Harvard Pilgrim Health Care | TUFTS Health Plan

Medical Necessity Guidelines:

Community Support Programs including Specialized Community Support Programs

Effective: January 1, 2026

Prior Authorization Required If REQUIRED, submit supporting clinical documentation pertinent to service request to the FAX numbers below.	*Yes ☒ No ☐
Notification Required IF REQUIRED, concurrent review may apply	Yes ☒ No ☐

Applies to:

Commercial Products

☐ Harvard Pilgrim Health Care Commercial products; 800-232-0816
☐ Tufts Health Plan Commercial products; 617-972-9409

Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); 888-415-9055
☒ Tufts Health Together – MassHealth Accountable Care Partnership Plans; 888-415-9055
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan; 857-304-6404
☒ Tufts Health One Care – A dual-eligible product; 857-304-6304

Senior Products

☒ Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); 617-972-9409
☐ Tufts Medicare Preferred HMO, (a Medicare Advantage product); 617-972-9409
☐ Tufts Medicare Preferred PPO, (a Medicare Advantage product); 617-972-9409

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

*For CSP there is no notification or prior authorization for the first six months of service. Prior authorization must be obtained for coverage to continue beyond the first six months of service.

CSP-HI and CSP-TPP Notification is required for this service and must be submitted within one week of initiation of services. Notification is required annually.

*For CSP-JI, Notification is required for the first 6 months of service and must be submitted within 3 business days from the first date of service. Prior authorization must be obtained for coverage to continue beyond the first 6 months.

Overview

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 the following.

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.

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).
- 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.
- Health Needs Based Criteria (HNBC): an individual with a qualifying HNBC is defined as an individual who has one or more of the following.
    - Is clinically assessed to have a behavioral health need (mental health or substance use disorder) requiring improvement, stabilization, or prevention of deterioration of functioning (including the ability to live independently without support);
    - Is clinically assessed to have a complex physical health need, which is defined as persistent, disabling, or progressively life-threatening physical health condition(s), requiring improvement, stabilization, or prevention of deterioration of functioning (including the ability to live independently without support);
    - Is clinically assessed to have a need for assistance with one or more Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs);
    - Has repeated incidents of emergency department use (defined as two or more visits within six months, or four or more visits within a year);
    - Is pregnant and who is experiencing high risk pregnancy or complications associated with pregnancy, as well as such individuals in the 12-month postpartum period; and
    - Is pregnant or postpartum up to two months postpartum, without additional clinical factors.
- 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.
- 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.

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

Clinical Guideline Coverage Criteria

Clinical Coverage for CSP

The Plan may cover CSP when **ALL** of the following are met:

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 department (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**; and**

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 and has the ability to participate in all aspects of services.

Clinical Coverage for Specialized CSP

1. **CSP-HI.** The Plan may cover CSP-HI services, when all of the criteria outlined in a., b., and c. below are met:
    a. Clinical:
        i. The member meets the clinical criteria for CSP as defined in the above Section B. Presence of the medical necessity can be verified by diagnosis or member attestation.
        ii. For dates of service on or after January 1, 2025, a member enrolled in an Accountable Care Partnership Plan or Primary Care ACO (as administered through the MassHealth-contracted behavioral health vendor) meets the medical necessity criteria by demonstrating either:
            a. The member meets the clinical criteria for CSP under Section B, as verified by diagnosis or member attestation; **or**
            b. The member has a Health Needs Based Criterion as verified by diagnosis or member attestation.

b. Housing status: 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 the following.
      a. Four or more ED visits within the past 12 months from the date of evaluation for CSP services; **or**
      b. Three or more acute and/or psychiatric hospital inpatient admissions within the past 12 months from the date of evaluation for CSP services.

c. Imminent Housing: The member must meet **one** of the following criteria when services begin.
   i. Has identified a PSH opportunity and will be moving into housing within 120 days of the initiation of services; **or**
   ii. Is receiving homeless medical respite services in accordance with 130 CMR 458.000; **or**
   iii. Is being discharged from homeless medical respite services in accordance with 130 CMR 458.410, has identified a PSH opportunity, and will be moving into housing within 120 days of discharge from homeless medical respite services.

