COMMUNITY SUPPORT PROGRAM (CSP)

PURPOSE

Performance specifications are intended to enhance MassHealth Enrollee experience and outcomes by promoting transparency and consistency across Plans and providers. Performance specifications are expectations imposed on providers who contract for these specific and related services. Information contained in this document is based on publicly available documents, Plan expectations, your contract, and MassHealth guidance. This information should be and will look materially like any other MassHealth contracted Plan. Performance specifications, your provider manual, and other requirements can be found at providerexpress.com.

Providers contracted for this level of care or service are expected to comply with applicable regulations set forth in the Code of Massachusetts Regulations, and all requirements of these service-specific performance specifications. In addition, providers of all contracted services are held accountable to the General Performance Specifications. Where there are differences between the service-specific and General Performance Specifications, the service-specific specifications take precedence.

OVERVIEW

Community Support Program (CSP) provides an array of services delivered by community- based, mobile, paraprofessional staff, supported by a clinical supervisor, to Enrollees with psychiatric or substance use disorder diagnoses, and/or to Enrollees for whom their psychiatric or substance use disorder diagnoses interfere with their ability to access essential medical services. These programs provide support services that are necessary to ensure Enrollees' access and utilize behavioral health services. CSPs do not provide clinical treatment services, but rather provide outreach and support services to enable Enrollees to utilize clinical treatment services and other supports. The CSP service plan assists the Enrollee with attaining his/her goals in his/her clinical treatment plan in outpatient services and/or other levels of care and works to mitigate barriers to doing so.

In general, an Enrollee who can benefit from CSP services has a mental health, substance use and/or co-occurring disorder that has required psychiatric hospitalization or the use of another 24- hour level of care or has resulted in serious impairment with a risk of admission. CSP services are used to prevent hospitalization. Usually in combination with outpatient and other clinical services, they are designed to respond to the needs of individuals whose pattern of service utilization or clinical profile indicates high risk of readmission into any 24-hour behavioral health inpatient/diversionary treatment setting. These services are designed to be maximally flexible in supporting individuals to implement their clinical treatment plans in outpatient and/or other levels of care and attain the skills and resources needed to maintain community tenure. Such services may include Assisting Enrollees in improving their daily living skills, so they are able to perform them independently or access services to support them in doing so; Providing service coordination and linkage; Providing temporary assistance with transportation to

essential medical and behavioral health appointments while transitioning to community-based transportation resources (e.g., public transportation resources, PT-1 forms, etc.) Assisting with obtaining benefits, housing, and health care; Collaborating with Emergency Services Programs/Mobile Crisis Intervention (ESP/MCIs) and/or outpatient providers; including working with ESP/MCIs to develop, revise and/or utilize Enrollee crisis prevention plans and/or safety plans as part of the Crisis Planning Tools for youth, and fostering empowerment, recovery, and wellness, including linkages to recovery-oriented, peer support and/or self-help supports and services

These outreach and supportive services are directed primarily toward adults and vary according to duration, type, and intensity of services, depending on the changing needs of the individual. Children and adolescents are eligible for CSP services; however, their needs may be better served by services within the Children's Behavioral Health Initiative (CBHI). CSP services are expected to complement other clinical services being utilized by the individual and support the Enrollee's attainment of his/her clinical treatment plan goals.

SERVICE COMPONENTS

1. The scope of required service components provided in this level of care includes the following:
    a) Case management
    b) Development and/or updating of crisis prevention plan, or safety plan as part of the Crisis Planning Tools for youth
    c) Direct time spent with Enrollees and providers
    d) Needs assessment
    e) CSP service plan
    f) Service coordination and linkage, relative to services included in the Enrollee's individualized CSP service plan as well as to the activities listed in the Service, Community and Other Linkages section below
    g) Travel time as part of the initial engagement process with Enrollees in acute care facilities or community-based settings
    h) Provision of temporary assistance with transportation to essential medical and behavioral health appointments while transitioning to community-based transportation resources
    i) Research time/telephone time assisting Enrollees with obtaining benefits, housing, and health care
2. The CSP is part of a larger organization that provides mental health or substance use disorder services and is licensed within the Commonwealth of Massachusetts.
3. The CSP service is accessible to the Enrollee seven days per week, directly or on an on-call basis. Outside business hours, the CSP provides live telephonic coverage. An answering machine or answering service directing callers to call 911 or the ESP/MCI, or to go to a hospital emergency department (ED), does not meet the after-hours on-call requirement.
4. If an Enrollee experiencing a behavioral health crisis contacts the CSP provider, during business hours or outside business hours, the CSP staff member, based on his/her assessment of the Enrollee's needs and under the guidance of his/her supervisor, may:
    a) refer the Enrollee to his/her outpatient provider;

