



## Aetna Better Health® of Kentucky

### Reimbursement Policy Statement Kentucky Medicaid

Original Issue Date		May 23, 2025	
Policy Number		Aetna-2227	
Policy Name		COMPREHENSIVE COMMUNITY SUPPORT SERVICES	
Policy Type			
Medical	Administrative	Pharmacy	Reimbursement

Aetna Better Health of Kentucky reimbursement policies are intended to provide a general reference for claims filing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims logic, benefits design and other factors not listed in this policy statement are considered in the development of reimbursement policies.

In addition to this Policy, reimbursement of rendered services is subject to member benefits, eligibility on the date of service, medical necessity, other plan policies and procedures, claim editing logic, provider contracts and all applicable authorization, notification and utilization management guidelines set forth by the Kentucky Department for Medicaid Services and the Centers for Medicare and Medicaid Services (CMS).

This policy does not ensure either an authorization or reimbursement of services. We reserve the right to review and update this policy periodically.

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#### A. Policy

Aetna Better Health of Kentucky implements comprehensive and robust policies to ensure alignment with the Kentucky Department of Medicaid (DMS), evidence-based practices and clinical guidelines. The effective date of implementation for this policy is contingent upon the Kentucky Department of Medicaid's endorsement.



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This policy outlines requirements for the provision and reimbursement of Comprehensive Community Support Services (H2015). Payment for Comprehensive Community Support Services (CCSS) is contingent upon meeting all standards required in your contract with Aetna Better Health of Kentucky, including compliance with all State Regulations and provision of services that are evidence-based practices, and meet all requirements for medical necessity as outlined in this policy.

An adult or child who receives Comprehensive Community Support Services must have a primary mental health disorder diagnosis. A primary diagnosis is defined as the main condition that is being treated. Comprehensive Community Support Services may be provided to an individual recipient and are not group services. Travel time, transportation, field trips, recreational activities, and social activities, are not covered by Medicaid or as Comprehensive Community Support Services.

Comprehensive Community Support Services cannot be provided in a group home, residential program or other staffed residence. CCSS should be provided in the client's home or in other community locations.

### B. Overview

Comprehensive Community Support Services cover activities necessary to allow individuals with a primary mental health condition to live with maximum independence in the community.

A primary mental health condition means that the individual's symptoms are the result of a mental health condition, versus those that are a result of a medical illness, substance use, or other external factors. Comprehensive Community Support Services are not covered for individuals with a primary substance use condition.

Comprehensive Community Support Services are appropriate for individuals with a primary mental health condition demonstrating significant impairment in functioning and inability to apply needed skills in real-life settings. CCSS are intended to assure successful community living through utilization of skills training as identified in the individual's plan of care. Skills training should be designed to reduce mental disability and restore the member to their best possible functional level.

Comprehensive Community Support Services are to be provided face-to-face and consist of using a variety of psychiatric rehabilitation techniques to improve:

- Daily living skills (hygiene, meal preparation, medication adherence)
- Self-monitoring of symptoms and side effects
- Emotional regulation skills
- Crisis coping skills
- Interpersonal skills

Comprehensive Community Support Services must be provided in accordance with applicable Kentucky Statutes and Regulations. Delivery of Comprehensive Community Support Services must align and be coordinated within the context of a comprehensive individualized plan of care which is developed through a person-centered process. The rationale and indication for Comprehensive Community Support Services should be reflected in the treatment plan, including the specific



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interventions to be provided, and be documented in the clinical record. Goals and objectives for Comprehensive Community Support Services should address the primary mental health diagnosis through skills training in activities of daily living, medication management adherence and monitoring, coping techniques, and interpersonal interactions.

