is linked to ongoing medication-monitoring services and regular health maintenance.

Staffing Requirements

1. Minimum Staffing Requirements. Each program must meet the minimum staffing and staff composition requirements outline in 130 CMR 461.411 to adequately provide the required scope of service set forth in 130 CMR 461.410. the staff must include an adequate number of qualified personnel to fulfill the program's objective.
2. Minimum Staff Composition.

    a. 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:
       - Hiring and firing of CSP staff;
       - Establishing and implementing a supervision protocol;
       - Establishing CSP policies and procedures;
       - Accountability for adequacy and appropriateness of member service;
       - Coordinating staff activities to meet program objectives;
       - Program evaluation; and
       - Establishing and supervising in-service training and education.

    b. Multidisciplinary Staff.

       i. 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.
       ii. 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.
       iii. The program must have a licensed, master's-level behavioral health clinician or licensed psychologist to provide supervision to CSP staff.

iv. 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.
v. Staff may include qualified Certified Peer Specialists and staff with lived experience of homelessness, behavioral health conditions or justice involvement.

3. 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.
4. Staff Training. The program must ensure that staff receive training to enhance and broaden their skills. Recommended training tops may include but are not limited to:
    - Common diagnoses across medical and behavioral healthcare;
    - Engagement and outreach skills and strategies;
    - Service coordination skills and strategies;
    - Behavioral health and medical services, community resources, and natural supports;
    - Principles of recovery and wellness;
    - Cultural competence
    - Managing professional relationships with members including but not limited to boundaries, confidentiality, and peers as CSP workers;
    - Service termination;
    - Motivational interviewing;
    - Accessibility and accommodations;
    - Trauma-informed care;
    - Traumatic brain injuries; and
    - Safety protocols
5. Staff Professional Standards. Any staff, of any discipline, operating in the program must comply 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.
6. 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.
7. Conflict of Interest. The program must ensure appropriate protections against conflicts of interest in the service planning and delivery of CSP services.

Service, community and collateral linkages

1. The CSP provider facilitates service linkage with the Member's dentist. This may include helping to schedule appointments and helping with transportation to these appointments.
2. When state agencies (DMH, DCF, DYS, DPH, DESE, DDS, probation office, and the courts) are involved with the Member and when consent is given, the CSP provider participates in the development of an interagency service plan. Ideally, all parties, including the CSP provider, will sign this service agreement.
3. Building/supporting linkages with the Member's natural support system, including friends, family, significant others, and self-help groups (AA, NA, Double Trouble, etc.) will be an ongoing and active part of the Member's care plan
4. A formal affiliation with the Emergency Service Program (ESP/MCI) is required.

Quality management (QM)

1. The program will develop and maintain a quality management plan that is consistent with that of Tufts Health Public Plans, and which utilizes appropriate measures to monitor, measure and improve the activities and services it provides.
2. A continuous quality improvement process is utilized and will include outcome measures and satisfaction surveys to measure and improve the quality of care and service delivered to Members, including youth and their families.
3. Clinical outcomes data must be made available to Tufts Health Public Plans upon request and must be consistent with Tufts Health Public Plans' performance standard for community support programs.
4. All Reportable Adverse Incidents will be reported to Tufts Health Public Plans within 1 business day of their occurrence per Tufts Health Public Plans' policy and DMH licensing requirements. A Reportable Adverse Incident is

an occurrence that represents actual or potential harm to the wellbeing of a Member, or to others by action of a Member, who is receiving services managed by Tufts Health Public Plans or has recently been discharged from services managed by Tufts Health Public Plans.

Process specifications

1. 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.
2. A community support program must have the capacity to provide at least the following service components:
    a. Intake Services
        - The program must initiate service planning immediately by communicating with the referral source, if any, to determine goals, and document appropriateness of services.
        - 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.
        - Ensure that Behavioral Health Clinical Assessments conducted by Behavioral Health Providers are in writing, dated and signed, and include, at a minimum, the following:
            - Clinical formulation, rationale for admission or continuance of care, discussion of any possible diversionary or lower levels of care, recommendations, and strengths
        - 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.
    b. Needs Assessment. The program must conduct a needs assessment for every member as follows:
        - The needs assessment must be completed within two (2) weeks of the initial appointment.
        - 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.
        - 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 involvement.
    c. Service Planning. The program must complete a service plan for every member upon completion of the comprehensive needs assessment as follows:
        - The service plan must be person-centered and identify the member's needs and individualized strategies and interventions for meeting those needs;
        - 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;
        - 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.
        - The service plan must be in writing, and must include at least the following information, as appropriate to the member's presenting complaint:
            - Identified problems and needs relevant to services;
            - The member's strengths and needs;
            - A comprehensive, individualized plan that is solution-focused with clearly defined interventions and measurable goals.
            - Identified clinical interventions, services, and benefits to be performed and coordinated by the provider;
            - Clearly defined staff responsibilities and assignments for implementing the plan;
            - The date the plan was last reviewed or revised; and
            - The signatures of the CSP staff involved in the review or revision
        - 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.
    d. 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:

- Assisting members in improving their daily living skills so they can perform them independently or access services to support them in doing so;
- Spending time with members and providers;
- 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;
- Coordinating services and assisting members with obtaining benefits, housing, and healthcare;
- Communicating with members or other parties that may include appointment reminders or coordination of care;
- 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
- Encouraging and facilitating the utilization of natural support systems, and recovery- oriented, per support, and self-help supports and services.

e. Referral Services. The program must have effective methods to refer members promptly and efficiently to community resources. The program must have knowledge of and connections with resources and services available to members.
   - 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.
   - 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.
   - 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.

f. 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.

g. 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.
   - 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;
   - 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.
   - The discharge planning process must include crisis prevention and safety planning.
   - The program will 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.

DOCUMENT HISTORY

- January 2024: Tufts Health One Care (a dual-eligible product) name change.
- April 2023: Template Updates