## COMPREHENSIVE COMMUNITY SUPPORT SERVICES

**HCPCS H2015 (15 minute unit)**

Modifiers:  
- HO – Masters degree or higher in a human services related field  
- HN – Bachelors degree in a human services related field  
- HM – certified peer or family specialist or less than a bachelors degree

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### Service Definition:
The purpose of Comprehensive Community Support Services (CCSS) is to surround individuals/families with the services and resources necessary to promote recovery, rehabilitation and resiliency. Community support activities address goals specifically in the following areas: independent living; learning; working; socializing and recreation. Comprehensive Community Support Services consist of a variety of interventions, primarily face-to-face and in community locations, that address barriers that impede the development of skills necessary for independent functioning in the community.

Community Support Services also include assistance with identifying and coordinating services and supports identified in an individual’s service plan; supporting an individual and family in crisis situations; and providing individual interventions to develop or enhance an individual's ability to make informed and independent choices.

### Source of Funding
| CYFD, HSD/Medicaid, HSD/BHSD, NMCD (identified providers) |

### Target Population
- Individuals who meet one of the following:
  - Children at risk of/or experiencing Serious Emotional/Neurobiological/Behavioral Disorders;  
  - Adults with Severe Mental Illness (SMI);  
  - Individuals with chronic substance abuse; or  
  - Individuals with a co-occurring disorder (mental illness/substance abuse) and/or dually diagnosed with a primary diagnosis of mental illness.

### Program Requirements
- **Assessment required**  
  In order to receive this service a client must have a Behavioral Health Assessment that results in a Service Plan.

- **Service Plan**  
  The Service Plan must specify the community support and any other treatment interventions needed for the individual. CCSS must address the goals identified in the Service Plan. Community support activities and providers must be clearly identified in the Service Plan, be coordinated by the primary community support worker and not duplicate CCSS provided by the primary community support worker.
Designated agency and community support worker

Individuals that meet the target population criteria for CCSS must have one designated agency that will have the primary responsibility of assisting the individual and family with implementing the Service Plan. Within this agency, a primary community support worker will coordinate and may facilitate family team meetings/treatment team meetings.

Activities

Comprehensive Community Support Services (CCSS) activities include:

1. Assistance to the individual in the development and coordination of the individual's Service Plan including a recovery/resiliency management plan, crisis management plan and when requested advanced directives related to his/her behavioral healthcare.

2. Assessment, support and intervention in crisis situations including the development and use of crisis plans which recognize the early signs of crisis/relapse, use of natural supports, use of alternatives to emergency departments and inpatient services.

3. Individualized interventions, with the following objectives:
   - Services and resources coordination to assist the individual in gaining access to necessary rehabilitative, medical and other services;
   - Assistance in the development of interpersonal, community coping and functional skills (including adaptation to home, school and work environments), including:
     1. Socialization skills
     2. Developmental issues
     3. Daily living skills
     4. School and work readiness activities
     5. Education in co-occurring illness
   - Encouraging the development and eventual succession of natural supports in workplace and school environments;
   - Assistance in learning symptom monitoring and illness self-management skills (e.g. symptom management, relapse prevention skills, knowledge of medication and side effects and motivational/skill development in taking medication as prescribed) in order to identify and minimize the negative effects of symptoms which interfere with the individual's daily living and supports consumers to maintain employment and school tenure;
   - Assisting the individual to obtain and maintain stable housing;
   - Any necessary follow-up to determine if the services accessed have adequately met the individual's needs;

4. The majority (60% or more) of CCSS provided must be face-
to-face and *in vivo* (where the client is). The community support worker must provide follow-up to determine if the services accessed have adequately met the individual’s treatment needs.

5. For individuals and/or their families: The community support worker will make every effort to engage the client in achieving treatment/recovery goals.

6. Individuals participating in medication management as the primary focus of service are not subject to the off-site (*in vivo*) service requirement or the consumer-staff ratio.

7. Behavior management interventions are not considered to be Comprehensive Community Support Services and should be billed under Behavior Management Services.
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<th>Provider Requirements</th>
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Services must be delivered by a mental health provider organization. The organization must be a legally recognized entity in the United States, qualified to do business in New Mexico, and must meet standards established by the State of NM or its designee, and requirements of the funding source.

