Performance Specifications Community Support Program Tenancy Preservation Program

Community Support Program -Tenancy Preservation Program (CSP-TPP)

Providers contracted for this level of care or service are expected to comply with all requirements of these service-specific performance specifications.

The performance specifications contained within pertain to the following service:

- Community Support Program (CSP-TPP)

Community Support Program Tenancy Preservation Program (CSP-TPP) is 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 provides tenancy sustaining services, including tenant rights education and eviction prevention. CSP-TPP works with the member, the Housing Court, and the member's landlord to determine whether the disability can be reasonably accommodated, and the tenancy preserved. Additionally, the CSP-TPP provider connects the member to community-based services in order to address the underlying issues causing the lease violation.

CSP-TPP eligibility criteria:

- Have a behavioral health disorder and demonstrate a need for behavioral health diversionary services; or

- Be at risk of homelessness and facing eviction as a result of behavior related to a disability when services begin.

The CSP-TPP provider delivers CSP-TPP 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.

Components of Service

For the purpose of the CSP-TPP performance specifications, Molina Healthcare is including the following definitions:

- 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 another place not meant for human habitation.

- 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.

    - Members whose eviction cases have already gone to trial in either the District Court or Boston Municipal Court are not eligible.
    - Members whose eviction cases have already gone to trial in the Housing Court may be eligible, depending on the Judge's ruling.

- 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.

1. The scope of required service components provided in this level of care 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 should be flexible with the goal of helping the eligible member attain the skill and resources needed to maintain housing stability. Services include:
    a. Assisting members in improving their daily living skills so they are able to perform them independently or access services to support them in doing so;
    b. Spending time with members and providers;
    c. 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;
    d. Coordinating services and assisting members with obtaining benefits, housing, and healthcare;
    e. Communicating with members or other parties that may include appointment reminders or coordination of care;
    f. 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
    g. Encouraging and facilitating the utilization of natural support systems, and recovery-oriented, peer support, and self-help supports and services.
2. CSP-TPP provider must include assessing the underlying causes of the Member's eviction, and identifying services to address both the lease violation and the underlying causes.
3. CSP-TPP provider must develop a service plan to maintain the tenancy.
4. CSP-TPP provider must provide clinical consultation services as well as short term, intensive case management and stabilization services to members.

5. CSP-TPP provider must make regular reports to all parties involved in the eviction until the member's housing situation is stabilized.
6. CSP-TPP providers must have an active contract with Department of Housing and Community Development (DHCD) or MassHousing to provide tenancy preservation program services.
7. CSP-TPP providers may also be CSP providers but are not required to be. CSP-TPP providers are not required to be licensed by Massachusetts Department of Public Health (DPH).

Staffing Requirements

1. The CSP-TPP provider complies with the staffing requirements of the applicable licensing body and the credentialing criteria outlined in the Molina Healthcare Provider Manual as referenced at www.MolinaHealthcare.com.
2. The CSP-TPP program must designate a professional as overall administrator and program director in charge of day-to-day administration of the program.
3. The CSP-TPP program must employ a multidisciplinary staff that can support the schedule of operation 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.
4. The CSP-TPP program 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.
5. CSP-TPP staff may include qualified Certified Peer Specialists and staff with lived experience of homelessness, behavioral health conditions or justice involvement; and offer their expertise as peers to members enrolled in the CSP-TPP service and to CSP-TPP staff. Such CSP-TPP staff must meet the same requirements delineated above.
6. CSP-TPP staff are capable of meeting community support needs relative to mental health conditions for adults, as well as issues related to substance use, co-occurring disorders, and medical issues. CSP-TPP staff must have access to a licensed, master's-level clinician or licensed psychologist with training and experience in providing support services to adults 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 CSP-TPPs 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 condition.
7. The CSP-TPP provider ensures that staff receive training to enhance and broaden their skills. The recommended training topics may 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 Members including but not limited to boundaries, confidentiality, and peers as CSP workers;
h. Service termination;
i. Motivational Interviewing;
j. Accessibility and accommodations;
k. Trauma-informed care;
l. Traumatic brain injuries; and
m. Safety protocols.

8. The CSP-TPP staff and supervisor access additional consultation and services, as needed, through collaboration with the member's outpatient treaters, prescribers, primary care provider (PCP) and/or Primary Care Team (PCT), behavioral health crisis intervention team, and other providers.

Process Specifications

Assessment, Service Planning, and Documentation

1. Intake Services.
   a. The program must initiate service planning immediately upon intake, including communication with the referral source, if any, determine goals, and document appropriateness of services.
   b. 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.
   c. Please note that presence of the medical necessity can be verified by diagnosis or member attestation.
   d. If, during intake, the member is determined to be ineligible for CSP-TPP, the program must provide referrals to alternative services that may be medically necessary to meet the member's needs, if any, within 48 hours.
2. Needs Assessment. The program must conduct a needs assessment for every member as follows:
   a. The needs assessment must be completed within two (2) weeks of the initial appointment.
   b. 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. 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.
   d. 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 tenure.

3. Service Planning. The program must complete a service plan for every member upon completion of the comprehensive needs assessment as follows:
   a. The service plan must be person-centered and identify the member's needs and individualized strategies and interventions for meeting those needs;
   b. 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;
   c. 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.
   d. 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-TPP staff involved in the review or revision.
   e. 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.
4. Referral Services. The program must have effective methods to promptly and efficiently refer members to community resources. The program must have knowledge of and connections with resources and services available to members.
   a. 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.
   b. 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-TPP provider and the provider to whom a member is referred. Each program must also ensure that the referral process is completed successfully and documented.
   c. 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.
5. 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-TPP supervisor, the CSP-TPP 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.

6. CSP-TPP providers must maintain a copy of the Notice to Quit, a request for temporary, preliminary, or permanent relief or against whom such relief has been granted, or related Housing Court filings and records.

Discharge Planning and Documentation

1. The provider begins discharge planning upon admission of the member into the CSP-TPP and documents all discharge planning activity in progress notes in the member's health record.
2. The member is involved in the discharge planning process. Such involvement is documented in the member's health record. With member consent, and unless clinically contraindicated, family members/caregivers, significant others, state agencies, the member's PCP and/or PCT, community supports, outpatient and other community-based providers are involved in the discharge planning process. The purpose of this planning process is to expedite a member-focused disposition to other levels of care, services and supports when clinically indicated and with member consent. If the member chooses not to consent to such coordination, this is documented in member's health record.
3. Discharge from the program occurs when discharge criteria are met, as outlined within the CSP-TPP 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 member, and, with consent, all providers of care and family members/significant others/caregivers. The crisis prevention plan and/or safety plan is entered in the member's health record.
5. The program ensures that a written CSP-TPP discharge or aftercare plan is given to the member at the time of discharge or mailed to the member along with the updated crisis prevention plan and/or safety plan, and a copy is entered in the member's health record. With member 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, PCP and/or PCT, Behavioral Health Mobile Crisis Intervention team, and other entities and agencies that are significant to the member's aftercare.