



February 17, 2026

Aetna Better Health[®] of Kentucky

Policy Updates – Comprehensive Community Support Services

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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Reimbursement Policy Statement

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1. 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 **March 19, 2026**.

Aetna Better Health of Kentucky conducts a bi-annual review of utilization comparing prior periods and industry benchmarks to identify inappropriate utilization trends that may signal overutilization of a service as well as a quality or safety concern.

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 reimbursement and medical necessity as outlined in this policy.

An adult or child who receives CCSS must have a primary mental health disorder diagnosis. A primary diagnosis is defined as the main condition that is being treated. CCSS 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 CCSS.

CCSS should be provided in the client's home or in other community locations and cannot be provided in a group home, residential program or other staffed residence, **with the following exception**. Community Support Services (CCSS) may be provided to enrollees residing in a Private Child Caring (PCC) residential setting when requirements described in this policy are met.

The following Place of Service (POS) codes are excluded from CCSS reimbursement.

- POS 55 – Residential Substance Abuse Treatment Facility
- POS 57 – Non-residential Substance Abuse Treatment Facility
- POS 58 – Non-residential Opioid Treatment Facility.
- POS 56 – Psychiatric Residential Treatment Center

CCSS is not reimbursable on the same day for the same recipient as per diem services. CCSS is not reimbursable on the same day as other outpatient therapy services if provided

for 3 hours in a day. CCSS is not reimbursable on the same day as Therapeutic Rehabilitation Program (H2019/H2020) services.

A Peer Support Specialist (PSS) who is dually certified as a Community Support Associate (CSA) may not provide CCSS and Peer Support services to the same individual.

Aetna Better Health of Kentucky Reimbursement for Comprehensive Community Support Services will be subject to maximum daily and annual unit limitations as follows.

CPT/HCPCS	PROCEDURE CODE DISCRIPTION	UNITS	LIMITS
H2015	COMPREHENSIVE COMMUNITY SUPPORT SERVICES	15 MIN	DAILY MAX OF UNITS: 12 UNITS/3 HOURS ANNUAL MAX OF UNITS: 504 UNITS/126 HOURS

2. OVERVIEW

Comprehensive Community Support Services (CCSS) 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. CCSS are not covered for individuals with a primary substance use condition.

CCSS 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.

CCSS 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

CCSS must be provided in accordance with applicable Kentucky Statutes and Regulations. Delivery of CCSS 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 CCSS should be reflected in the treatment plan, including the specific interventions to be provided and be documented in the clinical record. Goals and objectives for CCSS 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.

CCSS are not custodial care and/or routine supervision. Age and developmentally appropriate custodial care including monitoring for safety and/or other intrinsic parenting and/or caregiver responsibilities are not covered as CCSS. Activities to maintain level of functioning and routine daily activities are not covered as CCSS. Educational, vocational, or academic services are not covered as CCSS. Services provided to individuals with a primary diagnosis of intellectual disabilities and related conditions, unless these conditions co-occur with a mental illness, and which are not focused on rehabilitative mental and/or behavioral health are not covered as CCSS.

3. DEFINITIONS

Approved Behavioral Health Practitioner	Means an independently licensed practitioner who is: (a) A physician; (b) A psychiatrist; (c) An advanced practice registered nurse;
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	<p>(d) A physician assistant;</p> <p>(e) A licensed psychologist;</p> <p>(f) A licensed psychological practitioner;</p> <p>(g) A certified psychologist with autonomous functioning;</p> <p>(h) A licensed clinical social worker;</p> <p>(i) A licensed professional clinical counselor;</p> <p>(j) A licensed marriage and family therapist;</p> <p>(k) A licensed professional art therapist;</p> <p>(l) A licensed clinical alcohol and drug counselor; or</p> <p>(m) A licensed behavior analyst.</p>
<p>Approved Behavioral health Practitioner Under Supervision</p>	<p>Means an individual under billing supervision of an approved behavioral health practitioner who is:</p> <p>(a) A licensed psychological associate working under the supervision of a board approved licensed psychologist;</p> <p>(b) A certified psychologist working under the supervision of a board-approved licensed psychologist;</p> <p>(c) A marriage and family therapy associate;</p> <p>(d) A certified social worker;</p> <p>(e) A licensed professional counselor associate;</p> <p>(f) A licensed professional art therapist associate;</p> <p>(g) A licensed clinical alcohol and drug counselor associate;</p> <p>(h) A certified alcohol and drug counselor; or</p> <p>(i) A licensed assistant behavior analyst; and</p> <p>Is employed by or under contract with the same billing provider as the billing supervisor.</p>