### C. Definitions

Approved Behavioral Health Practitioner	Means an independently licensed practitioner who is: (a) A physician; (b) A psychiatrist; (c) An advanced practice registered nurse; (d) A physician assistant; (e) A licensed psychologist; (f) A licensed psychological practitioner; (g) A certified psychologist with autonomous functioning; (h) A licensed clinical social worker; (i) A licensed professional clinical counselor; (j) A licensed marriage and family therapist; (k) A licensed professional art therapist; (l) A licensed clinical alcohol and drug counselor; or (m) A licensed behavior analyst.
Approved Behavioral health Practitioner Under Supervision	Means an individual under billing supervision of an approved behavioral health practitioner who is: (a) A licensed psychological associate working under the supervision of a board approved licensed psychologist; (b) A certified psychologist working under the supervision of a board-approved licensed psychologist; (c) A marriage and family therapy associate; (d) A certified social worker; (e) A licensed professional counselor associate; (f) A licensed professional art therapist associate; (g) A licensed clinical alcohol and drug counselor associate; (h) A certified alcohol and drug counselor; or (i) A licensed assistant behavior analyst; and Is employed by or under contract with the same billing provider as the billing supervisor.
Diagnostic Assessment	Means functional evaluation resulting in a complete written assessment that includes clinical considerations and severity of the client's general physical, developmental, family, social, psychiatric, and psychological history, and current condition. The Diagnostic Assessment will also note strengths, vulnerabilities, and needed mental health services.
Maximum Independence in the Community	Refers to the ability of an individual to live as autonomously as possible within their community, participating fully in everyday life activities and making their own choices, with the necessary



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	support systems in place to facilitate their full integration and participation.
Person-Centered	Collaborative approach that focuses on the individual's needs, preferences, and values and emphasizes the individual's role in making decisions.
Plan of Care	A plan of care shall: 1. Describe the services to be provided to the client, including the frequency of services; 2. Contain measurable goals for the client to achieve, including the expected date of achievement for each goal; 3. Describe the client's functional abilities and limitations, or diagnosis listed in the current edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders; 4. Specify each staff member assigned to work with the client; 5. Identify methods of involving the client's family or significant others if indicated; 6. Specify criteria to be met for termination of treatment; 7. Include any referrals necessary for services not provided directly by that provider; and 8. Include the date scheduled for review of the plan.
Primary Mental Health Condition	The individual's symptoms are a direct manifestation of a mental health condition, versus those that are a result of a medical illness, substance use, or other external factors.
Primary Origin	Refers to the initial and most significant source or cause of the mental health symptoms.
Psychiatric Rehabilitation Techniques	A range of strategies and practices designed to help individuals with mental illnesses regain or improve their ability to function in everyday life.

#### D. Prior Authorization & Service Limitations

Prior authorization for Comprehensive Community Support Services is required.

For a comprehensive listing of authorization requirements by Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes, please visit Availity at <https://apps.availity.com/availity/web/public.elegant.login> and refer to the prior authorization tool/directory. Please check the variance detail on ProPat <https://www.aetnabetterhealth.com/kentucky/providers/prior-authorization.html>



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### E. Codes & Conditions of Coverage

CPT/HCPCS	PROCEDURE CODE DISCRIPTION
H2015	Comprehensive Community Support Services; per 15 minutes

To be eligible for Comprehensive Community Support Services (CCSS), an individual recipient must be enrolled and eligible for coverage with Aetna Better Health of Kentucky.

Aetna Better Health of Kentucky members may be eligible for Comprehensive Community Support Services when the following criteria supporting medical necessity are met.

Diagnosis (must meet ALL the following):

1. Individual must have a primary mental health condition as determined by a diagnostic assessment performed by an approved behavioral health practitioner or approved behavioral health practitioner under supervision for which the proposed course of treatment has been determined to be effective.
2. The symptoms of the individual's diagnosis are consistent with those described in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM).
3. The symptoms to be addressed by Comprehensive Community Support Services do not have their primary origin in a diagnosis of substance-related disorder or intellectual disability.

Service Initiation Criteria (must meet ALL the following):

Initiation of Comprehensive Community Support Services is considered medically necessary if ALL the following are met:

1. The individual/individual's legal guardian has indicated their agreement with the need for and choice of this service modality and has been actively involved in the development and implementation of the treatment plan.
2. The individual's severity/complexity of symptoms and level of functional impairment require Comprehensive Community Support Services, as evidenced by ALL the following:
  - a) Individual demonstrates significant impairment in functioning as evidenced by ONE or MORE of the following:
    - i. Conflicted, withdrawn, alienated or otherwise troubled relationships but maintains control of any impulsive or abusive behaviors.
    - ii. Significant withdrawal and avoidance of almost all social interaction.
    - iii. Consistent failure to maintain personal hygiene,



