

#	Category	Standard	Notes/Comments
1	Service Definition/ Required Components	<p>Activities necessary to allow individuals with mental illness or co-occurring mental illness and substance use disorders to live with maximum independent in the community. Activities are intended to assure successful community living through utilization of skills training as identified in the individual's treatment plan. Skills training is designed to reduce mental disability and restore the recipient to his best possible functional level. Consists of using a variety of psychiatric rehabilitation techniques to improve daily living skills (hygiene, meal preparation, and medication adherence), self-monitoring of symptoms and side effects, emotional regulation skills, crisis coping skills and developing and enhancing interpersonal skills.</p> <p>Should include at least one of the following services: Skills training, cueing or supervision as identified in the individualized treatment plan; Medication adherence and recognizing symptoms and side effects; Non-clinical but therapeutic behavioral intervention, support and skills training; Assistance in accessing and utilizing community resources; Emotional regulation skills; Crisis coping skills; and developing and enhancing interpersonal skills.</p> <p>Can include teaching and modeling such skills as the following: routine household care and maintenance; activities of daily living, including personal hygiene; shopping; money management; medication management; socialization; relationship building; participation in community activities; and goal attainment.</p>	
2	Provider Requirements / Qualifications	Be age 18 or older, have a high school diploma or GED, plus one year experience working with individuals with mental health disorders or co-occurring mental health and substance use disorders.	
3	Staffing Requirements	Successfully complete the DBHDID approved training program as referred to in 908 KAR 2:250 within six months of hire.	Includes caseload size, team composition, training and continuing education requirements, etc.

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		During each subsequent year of employment, a community support associate shall complete and maintain documentation of a minimum of six (6) hours of training or continuing education.	
4	Supervision Requirements	<p>A physician, a psychiatrist, a LP, a LPP, a LPA working under the supervision of a LP, a LCSW, a LPCC, a LMFT, an APRN, a Physician’s Assistant, a CSW under the supervision of a LCSW, a LPCA under the supervision of a LPCC, a MFTA under the supervision of a LMFT, a Licensed Professional Art Therapist, a Licensed Professional Art Therapy Associate under the supervision of a LPAT, a Licensed Behavior Analyst, or a Licensed Assistant Behavior Analyst under the supervision of a LBA.</p> <p>If providing services through a CMHC, may also be supervised by a Psychiatric Nurse or a Professional Equivalent (CADC eligible as a Professional Equivalent as approved by Medicaid through a prescribed application process-as described in 907 KAR 1:044)</p> <p>Must meet in person for supervision at least twice per month. Each supervision session must be at least 30 minutes in length and be documented in writing.</p> <p>The supervisor shall maintain a written record of supervision that is dated and signed by the supervisor for each meeting and includes a description of the supervision session that specifies the topics discussed, any specific action to be taken, an update for any issue previously discussed that required follow-up, and a plan for additional training needs if identified.</p>	
5	Admission Criteria	A child or adult who has a primary mental health disorder or a co-occurring mental health and substance use disorder diagnosis.	
6	Service Planning / Documentation	Comprehensive Community Support must be coordinated within the context of a comprehensive individualized treatment plan which is	

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		<p>developed through a person centered process. Comprehensive Community Support must be identified on each client's treatment plan as a modality to address one or more goal/objective. Each service provided shall be documented in the client record. This documentation shall substantiate the service provided. Documentation shall include the type of service provided, the date of service, time of service, place of service and person providing the service. The documentation shall be signed by the person providing the service. Each Comprehensive Community Support service shall be directly related to each client's treatment plan and each service note shall reflect such.</p>	
7	Continued Stay Criteria	<p>The desired outcome or level of functioning has not been fully restored or realized, improved or sustained over the time frame outlined in the individual treatment plan, OR the individual continues to be at risk for relapse based on current clinical assessment, history, or the tenuous nature of the functional gains. In addition, the individual has achieved current goals on their individualized treatment plan and additional goals are indicated as evidenced by documented symptoms, OR the individual is making satisfactory progress toward meeting goals and there is documentation that supports that continuation of this service will be effective in addressing the goals outlined in the treatment plan, OR the individual is making some progress but the specific interventions identified in the treatment plan need to be modified so that greater gains which are consistent with the individual's premorbid level of functioning are possible, OR the individual fails to make progress, demonstrates regression, or both in meeting goals through the interventions identified in the treatment plan, and the individual should be reassessed and recommendations revised to possibly include alternative or additional services.</p>	
8	Discharge Criteria	<p>The individual's level of functioning has improved with respect to the goals/objectives outlined in the individualized treatment plan, OR the individual has achieved positive life outcome(s) that support stable living in the home, school, and/or community and is no longer in need</p>	

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		of Comprehensive Community Support, OR the individual is not making progress or is regressing and all reasonable strategies and interventions have been exhausted, indicating a need for more intensive services, OR the individual no longer wishes to receive the service (Comprehensive Community Support).	
9	Service Setting	Comprehensive Community Support should be provided in the client's home or in other community locations.	Documentation must include Site of service and service provider shall remain cognizant of privacy in public setting.
10	Service Limitations / Exclusion	Comprehensive Community Support may be provided as an adjunct or follow up to clinical services but may be provided as a stand-alone service, as indicated. Cannot be provided in a group home, family care home or other staffed residence. Cannot be provided in a day program environment. Services are limited to no more than twelve (12) units (3 hours) per day, per client.	
11	Unit of Service	Quarter Hour Units – 15 minutes.	
12	Service Codes	HCPC Codes: H2014; H2015; H2021 DBHDID Code: 257 "Mental Health Only" Service in Medicaid SPA	
13	Program Evaluation / Quality Improvement	No fidelity scale for this service available. Should monitor this service using these service standards.	
14	Program Principles	Must be provided using principles of recovery and resilience http://www.samhsa.gov/recovery or Children's System of Care Values and Principles. http://dbhdid.ky.gov/dbh/systemofcare.aspx	