<p>Diagnostic Assessment</p>	<p>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.</p> <p>The Diagnostic Assessment will also note strengths, vulnerabilities, and needed mental health services.</p>
<p>Maximum Independence in the Community</p>	<p>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 support systems in place to facilitate their full integration and participation.</p>
<p>Person-Centered</p>	<p>Collaborative approach that focuses on the individual's needs, preferences, and values and emphasizes the individual's role in making decisions.</p>
<p>Plan of Care</p>	<p>A plan of care shall:</p> <ol style="list-style-type: none"> 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;

	<p>7. Include any referrals necessary for services not provided directly by that provider; and</p> <p>8. Include the date scheduled for review of the plan.</p>
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.

4. PRIOR AUTHORIZATIONS & SERVICE LIMITATIONS

Prior authorization for Comprehensive Community Support Services (CCSS) is required.

CMS generally prohibits billing multiple per diem service codes for the same individual, for the same date of service, as it often reflects duplicative billing or unbundling. Per diem (all inclusive) rates cover various services provided for a full day of care. Aetna Better Health of

Kentucky will not reimburse for CCSS billed on the same day as any other per diem service code.

Per Kentucky Administrative Regulations (KAR), Individual, Group and Family Outpatient Therapy shall not exceed (3) hours per day alone or in combination with any other outpatient therapy per individual unless additional time is medically necessary. Aetna Better Health of Kentucky will not reimburse for CCSS if the number of units is equal to 12 units/3 hours per day and is billed on the same date of service as any psychotherapy or other outpatient service.

The following list of codes may not be an all-inclusive list of outpatient or per diem codes that are not billable on the same date of service as CCSS, or when the number of units of CCSS is equal to 12 units/3 hours of service. In addition, if the Department for Medicaid

Services recognizes, at any point, additional outpatient therapy or per diem services codes, CCSS services may not be reimbursable if billed on the same day as any such additional code(s).

90832	90836	90839	90846	90853
90833	90837	90840	90847	90870
90834	90838	90845	90849	90875
90876	H0004	H0012	H0015	S9480
H0035	H0011	H2034	H2036	H0038
H2019	H2020			

Studies regarding the effectiveness of skills training in persons with mental illness have been limited by setting or specific types of skills and lacks evidence of long-term benefits showing skills are used outside the training environment. Key takeaways from existing literature review suggest a frequency of 2-3 weekly sessions between 3-6 months could be beneficial.

Aetna Better Health of Kentucky Reimbursement for Comprehensive Community Support Services will be subject to maximum daily and annual unit limitations as follows.

CPT/HCPCS	PROCEDURE CODE	UNITS	LIMITS
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	DESCRIPTION		
H2015	COMPREHENSIVE COMMUNITY SUPPORT SERVICES	15 MINUTES	DAILY MAXIMUM OF UNITS: 12 UNITS/3 HOURS ANNUAL MAXIMUM OF UNITS: 504 UNITS/126 HOURS

Prior authorization is not a guarantee of payment. Providers may appeal claim denials if they feel services have met criteria for medical necessity based on the individual’s clinical needs. Please refer to the Aetna Behavioral Health Provider Manual located on our provider website for specific guidance on how to file an appeal.

