

South Carolina Medicaid UM Guideline

Subject: Community Integration Services (CIS)
Status: Active

Current Effective Date: 07/01/2016
Last Review Date: 8/9/2023

Description

Community Integration Services (CIS) are face-to-face services to assist adult beneficiaries *18 years or older* diagnosed with serious and persistent mental health (SPMI) disorder(s) or co-occurring mental health and substance use disorders (SUDs) achieve identified behavioral health treatment goals in the environment of their choice. Serious Mental Illness is defined as persons who are 18 or older, who have had within the last year a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic Statistical Manual of Mental Disorders 5 (DSM 5) and have resulted in functional impairment which substantially interferes with or limits one or more major life activities.

CIS programs are appropriate for adults with a SPMI or co-occurring SPMI and SUDs who wish to participate in a structured program with staff and peers and have identified behavioral health treatment goals that can be achieved in a supportive and structured environment.

CIS requires that a member be actively involved in the development and management of his/her overall rehabilitation, including planned goals, objectives and intervention activities included on the Individual Plan Of Care (IPOC). The member who is meaningfully involved in CIS programs should be able to articulate his/her individual goals and objectives, and to identify ways in which his/her current activities are intended to assist him/her in achieving those goals and objectives and further his/her own recovery.

There must be a collaborative and supportive relationship between the providers, member and family (if family is involved) to work on IPOC goal achievement. The goals of the IPOC should address the following skills development, educational, and pre-vocational activities as necessary:

- a. Community living competencies (e.g., self-care, cooking, money management, personal grooming, maintenance of living environment).
- b. Social and interpersonal competencies (e.g., conversational competency, developing and/or maintaining a positive self-image, regaining the ability to evaluate the motivation and feelings of others to establish and maintain positive relationships).

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- c. Personal adjustment competencies (e.g., developing and enhancing personal abilities in handling life experiences and crises, including stress management, leisure time management, coping with symptoms of mental illness).
- d. Cognitive and adult role competencies (e.g., task-oriented activities to develop and maintain cognitive abilities, to maximize adult role functioning such as increased attention, improved concentration, better memory, enhancing the ability to learn and establishing the ability to develop empathy).
- e. Prevocational activities (e.g., development of positive work habits and participation in activities that would increase the member's purpose, confidence and re-engagement in meaningful activities and/or employment, time management; prioritizing tasks, taking direction from supervisors, importance of learning and following the policies/rules and procedures of the workplace, problem solving/conflict resolution in the workplace, communication and relationships with coworkers and supervisors, on-task behavior and task completion skills).

Providers are encouraged to utilize evidence-based best practice models that may include: the Boston University Psychosocial Rehabilitation approach, the Lieberman Model, the International Center for Clubhouse Development approach, the Fountain House model, or blended models/approaches in accordance with current psychosocial rehabilitation research. Practitioners providing this service are expected to maintain knowledge and skills regarding current research trends in best/evidence-based models and practices for psychosocial rehabilitation.

CIS is to be available for a period of five or more hours per day at least five days per week. CIS may be provided on weekends or in the evening.

Clinical Indications

Medically Necessary:

***A-H must be met to satisfy criteria for admission into CIS services.*

- A. The beneficiary is 18 years or older
- B. The member has been diagnosed with a serious and persistent mental illness (SPMI), which includes one of the following diagnoses: Bipolar Disorder, Major Depression, a diagnosis within the spectrum of psychotic disorders, or an SPMI with a co-occurring substance use disorder (SUD).
- C. As a result of the SPMI or co-occurring SUD, the member has a moderate to severe functional impairment that limits role performance and/or skill deficits in three or more of

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the following areas: social, educational/vocational, daily living and self-maintenance, relative to the person's ethnic/cultural environment.

- D. Traditional mental health services (i.e., individual/family/group therapy, medication management, etc.) are not currently clinically appropriate to prevent the member from deteriorating or clinically appropriate to reach identified goals.
- E. Member meets three or more of the following criteria as documented on the Diagnostic Assessment:
 - a. Is not functioning at a level that would be expected of typically developing individuals their age
 - b. Is at risk of psychiatric hospitalization, homelessness or isolation from social supports due to the member's SPMI or co-occurring disorders.
 - c. Exhibits behaviors that require repeated interventions by the mental health, social services or judicial systems.
 - d. Experiences impaired ability to recognize personal or environmental dangers or significantly inappropriate social behavior.
- F. Without the support of a CIS program, the member will be unable to function in the community.
- G. The member is not at imminent risk of harm to self, others, and/or property.
- H. The member is expected to benefit from the interventions and needs would not be better clinically met by any other formal or informal system or support.

Treatment Plan

CIS must be listed on the IPOC with a specific planned frequency to meet the identified individualized needs of the member. Services must be documented upon each contact with the member. Additionally, the documentation must meet all SCDHHS requirements for clinical service notes.

Documentation must clearly reflect the specific need of the member and the therapeutic interventions and support rendered to address the need(s) of the member.

The qualified staff providing the service is responsible for completing and signing the clinical service notes. The notes should clearly identify the specific goal(s) from the IPOC for which the delivery of CIS addresses.

Continued Stay Criteria

Criteria A-E must be met to satisfy criteria for continued CIS services.

- A. The member continues to meet the Admission Criteria.
- B. There is adequate documentation from the provider that the member is receiving the scope

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and intensity of services required to meet the program goals stated in the service description.

- C. The member has shown improvement in at least two of the following areas: social, educational/vocational, daily living and self-maintenance, relative to the person's ethnic/cultural environment.
- D. The member is expected to continue to benefit from CIS, which remains appropriate to meet the member's needs.
- E. Withdrawal of CIS may result in loss of rehabilitation gains or goals obtained by the member.

Not Medically Necessary:

The member may not qualify for services when medical necessity has not been determined or other services would be more appropriate.

Coding

Procedure / HCPC Code	Modifier	Service Definition
H2030		Community Intervention Services

Discussion/General Information

Major mental illness most often strikes in early adulthood, interrupting nascent vocational and educational aspirations. Community Integration Services supports members in their desire to development skills and pursue educational and pre-vocational activities. Community Integration Services removes barriers to stigma, dependency and isolation that prevent the member from full participation in their community. ⁴ Community Integration Services provides the member to be productive while utilizing cost-effective services.

Definitions

Serious and Persistent Mental Illness (SPMI): Serious and Persistent Mental Illness "is defined as a mental, behavioral or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities" nimh.nih.gov*

Severe Emotional Disability (SED) is defined as "persons who are under the age of 18, who have had a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet diagnostic criteria specified within the DSM-V, that resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school or community activities." **Collaborative for Children and Families**

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References

Government Agency, Medical Society, and Other Authoritative Publications:

1. Anthony, W. A., & Farkas, M. D. (2009) Primer on the Psychiatric Rehabilitation Process. <https://cpr.bu.edu/wp-content/uploads/2011/11/Primer-on-the-Psychiatric-Rehabilitation-Process.pdf> *
2. Coding Source: Rehabilitative Behavioral Health Services (RBHS) Provider Manual. <https://www.scdhhs.gov/provider-type/rehabilitative-behavioral-health-services-rbhs-manual-070119-edition-posted-070119>. *Updated July 1, 2023 and State of Carolina Fee Schedules
3. Diagnostic and Statistical Manual of Mental Disorders, 5th Edition. Arlington, VA. 2013. Available at: <http://dsm.psychiatryonline.org/book.aspx?bookid=556>. * Accessed on June 11, 2021.
4. SC Department of Health and Human Services (2023). Rehabilitative Behavioral Health Services Provider Manual.

Websites for Additional Information
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1. SC Department of Health and Human Services www.scdhhs.gov. * Accessed on August 9, 2023.
2. Foundation House. What is the Clubhouse model? [What is a Clubhouse?](#) | [Fountain House](#)

History

Status	Date	Action
New		Created
Reviewed	6/24/19	Medical Operations Committee (MOC)-Annual Cycle Review
Reviewed and Approved	06/19/2020	MOC Approval-no changes
Reviewed	06/11/2021	Reviewed-No changes
Approved	06/17/2021	Medical Operations Committee (MOC)
Reviewed	08/9/2023	Updated to align with SC DHHS

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