2. **CSP-JI.** The Plan may cover CSP-JI services, when each the following are met:
   a. Meet the clinical criteria for CSP as documented in Section B above**; and**
   b. Have justice involvement when the services begin; **and**
   c. 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; **and**
   d. 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.** The Plan may over CSP-TPP when **all** of the following are met:
   a. The member meets the clinical criteria for CSP as defined in the above Section B. Presence of the medical necessity can be verified by diagnosis or member attestation: **and**
      i. For dates of service on or after January 1, 2025, a member enrolled in an Accountable Care Partnership Plan or Primary Care ACO (as administered through the MassHealth-contracted behavioral health vendor) meets the medical necessity criteria by demonstrating either:
         a. The member meets the clinical criteria for CSP under Section B above as verified by diagnosis or member attestation; **or**
         b. The member has a Health Needs Based Criterion as verified by diagnosis or member attestation; **and**

b. Must be at risk of homelessness; **and**

c. Must be facing eviction when the services begin, with the following exceptions.
   i. Members whose eviction cases have already gone to trial in either the District Court or Boston Municipal Court are not eligible; or
   ii. Members whose eviction cases have already gone to trial in the Housing Court may be eligible, depending on the judge's ruling.

Limitations

1. The plan will not cover CSP and specialized CSP services provided to members who do not meet these Guidelines.
2. Additional service limitations applicable to CSP and specialized CSP are set forth in 130 CMR 461.417: Service Limitations.[4]

Codes

The following code(s) are associated with this service:

Table 1: CPT/HCPCS Codes

Code	Description
H2015	Comprehensive community support services, per 15 minutes (Community Support Program)
H2016-HH	Comprehensive community support program, per diem (integrated mental health/substance abuse program) (Community Support Program for Justice Involved)
H2016-HK	Comprehensive community support services, per diem (specialized mental health programs for high-risk populations) (Community Support Program for Homeless Individuals)
H2016-HE	Comprehensive community support services, per diem (Community Support Program–Tenancy Preservation Program)

References:

1. Commonwealth of Massachusetts MassHealth Provider Manual Series Subchapter Number and Title Appendix T. CMSP Covered Codes Introduction and Explanation of Abbreviations. Accessed May 11, 2023. https://www.mass.gov/doc/appendix-t-cmsp-covered-codes-3/download.
2. Section 461.417 - Service Limitations, 130 Mass. Reg. 461.417.. https://casetext.com/regulation/code-of-massachusetts-regulations/department-130-cmr-division-of-medical-assistance/title-130-cmr-461000-community-support-program-services/section-461417-service-limitations. Accessed October 18, 2023
3. Massachusetts Executive Office of Health and Human Services. Guidelines for Medical Necessity Determination for Community Support Program. Massachusetts Government, 2024. Available at: https://www.mass.gov/doc/guidelines-for-medical-necessity-determination-for-community-support-program/download. Accessed on December 12, 2024.
4. Massachusetts Executive Office of Health and Human Services. 130 CMR 461: Community Support Program Services. Massachusetts Government, 2024. Available at: https://www.mass.gov/doc/130-cmr-461-community-support-program-services/download. Accessed on December 12, 2024.

Approval And Revision History

August 17, 2022: Reviewed by Medical Policy Approval Committee (MPAC). New policy applicable to Together, approved for effective date September 1, 2022. Unify added as applicable product, effective September 1, 2022.
Subsequent Endorsement Date(s) and Changes Made:

- September 21, 2022: Reviewed by Medical Policy Approval Committee (MPAC), renewed without changes
- May 17, 2023: Reviewed by Medical Policy Approval Committee (MPAC). Addition of SCO as applicable product

effective April 1, 2023. Update to new Point32 Health Template for effective date July 1, 2023
- August 16, 2023: Reviewed by MPAC, renewed without changes, template updated effective November 1, 2023
- November 2023: Unify name changed to One Care, effective January 1, 2024
- September 19, 2024: Reviewed and approved by the Joint Medical Policy and Health Care Services Utilization Management Committee, no changes
- September 19, 2024: Reviewed by MPAC, renewed without changes effective November 1, 2024
- December 13, 2024: Reviewed by the Utilization Management Committee, MNG updated to reflect expansion of MassHealth Criteria. Effective January 1, 2025.
- December 18, 2024: Reviewed by MPAC, MNG updated to reflect expansion of MassHealth Criteria. Effective January 1, 2025.
- August 2025:Reviewed by MPAC, Updated notification and prior authorization language: CSP-JI Initial Notification form 6 months of service. Then after 6 months, Provider calls to complete Medical Necessity review Notification must be submitted within 3 business days from the first date of service, effective December 1, 2025.
- November 19, 2025: Reviewed by MPAC for annual review, renewed without changes effective January 1, 2026
- December 2025: Administrative updates effective January 1, 2026
- December 8, 2025: Reviewed by UM Committee for annual review, renewed without changes effective January 1, 2026

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.