Community Support Programs (CSP) for Homeless Individuals (HI) and Tenancy Preservation Program (TPP) Notification Form for In-Network Providers Only

TUFTS Health Plan
a Point32Health company

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Completed forms can be faxed to the following locations:

- For **Tufts Health Together** and **Tufts Health Direct**, fax to 888-977-0776
- For **Tufts Health One Care**, fax to 857-304-6304
- For **Tufts Health Plan Senior Care Options** (SCO), fax to 617-673-0930

Today's date / / Initial date of service / /

Notification is required within one week of the start of services and will allow the provider to bill for services up to one year from the date services are initiated.

Member Information

Member name

THP member ID # DOB / /

Member address Member phone

City State ZIP

Provider Information

Provider organization name

Organization phone

NPI # Tax ID #

Provider address Phone

City State ZIP

Agency/shelter name Phone

CSP-HI/TPP worker name Phone

Supervisor name Phone

Referred by (name) , who is a

☐ Medical Provider ☐ Behavioral Health Provider ☐ Care Manager

☐ Other (*specify*)

Fax number to fax authorization letter

Clinical Information

List all ICD-10 alpha-numeric mental health/substance use disorder diagnosis codes

Check which level of care for which notification is being provided ☐ HI ☐ TPP

CSP Provider attests *to the fact that they have confirmed they have met with the member listed on this form and meet the performance specifications for this level of care.*

Signature Date / /