CPST Assessment and Admission Policy: Template

Instructions: How to Use This Template

This template is a starting point for providers, not a finished policy. Read each section, then:

- Replace every ***bracketed prompt*** with your own agency's information. Keep the required regulatory statements as written; they are the minimum the policy must contain. Your agency may add to them, but do not remove them. The light blue shaded boxes indicate which sections your agency is responsible for completing.
- Any section shaded light blue is intended for your agency to complete or modify as needed. Anything not shaded is either an instruction or a regulatory statement that must remain as written.
- Delete the ***italicized guidance notes*** in the shaded light blue boxes before submitting. They are instructions/prompts, not part of the policy.

Community Psychiatric Support and Treatment (CPST) Assessment and Admission Policy

Tier 1 & Tier 2

Meets 12VAC35-105-650 A through F and 12VAC35-105-1420 A and B

Provider Name	*[Enter the licensed legal name]*
License #	
Policy Effective Date	*[MM/DD/YYYY]*
Tiers this policy covers	Check: ☐ Tier 1 ☐ Tier 2 ☐ Both
Population Served	Check: ☐ Adults ☐ Children and adolescents ☐ Both

Purpose

The language below is sample language. Keep it or write your own, but the regulatory statements must remain.

[Provider name] has developed and will implement this single written assessment and admission policy to govern how assessments are conducted and documented and how Tier 1 and Tier 2 admission decisions are made for individuals seeking or receiving Community Psychiatric Support and Treatment (CPST). This policy meets the requirements of 12VAC35-105-650 A through F and the CPST admission criteria in 12VAC35-105-1420 A and B.

How Assessments Are Conducted and Documented

12VAC35-105-650 A *requires the policy to define HOW assessments are conducted and documented. Describe your own process below.*

Assessments are conducted and documented as follows:

Assessment tool(s) used	*[Name the standardized tool(s)/format your program uses]*
Timeframe in which the assessment must be completed (must comply with regulations)	*[State when the initial assessment is completed (prior to or at admission) and when the comprehensive assessment is completed: no later than 30 days after admission.]*
Location where assessments are kept	*e.g., the electronic health record / individual's record]*
What prompts a reassessment/How often are reassessments completed	*[e.g., every xx days and upon significant change]*

Compliance with 12VAC35-105-650

12VAC35-105-650 A through F sets the requirements for a provider's assessment policy. This policy must state that the provider complies with all of 12VAC35-105-650 A through F. It does not need to reproduce the individual elements listed in 650 E and 650 F. Complete the statements below in your own wording. The regulatory statements must remain.

[Provider name] complies with 12VAC35-105-650 A through F.
Assessment is an ongoing activity, and [Provider name] makes reasonable attempts to obtain previous assessments or relevant history (12VAC35-105-650 D).
An initial assessment is initiated prior to or at admission to the service, is detailed enough to determine whether the individual qualifies for admission and to initiate an ISP, and includes each element required by 12VAC35-105-650 E.

A comprehensive assessment updates and finalizes the initial assessment, addresses each element required by 12VAC35-105-650 F, and is completed no later than 30 days after admission.
Reassessments are completed at least annually and any time there is a need based on changes in the medical, psychiatric, behavioral, or other status of the individual (12VAC35-105-675 A).

How these requirements are met in our assessment:

[Name the form or forms used and state where the elements required by 12VAC35-105-650 E and 650 F are captured in them.]

[State how you confirm the comprehensive assessment is completed within 30 days of admission, and how attempts to obtain previous assessments or relevant history are documented.]

Who Conducts Assessments

12VAC35-105-650 C *requires the provider to DESIGNATE an employee/contractor who conducts assessments, and those staff must have experience with (1) the needs of the individuals being assessed, (2) the assessment tools used, and (3) the services individuals may require. For CPST, assessments and the ISP may be completed by an LMHP, LMHP-R, LMHP-RP, or LMHP-S, and an LMHP supervises and authorizes the ISP (12VAC35-105-1423 B.1).*

[List the position titles that will conduct assessments: e.g., LMHP, LMHP-R, LMHP-RP, LMHP-S.]

The assessment and ISP are authorized by an LMHP, and all CPST staff provide services under the direct supervision of an LMHP.

Involving the Individual

12VAC35-105-650 B *requires the provider to ensure that the individual and the individual's authorized representative, if applicable, will be actively involved in initial and comprehensive assessments and in reassessments, and that the provider considers the individual's needs, strengths, goals, preferences, and abilities within their cultural context.*

Complete the statement below in your own wording.

How we do this in practice:

[Provider name] actively involves the individual, and the individual's authorized representative when applicable, in preparing initial and comprehensive assessments and all reassessments. In every assessment and reassessment, staff consider the individual's needs, strengths, goals, preferences, and abilities within the individual's cultural context.

[Describe how your agency involves the individual and their authorized representative, for example through a person-centered interview, sharing draft findings, and obtaining input on goals. Describe how cultural context is reflected in the assessment.]

Admission Criteria: What the Assessment Must Document

Under **12VAC35-105-1420***, the CPST assessment must document specific findings for the tier the individual is admitted to. The provider needs to ensure that its policy addresses the regulatory requirements in 12VAC35-105-1420 A or 12VAC35-105-1420 B. If the agency provides both Tier 1 and Tier 2 services, both charts must be completed.*

Tier 1: 12VAC35-105-1420 A

For admission to Tier 1 CPST, the assessment documents that the individual:

- Has a primary ICD or DSM diagnosis for mental illness; OR an unspecified or provisional diagnosis indicating behavioral health needs; and
- For children and adolescents, an identified caregiver who lives in the same household is willing to participate in the service, as clinically appropriate.

The provisional / unspecified diagnosis pathway is available for Tier 1 only.

Where our assessment captures for Tier 1 services:

Diagnosis (ICD/DSM)	*[Where recorded in the assessment / record]*
Caregiver participation (youth)	*[How willingness is recorded, as clinically appropriate]*

Tier 2: 12VAC35-105-1420 B

For admission to Tier 2 CPST, the assessment documents that the individual (all three required):

- Has a primary ICD or DSM diagnosis for mental illness;
- Meets the criteria for early serious mental illness (ESMI), serious mental illness (SMI), or serious emotional disturbance (SED); and
- For children and adolescents, an identified caregiver who lives in the same household is willing to participate in the service, as clinically appropriate.

Tier 2 requires a confirmed diagnosis: the provisional / unspecified pathway is NOT permitted for Tier 2.

Where our assessment captures for Tier 2 services:

Diagnosis (ICD/DSM)	*[Where recorded in the assessment / record]*
ESMI / SMI / SED determination (Tier 2)	*[How and where documented]*
Caregiver participation (youth)	*[How willingness is recorded, as clinically appropriate]*

Policy Review and Approval

Reviewed / approved by	*[Name & title: Jane Doe, the LMHP Clinical Director]*
Date approved	*[MM/DD/YYYY]*
Review cycle	*[e.g., annually and upon regulatory change]*

Responsible Provider signature

Date