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- appearance, and self-care near usual standards.
    - iv. Serious disturbances in vegetative status such as weight change, disrupted sleep, or fatigue that threaten physical well-being.
    - v. Inability to perform close to usual standards in school, work, parenting, or other obligations and these responsibilities may be completely neglected on a frequent basis or for an extended period.
  - b) Individual is unable to apply instrumental daily living, self-monitoring, emotional regulation, crisis coping, or interpersonal skills in real-life settings. These impairments and/or skill deficits markedly interfere with their ability to live with maximum independence in the community.
3. The individual has a current treatment plan with specific goals, objectives, and a discharge or transition plan. The proposed course of treatment includes specific one-to-one Comprehensive Community Support Service interventions that will assist the individual in practicing and reinforcing specific daily living, self-monitoring, emotional regulation, crisis coping, or interpersonal skills in natural community settings.
  4. An equally effective or more appropriate service is not available to assist the individual in achieving their mental health recovery goals, including community integration and independence.
  5. The nature of the individual's impairment and/or skill deficits require one-to-one Comprehensive Community Support Services to facilitate more effective role performance within their own personal living environments (e.g., home, neighborhood, school, and work) and relationships (e.g., roommates, family, friends, neighbors, landlords, co-workers and teachers).
  6. The individual's current assessment identifies specific functional impairments that can only be successfully remediated through one-to-one practice to reinforce target skills in natural community settings, including interventions that facilitate illness self-management and skill building.

Exclusion Criteria (meets ONE of the following):

Comprehensive Community Support Services are not considered to be medically necessary for individuals who meet ANY of the following criteria:

1. Individual's daily living, self-monitoring, emotional regulation, crisis coping, and interpersonal skills are sufficient to enable them to progress in their recovery without structured one-to-one Comprehensive Community Support Services.
2. Individual's level of cognitive impairment, current mental status, or developmental level make it unlikely for them to benefit from one-to-one Comprehensive Community Support Services.



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3. Individual requires the intensity of contact and range of supportive interventions only available through more intensive services and cannot be safely or effectively treated with Comprehensive Community Support Services.

Continuing Service Criteria (must meet all the following):

Continued Comprehensive Community Support Services are considered medically necessary if ALL the following are met:

1. Individual continues to meet service initiation criteria.
2. Individual has a current treatment plan with specific Comprehensive Community Support Services goals, objectives, and a discharge plan that will support the individual's termination from active Comprehensive Community Support Services or transition to a less intensive or more appropriate service modality.
3. Individual is actively participating in the treatment plan and indicates a desire to receive the services in the plan.
4. Individual has demonstrated significant benefit from this service, as evidenced by the attainment of most skill-building and community integration goals, but:
  - a) the desired outcome or level of functioning has not been restored or sufficiently improved, or
  - b) without these services, the individual would not be able to progress in their recovery.
7. Individual cannot be safely and effectively treated through the provision of alternative services or the engagement of community resources.
8. Care is rendered in an appropriate manner that is focused on the resolution of the individual's mental health/skill deficits and/or functional outcomes as described in the discharge plan.

Service Termination Criteria (meets ONE of the following):

Comprehensive Community Support Services is not considered to be medically necessary for individuals who meet ANY of the following criteria:

1. Individual's daily living, self-monitoring, emotional regulation, crisis coping, and interpersonal skills are sufficient to enable them to progress in their normal development without Comprehensive Community Support Services.
2. Individual's current level of cognitive impairment, current mental status, or developmental level make it unlikely for them to benefit from Comprehensive Community Support Services.
3. Individual requires the intensity of contact and range of supportive interventions only





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available through more intensive services and who cannot be safely or effectively treated with Comprehensive Community Support Services.

Comprehensive Community Support Services are one-to-one services and are not covered when provided as a group service.

Comprehensive Community Support Services (H2015) and Therapeutic Rehabilitation Program (H2019/H2020) are not reimbursable for the same member on the same date of service as this is considered duplicative. Please see the below covered service description for Therapeutic Rehabilitation Program services and Comprehensive Community Support Services per 907 KAR 15:020, 907 KAR 15:020 and 907 KAR 1:044. Aetna Better Health of Kentucky has claims edits in place to prevent duplicative billing.

