

5122-29-17

Community psychiatric supportive treatment (CPST) service.

(A) Community psychiatric supportive treatment (CPST) service is a rehabilitative service intended to maximize the reduction of symptoms of mental illness in order to restore the individual's functioning to the highest level possible. CPST supports the individual's ability to take responsibility for managing his/her mental illness and achieving and maintaining his/her rehabilitative and/or recovery goals.

CPST is a service comprised of individualized mental health activities as listed in paragraph (D) of this rule which are delivered in a variety of locations based upon the natural environment(s) of the individual, i.e., home and community locations.

CPST is not a site-specific service nor shall it be used to create a site-specific program, but rather these activities shall be specific to the identified mental health needs of the individual. CPST service is not a day treatment, partial hospitalization, intensive outpatient, adaptive/habilitative, or educational service or program, or intended to replace such or similar services. Nothing in this rule shall preclude CPST that is provided in accordance with the clinical needs of an individual receiving ACT or IHBT services as described in either rule 5122-29-28 or rule 5122-29-29 of the Administrative Code.

The CPST service is provided to adults, children, and adolescents. It may also be provided to the service recipient's parents, guardians, families, and/or significant others, when appropriate, and when provided for the exclusive benefit of the service recipient.

(B) The CPST service recipient must:

- (1) Have the cognitive ability to be able to participate in and benefit from the service; and
- (2) Be an active participant in his/her treatment and care.

(C) The CPST service will vary with respect to hours, type, and intensity, depending on the changing service needs of each individual. The service shall continue to be provided to the extent that the individual's symptoms of mental illness continue to negatively impact his/her ability to function without mental health intervention.

(D) The CPST service is comprised of the following activities as they relate to the individual's symptoms of mental illness and corresponding deficits in current functioning:

- (1) Coordination and implementation of the service recipient's ISP, including ensuring that the ISP reflects the most current interventions necessary to address the individual's mental health needs and symptoms of his/her mental illness, as evidenced by the service provider's:

(a) Participation in the development of the ISP;

- (b) Coordinating other services and providers identified in the ISP to ensure that the ISP is being implemented as written;
 - (c) Monitoring the individual's progress in achieving goals and objectives/anticipated outcomes as documented on the ISP; and
 - (d) Monitoring the individual's status in relation to his/her ISP goals to identify when a change in mental illness symptoms indicates the need for a clinical review of the individual's mental health assessment and ISP. Such clinical review shall be performed by an appropriately qualified individual in order to determine whether a revision of the goals, objectives and/or interventions is warranted.
- (2) Support in crisis situations, including the service provider:
 - (a) Working with the individual, and family, guardian and/or significant other, as appropriate, to develop a crisis management and contingency plan; and
 - (b) Coordinating and/or assisting in crisis management and stabilization as indicated.
- (3) Assessing the individual's needs, including psychiatric, physical health, entitlement benefits, wellness, support system, and community resources, e.g., the need for housing, vocational assistance, income support, transportation, etc., in order to:
 - (a) Incorporate those needs and accompanying rehabilitative services and activities in the ISP; and
 - (b) Coordinate linkages to needed community services, support systems and resources. In addition, when the individual's mental illness impedes his/her ability to access these services him/herself, the service provider shall:
 - (i) Assist the individual in accessing needed community services, support systems and resources, and
 - (ii) Assist the individual to develop the skills to access needed services, support systems and resources for him/herself.
- (4) Individualized, restorative interventions and training to improve interpersonal, community integration, and independent living skills when the individual's mental illness impacts his/her ability to function in and adapt to home, school, work and community environments. Specific training may address:

- (a) Socialization abilities, including communication, interpersonal relationships, problem solving/conflict resolution, and stress management;
 - (b) Support system development;
 - (c) Employment readiness activities, excluding skill specific vocational training. Examples of employment readiness abilities which may be impacted by a person's mental illness include work related social and communication skills, personal hygiene and dress, time management, etc.; and
 - (d) Other interventions and training necessary to ameliorate life stresses resulting from the individual's mental illness.
 - (5) Assisting the individual to acquire psychiatric symptom self-monitoring and management skills so that the individual learns to identify and minimize the negative effects of the mental illness that interfere with his/her daily functioning.
 - (6) Advocacy and outreach when the individual's mental illness prevents him/her from doing this for him/herself.
 - (7) Mental illness, recovery and wellness management education and training. The education and training may also be provided to the individual's parent or guardian, and family and/or significant others, when appropriate, and when:
 - (a) This education and training is based on the individual's mental illness and symptoms; and
 - (b) This education and training is performed exclusively on behalf of and for the well-being of the individual, and is documented in the ISP.
- (E) The method of CPST service delivery shall consist of:
- (1) Service delivery to the person served and/or any other individual who will assist in the person's mental health treatment. CPST interventions may be provided:
 - (a) Face-to-face, by telephone, and/or by videoconferencing; and
 - (b) To individuals or groups; and
 - (2) CPST is delivered by individuals and/or multidisciplinary teams of professionals and trained others who are community based and mobile.
- (F) When a person served is enrolled in a residential treatment or residential support

facility setting, the CPST service must be provided by staff that are organized and distinct and separate from the residential service as evidenced by staff job descriptions, time allocation or schedules, and development of service rates.

(G) There must be one CPST staff who is clearly responsible for case coordination. This staff person must be an employee of an agency that is certified by ODMH to provide the CPST service. This person may delegate the CPST service to eligible providers internal and/or external to the certified agency as long as the following requirements and/or conditions are met:

(1) All delegated CPST activities are consistent with this rule in its entirety;

(2) The delegated CPST activities may be provided by an entity not certified by ODMH to provide the CPST service as long as there is written agreement between the certified agency and the non-certified entity that defines the service expectations, qualifications of staff, program and financial accountability, health and safety requirements, and required documentation; and

(3) An entity that is not certified by ODMH for CPST service may only seek reimbursement for the CPST service through a certified agency and with a written agreement as required in this paragraph.

