CSC 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.
- Delete the *italicized guidance notes* in the shaded light blue boxes before submitting. hey are instructions/prompts, not part of the policy.

Coordinated Specialty Care (CSC) Service Description

Meets 12VAC35-105-580 A through E, and the CSC requirements in 12VAC35-105-1426, 12VAC35-105-1427, 12VAC35-105-1428, and 12VAC35-105-1429

Provider Name	*[Enter the licensed legal name]*
License #	
Service Description Effective Date	*[MM/DD/YYYY]*
Population served	*Individuals between 15 and 30 years of age at admission (12VAC35-105-1426 B 3)*
Service locations	*[List each location where CSC will be delivered or administered]*

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 Coordinated Specialty Care (CSC). This service description contains each element required by 12VAC35-105-580 C 1 through C 7 The eligibility requirements and the 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 aligned with the CSC service-specific requirements in 12VAC35-105-1426 and 12VAC35-105-1427. Service delivery is consistent with 12VAC35-105-1428, and staffing meets the requirements of 12VAC35-105-590 and 12VAC35-105-1429.

The Service Being Described

12VAC35-105-20 *defines the service this description must match: "Coordinated specialty care" or "CSC" means an evidence-based treatment approach that supports the recovery of adolescents and young adults experiencing an initial onset of psychosis. CSC provides coordinated, targeted treatment in the early stages of mental illness through integrated medical, psychological, and rehabilitative interventions.*

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 CSC is structured at our agency:

[Describe the structured program of individualized interventions: how the multidisciplinary team is organized, how the nine service components in 12VAC35-105-1428 A are 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 CSC as your agency delivers it.*

[State the goals of the service, for example: supporting recovery from an initial onset of psychosis through coordinated, targeted treatment in the early stages of mental illness, 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. For CSC, 12VAC35-105-1428 A sets out the programmatic requirements the program shall meet in accordance with the individual's assessment and ISP. Describe how your agency delivers each of the following:*

1. Treatment planning, which may be developed through a team approach, but the ISP shall be signed and overseen by a LMHP;
2. Psychiatric services to include a comprehensive psychiatric evaluation, medication prescription monitoring, and contact with the individual. The psychiatric evaluation shall be completed as soon as possible but no later than 30 days after admission;
3. Psychotherapy provided by a LMHP, LMHP-R, LMHP-RP, or LMHP-S;
4. Family education and support provided by any team member acting within the scope of their practice;
5. Health literacy support, with the medication administration component performed by a RN or LPN;
6. Health literacy support component performed by an LMHP, LMHP-R, LMHP-RP, LMHP-S, nurse practitioner, occupational therapist, certified substance abuse counselor (CSAC), certified substance abuse counselor-supervisee (CSAC-S), RN, or LPN.
7. CSC rehabilitation skill-building;
8. Care coordination;
9. Crisis support, including development of the individual's crisis mitigation plan, available 24 hours a day, seven days a week; and
10. Peer recovery support services by a registered PRS.

[Describe how each component above is delivered: by whom, how often, and where. Address how the 30-day psychiatric evaluation timeframe is met and how crisis support is staffed 24 hours a day, seven days a week.]

[State that before referring to any external crisis resource the provider will attempt internal crisis support, and describe how the individual is referred to a higher level of care if their condition progresses (12VAC35-105-1428 A 8 b).]

[State how your program participates in quality service reviews conducted by DBHDS and furnishes information and documentation on request in the form requested by DBHDS (12VAC35-105-1428 B and C).]

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: individuals between 15 and 30 years of age at admission, experiencing an initial onset of psychosis, the diagnoses served, functional impairments addressed, and any co-occurring substance use disorder or developmental disability your program is equipped to serve.]

Contract Services

12VAC35-105-580 C 4 *requires contract services to be identified, if any. If your agency uses none, say so.*

[Identify any services delivered under contract, the contracted entity, and what that entity is responsible for. If no services are contracted, state: "No CSC 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. For CSC the admission criteria are set by 12VAC35-105-1426.*

Admission: 12VAC35-105-1426

A. Before a CSC provider may admit an individual to the service, the individual shall meet the criteria for admission as defined by this chapter and the provider's policies.

B. The policy regarding admission to CSC shall at a minimum meet the requirements of 12VAC35-105-650, and the assessment required by that section shall:

1. Be conducted by a LMHP, LMHP-R, LMHP-RP or LMHP-S. Assessments completed by a LMHP-R, LMHP-RP or LMHP-S shall be signed by a LMHP;

2. Be conducted in person in the individual's home or another location of the individual's choice;

3.Document that the individual

a. between the 15 and 30 years of age at admission;

b. Exhibited psychotic symptoms for less than five years at admission;

c. Has a diagnosis of schizophrenia, schizoaffective disorder, schizophreniform disorder, other specified schizophrenia spectrum, affective disorder with psychosis, bipolar disorder with psychotic features, major depression with psychotic features, or other psychotic disorder. Individuals may also have a co-occurring diagnosis of a substance use disorder or developmental disability; and

d. Is experiencing symptoms of a mental, behavioral, or emotional illness that results in functional impairments in major life activities. Such symptoms may include auditory or visual hallucinations, delusions, or a thought disorder that causes significant disruptions in at least one of the following areas: (i) educational functioning, (ii) occupational functioning, (iii) relationships with family members, or (iv) building a social support network.

How our service description states eligibility:

Eligibility statement	*[State the CSC admission criteria in your own words, keeping the age range, the five-year symptom duration, the diagnostic list, and the functional impairment requirement]*
Who completes the assessment	*[State which positions conduct the assessment, how LMHP-R / LMHP-RP / LMHP-S assessments are signed by a LMHP, and where the assessment is conducted]*
Continued stay criteria	*[State what must remain true for an individual to continue receiving CSC, 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]*

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 12VAC35-105-1427, the CSC 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 12VAC35-105-1427.]

[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.]

[Describe how the six-month non-participation criterion in 12VAC35-105-1427 is tracked and documented.]

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 12VAC35-105-1429. 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 12VAC35-105-1429, and identify the staffing plan submitted with this application.]

[State that supervision will be provided and documented in accordance with 12VAC35-105-1429, 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 & title: the LMHP team leader]*
Date approved	*[MM/DD/YYYY]*
Review cycle	*[e.g., annually and upon regulatory change]*

Responsible Provider signature

Date