

EVH Clinical Guideline 2726.CC for Community Support Services

Guideline Number: EVH_CG_2726.CC	<u>Applicable Codes</u>	
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STATEMENT

General Information

- *It is an expectation that all members receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.*
- *Where a specific clinical indication is not directly addressed in this guideline, medical necessity determination will be made based on widely accepted standard of care criteria. These criteria are supported by evidence-based or peer-reviewed sources such as medical literature, societal guidelines, and state/national recommendations.*
- *The guideline criteria in the following sections were developed utilizing evidence-based and peer-reviewed resources from medical publications and societal organization guidelines as well as from widely accepted standard of care, best practice recommendations.*

INDICATIONS

CountyCare considers initial authorization of Comprehensive **Community Support Services** medically necessary for **ALL** of 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 (DSM)
- The member demonstrates significant debilitating disturbance in mood, thought, or behavior which prevents advancement of recovery, and at least **ONE** of the following:
 - Puts themselves and other individuals in danger
 - 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.)
 - Interferes with independent function of activities of daily living
- 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
- 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
- The member is able to actively participate in therapeutic interventions
- The member must demonstrate one of the following:
 - 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.

- 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
- 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
- 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
- The member has documented significant benefit from community support services, as evidenced by skill-building and achievement of community integration objectives, but:
 - The desired level of functioning as indicated by the treatment plan has not been achieved, **OR**
 - The member would not be able to process in his/her recovery without community support services
- 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
- 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.
- Services may not be provided in conjunction with H0039 ACT except during a 30-day transition period.
- At least 60% of the individual and group community support (CS) services must be provided in natural settings.
- The community support group size must not exceed 15 clients.

- 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.

CODING AND STANDARDS

Codes

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

Applicable Lines of Business

☐	CHIP (Children's Health Insurance Program)
☐	Commercial
☐	Exchange/Marketplace
☒	Medicaid
☐	Medicare Advantage

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.
- 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.

POLICY HISTORY

Date	Summary
August 20, 2026	● Annual Review - Replaced patient with member in the first bullet under General Statement; formatting updates to the Statement and Coding and Standards headings
November 20, 2025	● This guideline replaces PA.230.CC Community Support Services ● Editorial changes to match the formatting and layout of the new template, no changes to clinical content

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Administrative Services Medical Policy Committee

Disclaimer

Evolent Clinical Guidelines do not constitute medical advice. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Evolent uses Clinical Guidelines in accordance with its contractual obligations to provide utilization management. Coverage for services varies for individual members according to the terms of their health care coverage or government program. Individual members' health care coverage may not utilize some Evolent Clinical Guidelines. Evolent clinical guidelines contain guidance that requires prior authorization and service limitations. A list of procedure codes, services or drugs may not be all inclusive and does not imply that a service or drug is a covered or non-covered service or drug. Evolent reserves the right to review and update this Clinical Guideline in its sole discretion. Notice of any changes shall be provided as required by applicable provider agreements and



laws or regulations. Members should contact their Plan customer service representative for specific coverage information.

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REFERENCES

1. Illinois Department of Human Services. Department of Human Services/Division of Mental Health, Medical Necessity Criteria and Guidance Manual. Illinois Department of Human Services. 2018. <https://www.dhs.state.il.us/page.aspx?item=116532>