

Community Support Program for Individuals with Justice Involvement (CSP-JI)

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

- ☐ Tufts Health Plan Commercial¹
- ☐ Tufts Medicare Preferred HMO (a Medicare Advantage product)²
- ☐ Tufts Medicare Preferred PPO (a Medicare Advantage product)³
- ☒ 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. The requirements outlined within these service-specific performance specifications take precedence over those in the General performance specifications.

The following Community Support Program for Individuals with Justice Involvement (CSP-JI) performance specifications are a subset of the Community Support Program (CSP) performance specifications. As such, CSP-JI providers agree to adhere to both the CSP performance specifications and the CSP-JI performance specifications contained within. Where there are differences between the CSP and CSP-JI performance specifications, these CSP-JI specifications take precedence.

DEFINITION

The Community Support Program for Individuals with Justice Involvement (CSP-JI) is 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. 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.

Community-based service coordination and support services such as CSP-JI are intended to maximize the ability of Members who are experiencing re-entry, parole supervision, and/or probation supervision to engage with behavioral health services and attain and maintain involvement within the community. Providing low threshold, high support services to members with justice involvement has been shown to significantly decrease the likelihood of admission to a 24-hour facility.

COMPONENTS OF SERVICE

1. The provider complies with all provisions of the corresponding section in the General performance specifications.
2. The CSP-JI provider assertively provides outreach, service coordination, monitoring, follow-up, and general assistance to Members in managing barriers that may impede access to services, supports, or the progress of recovery. In doing so, the provider supports the member to maintain community tenure.
3. To receive the case rate for CSP-JI, the provider must document and be able to demonstrate completion of the following minimum activities with all Members on the case:
 - At least four connections or instances of case-related work with the Member over a 30-day period, including at minimum one connection over the 30-day period. Connections can be made in person, over the phone, via

¹ Commercial products include HMO, POS, PPO, and CareLinkSM 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.

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telehealth, or by text provided that the Member is engaged and responsive. These ongoing connections must support the Member in working towards the goals in the Support Plan. The provider must be able to demonstrate that they are fulfilling the requirements of the performance specification, including the minimum Member interaction required for the daily case rate. Sufficient time must be spent on case-related work without the Member present to assist the Member in accomplishing goals (e.g., phone calls to providers, identifying materials). These activities are intended to support the work with the Member but not replace actual connections between the provider and the Member.

STAFFING REQUIREMENTS

1. The provider complies with all provisions of the corresponding section in the General performance specifications.
2. 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 the Plan Provider Manual.
3. The CSP-JI provider is staffed with bachelor-level paraprofessionals and/or individuals with three years of relevant work experience or lived experience. Those organizations that have staff members who do not meet these criteria may apply for a waiver through the Plan's waiver process.
4. CSP-JI staff members are capable of meeting community support needs relative to psychiatric conditions for adults, as well as issues related to substance use and co-occurring disorders, and medical issues. CSP-JI staff can provide services to individuals with justice involvement. CSP-JI programs include, at a minimum, staff members with specialized training in providing services to individuals with justice involvement, behavioral treatment, substance use and co-occurring disorders, and family treatment/engagement/education regarding psychiatric, substance use disorder recovery and medical issues.
5. CSP staff are 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 Member- specific supervision, as well as a review of mental health, substance use disorder, core principles of working with individuals with justice involvement, and medical conditions and integration principles and practices.
6. The provider ensures that staff receive documented, annual training to enhance and broaden their skills that is designed to prepare individuals to serve as CSP-JI staff. The training program must be approved by EOHHS, and EOHHS or its designee offers trainings covering many of the topics listed in this section. In addition to the training topics listed in the general CSP specifications, the training topics include but are not limited to:
 - Principles of working with individuals with justice involvement, including
 - Health impacts of incarceration;
 - Familiarity with Cognitive Behavioral Therapy and Dialectical behavioral therapy;
 - Criminal conduct and Substance Use Disorder treatment;
 - Effective behavior change interventions for individuals with justice involvement in community settings;
 - Criminal thinking and anti-social traits;
 - Crisis intervention;
 - Treatments for individuals with justice involvement and mental health diagnoses;
 - Working with individuals with a history of sex offenses; and
 - Working with individuals with a history of arson or violence
 - Motivational interviewing;
 - Accessibility and accommodations;
 - Trauma informed care;
 - Supporting the member;
 - Who has intellectual or developmental disabilities
 - Who are deaf or hard of hearing;
 - Who are blind, deaf-blind, or visually impaired;
 - Who are culturally and linguistically diverse, including individuals who are experiencing, or have a history of experiencing racism;
 - Who are women;
 - Who are LGBTQIA;
 - Who are elders;
 - Who are veterans;
 - Who are experiencing, or have a history of, homelessness or housing insecurity;
 - Who are experiencing or have a history of trauma; and
 - Who have childcare obligations; and
7. Safety Protocol: The provider maintains and adheres to a safety protocol, which, at a minimum, includes policies and procedures to ensure:

- The right of staff to request that a Member be changed to the caseload of a different staff person;
- The ability to ensure safe and appropriate environments are available for providing CSP-JI services;
- The safety of its members and staff;
- If home visits are conducted, they are conducted in a manner to maximize staff safety; and
- Members are transported to appointments in a manner to maximize staff safety.
- That staff have access to an emergency distress signal system, such as an emergency phone application.
- Compliance with current guidance regarding the COVID-19 pandemic and other public health emergencies

SERVICE PLANNING AND DOCUMENTATION

1. The provider complies with all provisions of the corresponding section in the General performance specifications.
2. The CSP-JI provider documents all services provided (e.g., face-to-face, phone, and collateral contacts) and progress toward measurable behavioral goals in the progress note in the Member's health record.
3. If the referral source is a correctional facility, the CSP-JI provider, with Member consent, will coordinate with the BH-JI provider conducting in-reach services.
4. The provider ensures that the CSP-JI service plan does not conflict with the Member's Probation and Parole supervision plan, as applicable.
5. The CSP-JI service plan goals address the Member's criminogenic needs, including interventions and strategies for developing alternative behaviors.

SERVICE, COMMUNITY AND COLLATERAL LINKAGES

With Member 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, Probation officers, Parole officers, and others who are involved in the Member's treatment. Contraindication and/or refusal of consent is documented in the Member's health record. Additionally, provider maintains written affiliation agreements with entities that refer a high volume of Members to the provider and/or to which the provider refers a high volume of Members.

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 and MassHealth 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.
5. To qualify for participation in MassHealth as a CSP-JI provider, a provider must be an organization that provides mental health or substance use disorder services and operates under a valid license issued by the Massachusetts Department of Public Health (DPH).

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.
 - The needs assessment must include determination of Criminogenic Needs.
 - For Specialized CSP, including CSP-JI, the timeframes for completing and updating the needs assessment may be extended as needed to allow for member engagement if the provider documents timely, yet unsuccessful, efforts to engage the member in completing or updating the assessment.
- 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:
 - i. Identified problems and needs relevant to services;
 - ii. The member's strengths and needs;
 - iii. A comprehensive, individualized plan that is solution-focused with clearly defined interventions and measurable goals.
 - iv. Identified clinical interventions, services, and benefits to be performed and coordinated by the provider;
 - v. Clearly defined staff responsibilities and assignments for implementing the plan;
 - vi. The date the plan was last reviewed or revised; and
 - vii. 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, peer 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.
- h. In addition to the service components set forth above, CSP-JI includes:
- If the referral source is a correctional institution, coordinating with the BH-JI provider conducting in-reach services;
 - Ensuring that the CSP-JI service plan does not conflict with the member's probation and parole supervision plan, as applicable; and
 - Addressing the member's criminogenic needs in the service plan goals, including interventions and strategies for developing alternative behaviors

DOCUMENT HISTORY

- January 2024: Tufts Health One Care (a dual-eligible product) name change.
- April 2023: Updates based on MassHealth Managed Care Entity Bulletin 99
- December 2022: Update point of contact for CSP-JI
- August 2022: Update based on performance specifications used by MassHealth from May 2022
- March 2022: Template Updates
- February 2020: Template Updates

- December 2020: Updated based on MassHealth Managed Care Entity Bulletin 44 and performance specifications currently in use by MassHealth