[**For Health Care Providers | Aetna Medicaid Kentucky**](#)

Claims paid for services exceeding the guidelines described throughout this policy are subject to review and/or recovery. Aetna Better Health of Kentucky may recover identified overpayments per KRS 304.17A-714.

5. CONDITIONS OF COVERAGE

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.

CCSS Medical Necessity Criteria

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, 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.
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.
5. Individual cannot be safely and effectively treated through the provision of

alternative services or the engagement of community resources.

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

Coverage of CCSS in the PCC Residential Setting

The Kentucky Department of Medicaid Services (DMS) has indicated that Comprehensive Community Support Services (CCSS) may be provided to recipients residing in a Private Child Caring (PCC) residential setting when all requirements described in this policy are met. To receive CCSS in the PCC Residential setting, the service must be prior authorized, be medically necessary per the medical necessity criteria specified in this policy and meet all regulatory requirements governing the provision of CCSS. Daily and annual limits stated in this policy are applicable to recipients in PCC Residential settings.

Comprehensive Community Support Services provided to recipients in a PCC Residential setting are for the purposes of treatment, not for the purpose of increased supervision or 1:1 monitoring.

Recipients appropriate for CCSS services in the PCC Residential setting are those individuals who are exhibiting serious functional impairments that cannot be managed via the services provided by the PCC Residential provider. These impairments interfere with the recipient's ability to be successful in the current PCC Residential setting, place the recipient at risk of disrupting the current PCC Residential placement, or directly impede the ability to successfully transition to the next appropriate placement or level of care.

The rendering provider of CCSS services must be employed by and conduct CCSS services via an approved behavioral health provider group. The supervising practitioner of a Community Support Associate (CSA) must also be employed by the behavioral health provider group.

CCSS services must be separate and distinct from all other services provided by PCC Residential direct care or other PCC Residential program staff. PCC Residential program staff that are also employed by an approved behavioral health provider group may not provide CCSS services while they are also providing direct care services to residents of the PCC Residential program or provide CCSS during their scheduled PCC Residential working hours.

Additional skills training via CCSS services in a PCC Residential setting may be justified when the services are highly individualized, non-duplicative of mandatory care to be provided by the PCC Residential program and aimed at increasing independence and addressing specific assessed needs per the person-centered care plan. CCSS in the PCC Residential setting should be time limited, evidenced based, and include a formal plan for reducing the intensity of CCSS services as identified necessary skills are obtained.

In addition to the CCSS medical necessity criteria and additional coverage requirements described in this policy, recipients in a PCC Residential placement may be eligible to receive CCSS if ALL the following additional criteria are met.

1. A multi-disciplinary team has reviewed the recipient's current needs and determined that additional skills training via CCSS services is appropriate, necessary, non-duplicative, and expected to be effective, due to ONE of the following:
 - a. The recipient is at risk of disrupting the current PCC Residential placement and skills training via the provision of CCSS is an appropriate and necessary intervention to preserve placement, OR,
 - b. The recipient is unable to transition to a lower level of care due to specific skills deficits that have been identified as directly impeding the ability to be successful in a less restrictive setting and skills training via the provision of CCSS is an appropriate and necessary intervention.
2. The PCC Residential provider has indicated they are unable to provide the intensity or frequency of skills training that is needed to stabilize behaviors to remain the current PCC residential placement and prevent disruption or successfully transition to a less restrictive setting.

Additional Conditions of Coverage

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.

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

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:
 - o Certified alcohol and drug counselor; or
 - o 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 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

6. REVIEW / REVISION DATE

Action	Date	Comments
Date Issued	5/23/2025	Initial policy approval
Revised	1/30/2026	Addition of daily & CY maximum units, POS exclusions, same day billing exclusions, and conditions of coverage for recipients in a PCC Residential setting.
Effective Date	3/19/2026	Revision effective date.