b) refer the Enrollee to an ESP/MCI for emergency behavioral health crisis assessment, intervention, and stabilization; and/or

c) implement other interventions to support the Enrollee and enable him/her to remain in the community, when clinically appropriate, e.g., highlight elements of the Enrollee's crisis prevention plan and/or safety plan, encourage implementation of the plan, offer constructive, step-by- step strategies which the Enrollee may apply, and/or follow-up and assess the safety of the Enrollee and other involved parties, as applicable.

5. The CSP provider delivers CSP services on a mobile basis to Enrollees in any setting that is safe for the Enrollee and staff. Examples of such a setting are an Enrollee's home, an inpatient unit, or a day program.
6. The provider assertively provides outreach, service coordination, monitoring, follow-up, and general assistance to Enrollees in mitigating and managing any barriers that may impede access to services, participation in CSP services and/or clinical treatment services, or the progress of recovery.
7. The provider facilitates and serves as an adjunct to outpatient and/or other behavioral health services and primary care services for medical issues.
8. The provider encourages and facilitates the utilization of natural support systems (i.e., family and friends) and recovery-oriented, peer support, and/or self-help supports and services (e.g., clubhouses, Recovery Learning Communities, AA, etc.).
9. The CSP provides Enrollees and their families with education, educational materials, and training about psychiatric and substance use disorder diagnoses and recovery. The provider facilitates access to education and training on the effects of psychotropic medications, as well as those for physical disorders, and ensures that the Enrollee is linked to ongoing medication monitoring services and regular health maintenance.

STAFFING REQUIREMENTS

1. The provider complies with the staffing requirements of the applicable licensing body, the staffing requirements in the Plan service-specific performance specifications and the credentialing criteria outlined in your provider manual that can be found at providerexpress.com.
2. The provider is staffed with bachelor-level paraprofessionals. All staff, at a minimum, must have a bachelor's degree in a related behavioral health field, and/or if the paraprofessional does not have a bachelor's degree in a related mental health field, Plan will accept three years of relevant work experience or lived experience. Those organizations that have staff who do not meet these criteria may apply for a waiver for such staff persons through Plan's waiver plan.
3. CSP staff may have lived experience and offer their expertise as peers to Enrollees enrolled in the CSP service and to CSP staff. Such CSP staff must meet the same requirements delineated above and/or be subject to the waiver process referenced above.
4. CSP staff is capable of meeting community support needs relative to mental health conditions for children, adolescents, and adults, as well as issues related to substance use, co-occurring disorders, and medical issues. CSP providers include, at a minimum, staff with specialized training in child/adolescent development (for child/adolescent CSP providers), behavioral treatment, substance use and co-occurring disorders, and family engagement and education regarding mental health and substance use disorder recovery as well as medical issues.

5. CSP staff is supervised by a licensed, master's-level clinician with training and experience in providing support services to adults and/or youth with behavioral health conditions. Supervision includes Enrollee- specific supervision, as well as a review of mental health, substance use disorder, and medical conditions and integration principles and practices.
6. The provider ensures that staff receives documented, annual training to enhance and broaden their skills. The training topics include but are not limited to:
    a) common diagnoses across medical and behavioral health care;
    b) engagement and outreach skills and strategies;
    c) service coordination skills and strategies;
    d) behavioral health and medical services, community resources and natural supports;
    e) principles of recovery and wellness;
    f) cultural competence;
    g) managing professional relationships with Enrollees including but not limited to boundaries, confidentiality, and peers as CSP workers; and
    h) service termination.
7. The CSP staff and supervisor access additional consultation and services, as needed, through collaboration with the Enrollee's outpatient treaters, prescribers, primary care clinician (PCC), ESP/MCI, and other providers

