



POLICY AND PROCEDURE MANUAL

Policy Number: PA.230.CC
Last Review Date: 11/16/2023
Effective Date: 12/01/2023

PA.230.CC Community Support Services

CountyCare considers initial authorization of **Comprehensive Community Support Services** medically necessary for the following indications:

1. The member requires treatment for a documented mental health diagnosis (as specified in 59 ILAC 132.25) recognized by the current edition of the Diagnostic & Statistical Manual of Mental Disorders,

AND

2. The member demonstrates significant debilitating disturbance in mood, thought, or behavior which prevents advancement of recovery, and at least one of the following:
 - a. Puts themselves and other individuals in danger, OR
 - b. Consistently and severely inhibits role performance within their living environment (e.g. home, neighborhood, school, or work) and within relationships (e.g. roommates, friends, family, neighbors, landlords, co-workers, or teachers.), OR
 - c. Interferes with independent function of activities of daily living,

AND

3. The provider must provide a documented treatment plan which outlines the continued evidence of symptoms and impairment in function, the goals and anticipated outcomes of treatment, and the potential for the reduction or control of symptoms within the duration of the program,

AND

4. The member shows potential to achieve a higher level of independence in activities of daily life while preventing regression to a lower level of functioning,

AND



PA.230.CC Community Support Services

Policy Number: PA.230.CC
Last Review Date: 11/16/2023
Effective Date: 12/01/2023

5. The member is able to actively participate in therapeutic interventions,

AND

6. The member must demonstrate one of the following:

- a. If the member is 18 years or older, they must have received a validated composite Level of Care Utilization System (LOCUS) score equating to Level of Care 1 or higher in the past six months.
- b. If the member is in between the ages of 5 to 17 years old, they must have an acute or chronic score on the clinician-rated Ohio Youth Problems, Functioning, And Satisfaction Scales (Ohio Scales) of 16 or higher, or has a score less than 16 but scores positively for safety parameter concerns including self-harm and/or harm to others in the past six months.

CountyCare considers continued use of **Comprehensive Community Support Services** medically necessary if the member meets all of the following indications:

1. The member meets the initial admission criteria outlined above,

AND

2. The member has a current treatment plan with specific goals, objectives, and a discharge plan that will support the member's termination from active services or transition to a less intensive or more appropriate service modality,

AND

3. The member is actively participating in services as indicated by their treatment plan or is transitioning to become an active participant in self-directed recovery and resiliency activities as indicated by their treatment plan,

AND

4. The member has documented significant benefit from community support services, as evidenced by skill-building and achievement of community integration objectives, but:

- a. The desired level of functioning as indicated by the treatment plan has not been achieved, OR
- b. The member would not be able to process in his/her recovery without community support services,

PA.230.CC Community Support Services

Policy Number: PA.230.CC
Last Review Date: 11/16/2023
Effective Date: 12/01/2023

AND

5. There is documentation that the member has potential to succeed in meeting the goals of a revised service plan. The revised service plan reflects novel evidence about or input from the member and clearly defines a revised scope of services and length of time of services,

AND

6. The Member cannot be safely and effectively treated through the provision of alternative services or the engagement of community resources.

Limitations

1. Services are not authorized for symptom management stemming from a diagnosis of a developmental disorder as defined by the current edition of the Diagnostic & Statistical Manual of Mental Disorders
2. Services may not be provided in conjunction with H0039 ACT except during a 30-day transition period
3. At least 60% of the individual and group community support (CS) services must be provided in natural settings.
4. The community support group size must not exceed 15 clients.
5. Services are not authorized for members that require more intensive levels of care and cannot be safely or effectively treated by the Community Service Services

Background

Community support services are designed to assist members in achieving recovery and/or rehabilitation goals, reducing psychiatric and addiction symptoms, and assisting in developing community living skills. These include services which assist children, adolescents, adults and families in supporting the member's treatment plan to achieve and maintain rehabilitative, resiliency, and recovery goals. These therapeutic interventions facilitate illness self-management, skill building, and use of community resources.

Examples of Community Support Services include:

- Coordination and assistance with the identification of individual strengths, resources, preferences and choices.

PA.230.CC Community Support Services

Policy Number: PA.230.CC
Last Review Date: 11/16/2023
Effective Date: 12/01/2023

- Assistance with the identification of existing natural supports for development of a natural support team.
- Assistance with the development of crisis management plans.
- Assisting with the identification of risk factors related to relapse and development of relapse prevention plans and strategies.
- Support and promotion of client self-advocacy and participation in decision-making, treatment and treatment planning.
- Assist the client in building a natural support team for treatment and recovery.
- Support and consultation to the client or his/her support system that is directed primarily to the well-being and benefit of the client.
- Skill building in order to assist the client in the development of functional, interpersonal, family, coping, and community living skills that are negatively impacted by the client's mental illness.

Codes

Code	Description
H2015	Comprehensive community support services, per 15 minutes
H2016	Comprehensive community support services, per diem

References

1. Daniels AS, Cate R, Bergeson S, Forquer S, Niewenhous G, Epps B. Level-of-care criteria for peer support services: a best-practice guide. *Psychiatric Services* 2013;64(12):1190-2. DOI: 10.1176/appi.ps.201300277. <https://facesandvoicesofrecovery.org/wp-content/uploads/2019/06/Level-of-Care-Criteria-for-Peer-Support-Services-A-Best-Practice-Guide.pdf>
2. MCG 21st Edition. Behavioral Health Care > Therapeutic Services and Testing Procedures > Peer Support Services (B-810-T).
3. Optum 360 HCPCS Code Detail – H2015.
4. State of Illinois Department of Human Services/Division of Mental Health Medical Necessity Criteria and Guidance Manual. Rev 10/13/16. http://www.dhs.state.il.us/OneNetLibrary/27896/documents/By_Division/MentalHealth/ProviderManual/Med-Nec-Crit-Guid-Manl-FY17.pdf
5. State of Illinois. Community Mental Health Services. Service Definition and Reimbursement Guide. <https://www2.illinois.gov/hfs/SiteCollectionDocuments/10.11.16%20SDRG%20Handbook%20-%20209-30-16.pdf>

Revision History

Revision	Date
Policy updated to reflect current logo, added procedure code H2016 and added	02/07/2022

PA.230.CC Community Support Services

Policy Number: PA.230.CC
Last Review Date: 11/16/2023
Effective Date: 12/01/2023

links to references 1 and 5	
Approved	April, 2022
Q4 2023 review, updated Evolent Logo, minor formatting updates	November, 2023

Disclaimer

CountyCare medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of CountyCare and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

CountyCare reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

These policies are the proprietary information of Evolent. Any sale, copying, or dissemination of said policies is prohibited.