7. RESOURCES & REFERENCES

1. 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/>
2. 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/>
3. 907 KAR 1:082. Coverage provisions and requirements regarding rural health clinic services. <https://apps.legislature.ky.gov/law/kar/titles/907/001/082/>
4. 907 KAR 15:005. Definitions for 907 KAR Chapter 15. <https://apps.legislature.ky.gov/law/kar/titles/907/015/005/>
5. 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/>
6. 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/>

7. 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.
8. American Association of Community Psychiatrists (AAPC) Level of Care Utilization System for Psychiatric and Addiction Services, Adult Version 20.
9. The Level of Care Utilization System (LOCUS) Family of Tools. National Council for Mental Wellbeing. November 2023.
10. State of Illinois Department of Human Services/Division of Mental Health Medical Necessity Criteria and Guidance Manual.
11. VA Social Skills Training for Serious Mental Illness (SST) Training Program. https://www.mirecc.va.gov/visn5/training/social_skills.asp
12. Lyman, D. R., Kurtz, M. M., Farkas, M., George, P., Dougherty, R. H., Daniels, A. S., Delphin-Rittmon, M. E., (2014). Skill Building: Assessing the Evidence. *Psychiatric Services*, 65(6), 727–738. <https://doi.org/10.1176/appi.ps.201300251>
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14. Miles, E., Sheeran, P., Baird, H., Macdonald, I., Webb, T. L., & Harris, P. R. (2016). Does self-control improve with practice? Evidence from a six-week training program. *Journal of Experimental Psychology: General*, 145(8), 1075-1091. <https://doi.org/10.1037/xge0000185>
15. Tungpunkom, P., Maayan, N., & Soares-Weiser, K. (2012). Life skills programs for chronic mental illnesses. *The Cochrane database of systematic reviews*, 1(1), CD000381. <https://doi.org/10.1002/14651858.CD000381.pub3>
16. Abaoğlu, H., Mutlu, E., Ak, S., Aki, E., & Anil Yağcıoğlu, A. E. (2020). The Effect of Life Skills Training on Functioning in Schizophrenia: A Randomized Controlled Trial. *Turkish journal of psychiatry*, 31(1), 48–56. <https://doi.org/10.5080/u23723>
17. Sobhi-Gharamaleki, N., Rajabi, S., (2010). Efficacy of like skills training on increase of mental health and self-esteem of the students. *Procedia – Social and Behavioral Sciences*, 5(1), 1818-1822. Doi: <https://doi.org/10.1016/j.sbspro.2010.07.370>

18. Kurtz, M.M. & Mueser, K.T. (2008). Meta-analysis of controlled research on social skills training for schizophrenia. *Journal of Consulting and Clinical Psychology*, 76, 491-504. <https://doi.org/10.1037/0022-006X.76.3.491>
19. Bellack, A.S. (2004). Skills training for people with severe mental illness. *Psychiatric Rehabilitation Journal*, 27, 375-391. <https://doi.org/10.2975/27.2004.375.391>
20. Turner, D. T., McGlanaanaghy, E., Cuijpers, P., van der Gaag, M., Karyotaki, E., & MacBeth, A. (2018). A Meta-Analysis of Social Skills Training and Related Interventions for Psychosis. *Schizophrenia Bulletin*, 44, 475-491.

Thank you for your attention to this matter and for your continued partnership in providing quality care.

Questions?

If you have general questions about this communication, contact Provider Relations at **1-855-300-5528** (TTY: 711). We're here for you Monday through Friday, 7 AM to 7 PM ET.

1. Enter the registration information.

After you have successfully registered for the live WebEx session, you will receive an e-mail containing the toll-free phone number, meeting number, conference password, and a link to the web portion of the session. **Please keep the registration e-mail.** You will need the link to join the web conference and the call-in number for the session in which you will be participating.

If you are unable to participate in a session, you can obtain a copy of the presentation, as well as other important documents at <website here>

Documents are available in PDF format. If you need Adobe Reader, you can download it from www.adobe.com/products/reader/.

Sincerely,

Aetna Better Health of Kentucky

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