SERVICE, COMMUNITY AND OTHER LINKAGES

1. The provider makes best efforts to develop policies and linkages that promote communication and coordination of care with PCCs, to be knowledgeable of chronic medical conditions and diseases, to assess Enrollees' compliance with medical treatment, and to assist Enrollees with mitigating related barriers.
2. With Enrollee's consent, the provider consults and collaborates with family members, significant others, guardians, outpatient providers, PCCs and other medical providers, state agency representatives, day program staff, residential staff, and others who are involved in the Enrollee's treatment. Contraindication and/or refusal of consent is documented in the Enrollee's health record.
3. Building/supporting linkages with the Enrollee's natural support system, including friends, family, significant others, and self-help groups, is an ongoing and active part of the Enrollee's CSP service plan. This includes making available to the Enrollee recovery and wellness information and resources, such as peer support services, self-help groups (e.g., Manic Depressive Disorders Association, twelve-step groups such as AA, Al-Anon, Double Trouble, family support groups and others), consumer-operated and recovery-oriented services and supports (e.g., Recovery Learning Communities and Independent Living Centers) and advocacy organizations (e.g., NAMI, PPAL, M-POWER). As appropriate, Enrollees may also be referred to other supportive community services, such as holistic care, massage therapy, nutritional therapy, employment training centers, etc.
4. A working relationship with the local ESP/MCI is required to facilitate collaboration around Enrollees' crisis prevention and/or safety plans, as well as to access ESP/MCI crisis assessment, intervention, and stabilization for Enrollees enrolled in CSP, when needed.

5. CSP-Shelter Plus providers establish and maintain an Affiliation Agreement and ongoing working relationship with the shelter in which this service is provided to Plan Enrollees.
6. For Enrollees involved in Plan's Integrated Care Management Program (ICMP), the provider collaborates with the Plan CMP care manager regarding service coordination, including strategies for mitigating barriers to utilizing clinical treatment services and/or attaining clinical treatment goals in those settings.
7. The provider assists the Enrollee in obtaining all needed medical services, including ensuring that he/she is linked with his/her PCC and receives, at a minimum, an annual physical. All such service coordination is documented in the Enrollee's health record.

PROCESS SPECIFICATIONS

Assessment, Treatment Planning and Documentation

1. The provider initiates CSP service planning immediately by actively communicating with the referral source about the reasons for referral and recommended goals for the CSP service. If the referral source is a 24-hour behavioral health inpatient/diversionary level of care, the CSP provider, with Enrollee consent, participates in discharge planning at the referring treating facility/provider location, and documents this activity in the Enrollee's health record.
2. The CSP staff contacts the Enrollee within 24 hours of the referral and, with Enrollee consent, schedules the first appointment to occur within 48 hours or, upon Enrollee request, as soon as possible thereafter.
3. In collaboration with the Enrollee, the provider begins an initial CSP needs assessment of the Enrollee within 48 hours of the initial face-to- face contact with him/her. A comprehensive CSP needs assessment is then completed within two (2) weeks of the initial assessment. The CSP needs assessment, based on the components outlined within the Components of Service section, assists the CSP provider in identifying ways to support the Enrollee in mitigating barriers to accessing and utilizing clinical treatment services and attaining the skills and resources to maintain community tenure. The CSP needs assessment is updated with the Enrollee, at a minimum quarterly, or as needed, and is entered in the Enrollee's health record.
4. With Enrollee's consent, the CSP worker and CSP supervisor obtain and review a bio-psychosocial assessment completed by the referring level of care, such as an inpatient provider, and/or another clinical treatment provider, such as the Enrollee's outpatient services provider. The CSP worker and CSP supervisor utilize this bio-psychosocial assessment to help inform the completion of the CSP needs assessment and related CSP service planning. If the CSP referral is made by a non-behavioral health source (e.g., state agency case manager, PCC, etc.), the CSP provider and CSP supervisor, with Enrollee consent, obtain and review any relevant assessment, referral form, and/or summary that may be available. All such activity is documented in the Enrollee's health record.
5. In collaboration with the Enrollee and upon completion of the comprehensive CSP needs assessment (within two weeks of the initial assessment), the provider completes a comprehensive, individualized CSP service plan that is solution-focused with clearly defined interventions and measurable goals, and that outlines all the activities to be performed and/or coordinated by the provider, in collaboration with the Enrollee.
    a) In the development of the CSP service plan, the provider ensures that CSP workers consider the referral source's reasons for referral, recommendations of goals, and discharge recommendations.

