



CSP-CHI: CSP for Chronically Homeless Individuals

SIF: Social Innovative Financing

Notification Form for In-Network Providers Only

- Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs): Fax to 888.977.0776
- Tufts Health Unify: Fax to 857.304.6304
- Tufts Health Plan Senior Care Options (SCO): Fax to 617.972.9424

Today’s date: ___/___/___

Initial date of service ___/___/___

Notification required within one week of the start of services. Notification allows the provider to use and bill up to 1 year from the date services are initiated.

Providers must collect, maintain and submit to Tufts Health Plan, with initial and subsequent notifications, written documentation that the member receiving CSP-CHI is chronically homeless. Documentation of chronic homelessness should meet the HUD standards for record-keeping and be generated from the local Continuum of Care Homeless Management Information System (HMIS). If HMIS records are not available, the provider must collect and submit to Tufts Health Plan other documents to prove chronic homeless status, but these must meet the HUD standards for determining and documenting chronic homelessness.

MEMBER INFORMATION

Name: _____ Tufts Health Plan Member ID: _____
 Address: _____ Phone: ___/___/_____
 City: _____ DOB: ___/___/_____
 State: _____ ZIP: _____

PROVIDER INFORMATION

Organization name: _____ Organization phone #: _____
 NPI _____ Tax ID _____
 Provider address: _____
 City: _____
 State: _____ ZIP: _____
 Agency/Shelter Name: _____ Agency/Shelter Phone #: _____
 CSP-CHI/SIF Worker name: _____ Supervisor name: _____
 CSP-CHI/SIF Worker phone: _____ Supervisor phone: _____
 Referred by (name) _____, who is a: Medical Provider Behavioral Health Provider Community Partner (CP) Care Manager Other _____
 Fax number to fax authorization letter: ___/___/_____

CLINICAL INFORMATION

1. List all ICD-10 Alpha Numeric mental health/substance use disorder Diagnosis Codes: _____

2 Does member have an ICD-10 diagnosis of Z59.0, designation of homelessness Yes No

Check which level of care for which notification is being provided:

- CSP-CHI SIF

Documentation of member’s chronic homelessness is attached to this form

- Yes No

Check which services are currently being delivered:

- Pre-Tenancy:** engaging the member and assisting in the search for an appropriate and affordable housing unit;
- Transition into Housing:** assistance arranging for and helping the member move into housing; and
- Tenancy Sustaining Supports:** assistance focused on helping the member remain in housing and connect with other community benefits and resources.

What is the plan to secure housing?

What service coordination and linkage services are being provided?

What efforts have been made over the past 12 months to secure housing?

ATTESTATION

I attest that we are meeting the Tufts Health Plan performance specifications for this level of care.

Signature:

Print Name:

Date:
