CPST Service Description: 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.

Community Psychiatric Support and Treatment (CPST) Service Description

Tier 1 & Tier 2

Meets 12VAC35-105-580 A through E, and the CPST requirements in 12VAC35-105-1420, 12VAC35-105-1421, and 12VAC35-105-1423

Provider Name	[Enter the licensed legal name]
License #	
Effective Date	[Enter the effective date of the policy]
Tiers this service description covers	Check: ☐ Tier 1 ☐ Tier 2 ☐ Both
Population served	Check: ☐ Adults ☐ Children and adolescents ☐ Both

Carry the regulation reference (12VAC35-105-580) or the document title in the header of your final document so the reviewer can identify what was submitted.

Purpose

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

[Provider name] has developed and will implement this service description for Community Psychiatric Support and Treatment (CPST). This service description contains each element required by 12VAC35-105-580 C 1 through C 7 and is made available for public review. The eligibility requirements and admission, continued stay, and exclusion criteria required by 12VAC35-105-580 C 5, and the service termination and discharge or transition criteria required by 12VAC35-105-580 C 6, are consistent with the CPST service-specific requirements in 12VAC35-105-1421 and 12VAC35-105-1422. Staffing is consistent with 12VAC35-105-590 and 12VAC35-105-1423.

The Service Being Described

12VAC35-105-20 *defines the service this description must match: "Community Psychiatric Support and Treatment" or "CPST" means a multi-component, team-based service for adults and youth that consists of assessment, crisis and functional supports, counseling, therapeutic interventions, and care coordination. CPST services concentrate on restoring functional skills of daily living, building natural supports, and achieving identified person-centered goals and objectives identified in the individual's ISP. CPST services focus on the individual's ability to succeed in the community by showing improvement in school, work, and family function as well as improving the individual's family or caregiver capacity to help the individual successfully function in the home and community.*

12VAC35-105-580 B *also requires the provider to outline how each service offers a structured program of individualized interventions and care designed to meet the individual's physical and emotional needs; provide protection, guidance, and supervision; and meet the objectives of any required individualized services plan.*

How CPST is structured at our agency:

[Describe the structured program of individualized interventions: what the team looks like, how contacts are scheduled and delivered, where services are delivered, and how the work is tied to the individual's ISP.]

Service Goals

12VAC35-105-580 C 1 *requires the service description to include service goals. State the goals of CPST as your agency delivers it.*

[State the goals of the service, for example: restoring functional skills of daily living, building natural supports, and achieving the person-centered goals identified in the individual's ISP. Add any additional goals specific to your program.]

Care, Treatment, Skills Acquisition, or Other Supports Provided

12VAC35-105-580 C 2 *requires a description of care, treatment, skills acquisition, or other supports provided. Describe the actual interventions your staff deliver, not a list of service names.*

[Describe the interventions delivered: assessment, crisis and functional supports, counseling, therapeutic interventions, and care coordination. State how each is delivered, by whom, and at what frequency.]

[If your agency delivers services to children and adolescents, describe how the identified caregiver participates.]

Characteristics and Needs of Individuals to Receive Services

12VAC35-105-580 C 3 *requires a description of the characteristics and needs of individuals to receive services. Describe the population your program is designed to serve.*

[Describe the population: age ranges served, diagnostic and functional characteristics, level of need, and any specialty populations. State whether the service is delivered to adults, to children and adolescents, or to both.]

Contract Services

12VAC35-105-580 C 4 *requires contract services to be identified, if any. If your agency does not use any, indicate that clearly.*

[Identify any services delivered under contract, the contracted entity, and what that entity is responsible for. If no services are contracted, state: "No CPST services are delivered under contract."]

Eligibility Requirements and Admission, Continued Stay, and Exclusion Criteria

12VAC35-105-580 C 5 *requires eligibility requirements and admission, continued stay, and exclusion criteria. The admission criteria are set by 12VAC35-105-1421 and are tier-specific. Complete the chart for each tier your agency will provide.*

Tier 1: 12VAC35-105-1420 A

For admission to Tier 1 CPST, 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.

How our service description states Tier 1 eligibility:

Eligibility statement	[State the Tier 1 admission criteria in your own words, keeping both diagnosis pathways]
Continued stay criteria	[State what must remain true for an individual to continue receiving Tier 1 CPST, and how often that is reviewed]
Exclusion criteria	[State who your program will not admit and why, for example needs that exceed the level of care]

Tier 2: 12VAC35-105-1420 B

For admission to Tier 2 CPST, 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.

How our service description states Tier 2 eligibility:

Eligibility statement	[State the Tier 2 admission criteria in your own words, including the ESMI / SMI / SED determination]
Continued stay criteria	[State what must remain true for an individual to continue receiving Tier 2 CPST, and how often that is reviewed]
Exclusion criteria	[State who your program will not admit and why]

Service Termination and Discharge or Transition Criteria

12VAC35-105-580 C 6 *requires service termination and discharge or transition criteria. What you write here must be consistent with 12VAC35-105-1421, the CPST discharge criteria, and with 12VAC35-105-693, the general discharge requirements. You do not need to reproduce the discharge criteria themselves in this service description.*

[State your service termination criteria: the circumstances in which your agency ends the service, and how notice is given. These must be consistent with 12VAC35-105-1421.]

[State how discharge and transition are carried out consistent with 12VAC35-105-693, including written discharge instructions, pre-discharge referrals, and the discharge summary completed within 30 days.]

Type and Role of Employees or Contractors

12VAC35-105-580 C 7 *requires the type and role of employees or contractors. You may state here that staffing will be provided consistent with the requirements outlined in 12VAC35-105-590 and 12VAC35-105-1423. The positions themselves are captured in your staffing plan and do not need to be repeated here.*

[State that [Provider name] will provide staffing consistent with the requirements outlined in 12VAC35-105-590 and 12VAC35-105-1423, and identify the staffing plan submitted with this application.]

[State that supervision will be provided and documented in accordance with 12VAC35-105-1423, and that supervisory assignments are recorded in the staffing plan.]

Consistency Between the Service Description and Practice

12VAC35-105-580 A, D, and E *set requirements that the service description must be able to stand behind. The statements below are required and must remain as written.*

[Provider name] does not implement services that are inconsistent with its most current service description (12VAC35-105-580 D).

[Provider name] admits only those individuals whose service needs are consistent with this service description, for whom services are available, and for whom staffing levels and types meet the needs of the individual receiving services (12VAC35-105-580 E).

[Provider name] makes this service description available for public review (12VAC35-105-580 A).

Service Description Review and Approval

Reviewed / approved by	[Name & job title]
Date approved	[Date policy approved]
Review cycle	[e.g., annually and upon regulatory change]

Responsible Provider signature

Date