The agency must be a licensed Community Mental Health Center or Core Service Agency, and must be certified to provide CCSS services by CYFD/LCA or DOH/DHI. Other providers eligible to provide CCSS include:

- FQHCs
- IHS or 638 Tribal Facilities
Clinical services and supervision by licensed behavioral health practitioners must be in accord with their respective licensing board regulations.

Minimum staff qualifications for the Community Support Worker (CSW) are:
- Must be at least 18 years old; and
  - Hold a bachelor's degree in a human service field from an accredited university and have one year relevant experience with the target population; or,
  - Hold an associate's degree and have a minimum of two (2) years of experience working with the target population; or
  - Be a high school graduate or have a General Educational Development (GED) test and a minimum of three (3) years of experience working with the target population; OR
  - Be certified as a Peer or Family Specialist.

Minimum staff qualifications for Certified Peer Specialists (CPS) are:
- Must be 18 years of age or older; and,
- Have a High School Diploma or GED; and,
- Be self-identified as a current or former consumer of mental health and/or substance abuse services, and have at least one year of mental health and/or substance abuse recovery; and,
- Have received certification as a Certified Peer Specialist.

Minimum staff qualifications for Certified Family Specialists (CFS) are:
- Must be 18 years of age or older; and,
- Have a High School Diploma or GED; and,
- Have personal experience navigating any of the child/family-serving systems and/or advocating for family members who are involved with the child/family behavioral health systems. Must also have an understanding of how these systems operate in New Mexico; and,
- If the individual is a current or former consumer, they must be well-grounded in their symptom self-management; and,
- Have received certification as a Certified Family Specialist.

Minimum staff qualifications for the CCSS Supervisor:
- Must hold a Bachelor's Degree in a human services field from an accredited university; and,
- Have four (4) years relevant experience in the delivery of case management or CCSS with the target population; and,
- Have one (1) year demonstrated supervisory experience.
Minimum staff qualifications for the Clinical Supervisor:
- Must be a Licensed independent practitioner (i.e. psychiatrist, psychologist, LISW, LPCC, LMFT, psychiatrically certified CNS) practicing under the scope of their NM licensure.
- Have one (1) year demonstrated supervisory experience

Note: The Clinical Supervisor and the CCSS Program Supervisor may be the same individual.

Minimum staff training requirements for a Community Support Worker include:
- An initial training comprised of twenty (20) hours of documented education drawn from any of the following areas, to be completed within the first 90 days of employment as a CSW:
  - CCSS training as per state approved curriculum
  - Clinical and psychosocial needs of the target population
  - Psychotropic medications and possible side effects
  - Drugs of abuse and related symptoms
  - Crisis management
  - Principles of recovery, resiliency and empowerment
  - Ethnic and cultural considerations of the catchment area
  - Community resources and services, including pertinent referral criteria
  - Consumer/family support networking
  - Mental Health/Developmental Disabilities Code
  - Children's Code
  - Client/family-centered practice
  - Behavior management
  - Treatment and discharge planning with an emphasis on recovery and crisis planning
- Documentation of ongoing training comprised of twenty (20) hours is required of a CSW every year, after the first year of hire, with content of the education based upon agency assessment of staff need.

Minimum staff training requirements for supervisors:
- The same twenty (20) hours of documented training or continuing education as required for the CCSS community support worker.
- A minimum of eight (8) hours of training specific to supervisory activities.

Caseloads:
Average caseloads may not exceed 1:20 (one worker to twenty individuals receiving CCSS). Individuals participating in medication management as the primary service are not
| Documentation Requirements | In addition to the standard client record documentation requirements for all services, the following is required for this service:  
- Case notes identifying all activities and location of services |
| Service Exclusions | This service may not be billed in conjunction with:  
- Multi-systemic Therapy  
- Assertive Community Treatment  
- Accredited Residential Treatment  
- Residential Treatment Services  
- Group Home services  
- Inpatient Hospitalization  
- Partial Hospitalization  
- Treatment Foster Care  
- Recreational outings  
- Transitional Living Services  
- Resource Development (NMCD)  

Under limited circumstances, CCSS can be billed by the primary community support worker to assist individuals with their transition from higher levels of care. CCSS will be limited to a maximum of 16 units per each discharge from a higher level of care. |