<b>Therapeutic Rehabilitation Program (H2019/H2020)</b>	<b>Comprehensive Community Support Services (H2015)</b>
<ul style="list-style-type: none"><li>• Shall be delivered using a variety of psychiatric rehabilitation techniques focusing on:<ul style="list-style-type: none"><li>○ Improving daily living skills.</li><li>○ Self-monitoring of symptoms and side effects.</li><li>○ Emotional regulation skills.</li><li>○ Crisis coping skills.</li><li>○ Interpersonal skills.</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Consists of using a variety of psychiatric rehabilitation techniques to:<ul style="list-style-type: none"><li>○ Improve daily living skills.</li><li>○ Improve self-monitoring of symptoms and side effects.</li><li>○ Improve emotional regulation skills.</li><li>○ Improve crisis coping skills.</li><li>○ Develop and enhance interpersonal skills.</li></ul></li></ul>

Comprehensive Community Support Services are covered within a Behavioral Health Multi-Specialty group, Community Mental Health Center (CMHC), Certified Community Behavioral Health Clinic (CCBHC), Behavioral Health Service Organization (BHSO Tier I), Federally Qualified Health Center (FQHC), Primary Care Center, Rural Health Clinic (RHC) and Behavioral Health Provider Group when rendered to an individual to address a primary mental health condition. Comprehensive Community Support Services are not covered if provided within a BHSO Tier II, BHSO Tier III, or via an individual billing provider type.

To provide Comprehensive Community Support Services, providers must meet the requirements established in 908 KAR 2:250. CCSS may be provided by:

- An approved behavioral health practitioner, except for a licensed clinical alcohol and drug counselor
- An approved behavioral health practitioner under supervision, except for a:
  - Certified alcohol and drug counselor; or
  - Licensed clinical alcohol and drug counselor associate
- A Community Support Associate (CSA) under the supervision of an approved behavioral health practitioner working in a Behavioral Health Multi-Specialty group, Community Mental Health Center (CMHC), Certified Community Behavioral Health Clinic (CCBHC), Federally





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Qualified Health Center (FQHC), Primary Care Center, Rural Health Clinic (RHC) or Behavioral Health Provider Group.

Rendering providers are required to meet all documentation standards and requirements per Kentucky Administrative Regulation. CCSS service notes should support the medical necessity of the services and documentation should include the following:

- Description of the specific mental health symptoms, behaviors, functional impairments and/or skill deficits that were addressed.
- Description of the specific CCSS activity/interventions that were utilized.
- Description of the recipient's reaction/response to the interventions provided, including what, if any, benefit/improvement has been made.
- Rationale for the continuation CCSS services, if needed.
- Description of any changes made to the plan of care.

The individual's person-centered plan of care should have specific goals and objectives detailing specific one-to-one CCSS interventions that will assist the individual in learning and practicing specific skills in natural community settings. The desired outcome or level of functioning to be achieved by the interventions should also be identified in the plan of care along with anticipated timelines to acquire the needed skills.

### G. Review/Revision Date

Action	Date	Comments
Date Issued		
Effective Date		

### H. Resources & References

907 KAR 1:044. Coverage provisions and requirements regarding community mental health center behavioral health services. <https://apps.legislature.ky.gov/law/kar/titles/907/001/044/>

907 KAR 1:054. Coverage provisions and requirements regarding federally qualified health center services, federally qualified health center look-alike services and primary care center services. <https://apps.legislature.ky.gov/law/kar/titles/907/001/054/>

907 KAR 1:082. Coverage provisions and requirements regarding rural health clinic services. <https://apps.legislature.ky.gov/law/kar/titles/907/001/082/>

907 KAR 15:005. Definitions for 907 KAR Chapter 15. <https://apps.legislature.ky.gov/law/kar/titles/907/015/005/>

907 KAR 15:010. Coverage provisions and requirements regarding services provided by behavioral health services organizations for mental health treatment. <https://apps.legislature.ky.gov/law/kar/titles/907/015/010/>



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907 KAR 15:020. Coverage provisions and requirements for behavioral health services provided by individual approved behavioral health practitioners, behavioral health provider groups, or behavioral health multi-specialty groups.

<https://apps.legislature.ky.gov/law/kar/titles/907/015/020/>

American Academy of Child and Adolescent Psychiatry (AACAP) and the American Association for Community Psychiatry (AAPC) Child and Adolescent Level of Care/Service Intensity Utilization System (CALOCUS-CASII), version 20.

American Association of Community Psychiatrists (AAPC) Level of Care Utilization System for Psychiatric and Addiction Services, Adult Version 20.

The Level of Care Utilization System (LOCUS) Family of Tools. National Council for Mental Wellbeing. November 2023.

State of Illinois Department of Human Services/Division of Mental Health Medical Necessity Criteria and Guidance Manual.