(H) The agency service plan and/or policies and procedures for the CPST service shall describe:

(1) A community based mental health service, i.e., the service description shall articulate a primary focus of providing the CPST service in locations other than agency sites. In addition, CPST policies and procedures shall reflect and support a community based service, including at a minimum:

(a) Allocating identified resources which facilitate the provision of CPST in recipients' homes and other community locations; and

(b) Services provided to parents, guardians, family members and/or significant others are primarily delivered in a variety of locations based upon the natural environment(s) of the individual, i.e., home and community locations, in order to teach these individuals how to facilitate the service recipient's improved community functioning.

(2) The availability and hours of the CPST service which will meet the identified individualized needs of each service recipient based on his/her symptoms of mental illness and functioning. In addition, CPST policies and procedures shall reflect and support:

(a) Variation in the number of hours and days in which each individual receives the CPST service; and

(b) The agency's intent to not provide the service primarily at the same time and in the same location to most or all individuals clinically assessed to need CPST.

(I) Providers of the CPST service shall have a staff development plan based upon the identified individual needs of CPST staff. Evidence that this plan is being implemented shall be maintained. The plan shall address, at a minimum, that staff have all of the following documented competencies within six months of beginning to provide the CPST service:

(1) Knowledge of CPST purpose, intent, and activities, including:

(a) Providing a community based, mental health service;

(b) How to therapeutically engage and monitor an individual in his/her home and community environment; and

(c) The skills and knowledge necessary to provide the activities listed in paragraph (D) of this rule.

(2) Knowledge and understanding of the characteristics of the population served, such as psychiatric symptoms, mental illness, medications, culture, and age/gender development.

(3) Knowledge and understanding of the systems of care and community resources, such as natural support systems, entitlements and benefits, inter- and intra-agency systems of care, and crisis response systems and their purpose.

(J) The following shall apply with regard to the use of interactive videoconferencing. Interactive videoconferencing is defined in Chapter 5122-24 of the Administrative Code.

(1) "Client Site" means the location of a client at the time at which the service is furnished via interactive videoconferencing technology.

(2) "Provider Site" means the site where the eligible practitioner furnishing the service is located at the time the service is rendered via interactive videoconferencing technology.

(3) The agency shall obtain from the client/parent/legal guardian, signed, written consent for the use of videoconferencing technology.

(4) It is the responsibility of the agency to assure contractually that any entity or individuals involved in the transmission of the information guarantee that the confidentiality of the information is protected. When the client chooses to utilize videoconferencing equipment at a client site that is not arranged for by

the agency, e.g., at his/her home or that of a family or friend, the agency is not responsible for any breach of confidentiality caused by individuals present at the client site.

(5) The agency shall provide the client written information on how to access assistance in a crisis, including one caused by equipment malfunction or failure.

(6) It is the responsibility of the agency to assure that equipment meets standards sufficient to:

(a) Assure confidentiality of communication;

(b) Provide for interactive videoconferencing communication between the practitioner and the client; and

(c) Assure videoconferencing picture and audio are sufficient to assure real-time interaction between the client and the provider and to assure the quality of the service provided.

(d) The client site must also have a person available who is familiar with the operation of the videoconferencing equipment in the event of a problem with the operation.

(e) If the client chooses to utilize videoconferencing equipment at a client site that is not arranged for by the agency, e.g., at his/her home or that of a family or friend, the agency is only responsible for assuring the equipment standards at the provider site.

(7) The decision of whether or not to provide initial or occasional in-person sessions shall be based upon client choice, appropriate clinical decision-making, and professional responsibility, including the requirements of professional licensing, registration or credentialing boards.

(K) The following identifies those individuals who are eligible to provide and supervise the CPST service. Licensed, certified or registered individuals shall comply with current, applicable scope of practice and supervisory requirements identified by appropriate licensing, certifying or registering bodies:

(1) To provide the service:

(a) Medical doctor or doctor of osteopathic medicine;

(b) Physician assistant;

(c) Licensed practical nurse;

- (d) Registered nurse;
- (e) Master of science in nursing;
- (f) Clinical nurse specialist;
- (g) Nurse practitioner;
- (h) Licensed occupational therapy assistant;
- (i) Licensed occupational therapist;
- (j) Social worker assistant;
- (k) Social worker trainee;
- (l) Social worker;
- (m) Independent social worker;
- (n) Counselor trainee;
- (o) Professional counselor;
- (p) Professional clinical counselor;
- (q) Licensed school psychology assistant;
- (r) Licensed school psychologist;
- (s) Psychology intern/fellow;
- (t) Psychology assistant/assistant;
- (u) Psychologist;
- (v) Activity therapist;
- (w) Art therapist;
- (x) Certified therapeutic recreation specialist;
- (y) Music therapist/board certified; or
- (z) Trained other.

(2) To supervise the service:

(a) Medical doctor or doctor of osteopathic medicine;

(b) Registered nurse;

(c) Master of science in nursing;

(d) Clinical nurse specialist;

(e) Nurse practitioner;

(f) Social worker;

(g) Independent social worker;

(h) Professional counselor;

(i) Professional clinical counselor;

(j) Licensed school psychologist; or

(k) Psychologist.

Replaces: 5122-29-17

Effective:

R.C. 119.032 review dates:

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 5119.22, 5119.61(A), 5119.611(C)
Rule Amplifies: 5119.22, 5119.61(A), 5119.611(C)
Prior Effective Dates: January 1, 1991, 1/1/94(Emer.), 6/30/95, 9/24/95,
7/15/01, 3/25/04, 8/23/07