b) The goals of the CSP service plan support the Enrollee's use of outpatient and/or other clinical treatment services and attainment of his/her treatment plan goals in those settings. CSP service plan goals also address barriers to the Enrollee's ability to do so.

c) Additionally, with consent and unless clinically contraindicated, the CSP workers collaborate with CSP supervisors, family Enrollees/guardians/significant others, outpatient and other community-based providers, state agencies, the educational system, community supports, and the Enrollee's PCC.

d) The CSP worker and the Enrollee sign the CSP service plan.

6. The CSP supervisor oversees the development of the comprehensive needs assessment and CSP service plan through supervision meetings. The supervisor reviews and signs the CSP service plan within one week of its completion, i.e., within three weeks of the first appointment. As needed, the CSP supervisor seeks additional consultation and services through collaboration with the Enrollee's outpatient treaters, prescribers, PCC, ESP/MCI, and other providers.
7. The provider updates the CSP service plan at least quarterly or more frequently if there are significant changes in the Enrollee's needs, by reviewing and revising the goals and related activities with the Enrollee and, with consent and unless clinically contraindicated, with the Enrollee's family/guardian/caregiver/significant other. The CSP service plan, CSP service plan updates, and related CSP service planning meetings are documented in the Enrollee's health record.
8. The provider collaborates with Enrollees to design services aimed at maximizing their independence. The services are designed to increase an Enrollee's ability to care for him or herself, manage his/her behavioral health and medical services, and support his/her wellness and recovery goals. Services vary over time in response to the Enrollee's ability to use his or her strengths and coping skills and achieve these goals independently.

Discharge Planning and Documentation

1. The provider begins discharge planning upon admission of the Enrollee into the CSP and documents all discharge planning activity in progress notes in the Enrollee's health record.
2. The Enrollee is involved in the discharge planning process. Such involvement is documented in the Enrollee's health record. With Enrollee consent, and unless clinically contraindicated, family members, significant others, state agencies, the Enrollee's PCC, the educational system, community supports, outpatient and other community-based providers are involved in the discharge planning process. The purpose of this planning process is to expedite an Enrollee-focused disposition to other levels of care services and supports when clinically indicated and with Enrollee consent. If the Enrollee chooses not to consent to such coordination, this is documented in his/her health record.
3. Discharge from the program occurs when discharge criteria are met, as outlined within the CSP medical necessity criteria.
4. Prior to discharge, the provider collaborates with clinical service providers to ensure a crisis prevention plan and/or safety plan is developed and/or updated in conjunction with the Enrollee, and, with consent, all providers of care and family Enrollees/significant others. The crisis prevention plan and/or safety plan is entered in the Enrollee's health record.
5. The program ensures that a written CSP discharge or aftercare plan, as delineated in the Plan General performance specifications, is given to the Enrollee at the time of discharge or mailed to the Enrollee along with the updated crisis prevention plan and/or safety plan, and a copy is entered in the Enrollee's health record. With Enrollee consent, a copy of the written discharge or

aftercare plan is forwarded at the time of discharge to the following: family/guardian/caregiver/significant other, state agencies, outpatient or other community-based provider, PCC, school, ESP/MCI, and other entities and agencies that are significant to the Enrollee's aftercare.

QUALITY MANAGEMENT

1. The provider will develop and maintain a quality management plan that is consistent with their contractual responsibilities to Optum, 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 may include outcome measures and satisfaction surveys to measure and improve the quality of care and services delivered to Enrollees, including youth and their families.
3. Clinical outcomes data must be made available to Optum upon request and must be consistent with the performance specifications of this service.
4. Providers must report any adverse incidents and other reportable events that occur to the relevant authorities.