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**Rehabilitation Services for Children, Adolescents and Adults****Community Psychiatric Support & Treatment**

Community Psychiatric Support and Treatment (CPST) is a time-limited goal-directed supports and solution-focused intervention comprehensive service, which focuses on reducing the disability resulting from mental illness, restoring functional skills of daily living, building natural supports, and solution-oriented interventions intended to achieve identified person-centered goals or objectives as set forth in the individualized treatment plan. Services address the individualized mental health needs of the client. They are directed towards adults, children, and adolescents and will vary with respect to hours, type and intensity of services, depending on the changing needs of each member. The purpose/intent of CPST services is to provide specific, measurable, and individualized services to each member served. CPST services should be focused on the individual's ability to succeed in the community; to identify and access needed services; and to show improvement in school, work and family function. CPST is a face-to-face intervention with the individual member present; ~~however, family or other collaterals~~ may also be involved. Most CPST service delivery contacts occur in community locations where the person-member lives, works, attends school and/or socializes. Services must be provided in locations that meet the needs of the members served.

**Components Performed by an LMHP**

- Assessment of needs
- Development of a treatment plan: includes an agreement with the individual member and family ~~members~~ (or other collateral contacts) on the specific strengths and needs, resources, natural supports and individual goals and objectives for that personmember. The overarching focus is to utilize the personal strengths, resources, and natural supports to reduce functional deficits associated with their mental illness and increase restoration of independent functioning. The ~~agreement should~~ treatment plan must also include ~~developing~~ a crisis management plan.

**Other Components**

- Counseling:— supporting the member to overcome barriers to treatment, identify triggers and use coping skills through the use of evidenced based practices/strategies. Includes mental health interventions that address symptoms, behaviors, thought processes, etc., that assist a member in remaining in the community, building support systems, and

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eliminating barriers to seeking or maintaining education and employment. These skills may be taken to the natural settings for practice with staff in PSR).

- Psychoeducation:– using therapeutic intervention to provide information and support to better understand and cope with the illness. The illness is the object of treatment, not the family. The goal is that therapist, member, and families work together to support recovery.

**Individual supportive interventions:** ~~includes problem behavior analysis as well as emotional and behavioral management with the individual member with a focus on developing skills and improving daily functional living skills. The primary focus is on implementing social, interpersonal, self-care, and independent living skill goals in order to restore stability, support functional gains, and adapt to community living. This service should not be billed as therapeutic service by licensed or unlicensed staff. Qualified LMHPs should use the appropriate CPT code when billing individual, family or group therapy.~~

**NOTE:** ~~CPST services are rehabilitative services associated with assisting individuals with skill-building to restore stability, support functional gains and adapt to community living, and should not be confused, psychotherapy or other clinical treatment, which may only be provided by a licensed professional.~~

**Skills building work:** ~~includes the practice and reinforcement of independent living skills, use of community resources and daily self-care routines. The primary focus is to increase the basic skills that promote independent functioning of the member and to restore the fullest possible integration of the individual as an active and productive member of his or her family, community, and/or culture with the least amount of ongoing professional intervention.~~

~~Assist the member with effectively responding to or avoiding identified precursors or triggers that would risk their remaining in a natural community location, including assisting the individual and family members or other collaterals with identifying a potential psychiatric or personal crisis; developing a crisis management plan and/or, as appropriate, seeking other supports to restore stability and functioning.~~

**CPST Provider Qualifications****Staff**

To provide CPST services, staff must meet the following requirements:

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- Prior to January 1, 2019, staff with a master's degree in social work, counseling, psychology or a related human services field may provide all aspects of CPST, including individual supportive behavioral interventions.

**NOTE:** *Human Services Field* is defined as an academic program with a curriculum content in which at least 70 percent of the required courses are in the study of behavioral health or human behavior.

Other aspects of CPST, except for individual supportive behavioral interventions, may otherwise be performed by an individual with a bachelor's degree in social work, counseling, psychology or a related human services field or four years of equivalent education and/or experience working in the human services field. Can include credentialed peer support specialists as defined by LDH who meet the qualifications above.

Effective on or after January 1, 2019, individuals rendering CPST services must have a minimum of a bachelor's degree from an accredited university or college in the field of counseling, social work, psychology or sociology.

Effective on or after January 1, 2019, individuals with a master's degree from an accredited university or college in the field of counseling, social work, psychology or sociology may render all aspects of CPST, including individual supportive behavioral interventions. Any individual who does not possess the minimal master's degree in counseling, social work, psychology or sociology required to provide master's level CPST services, but who met all provider qualifications in effect prior to January 1, 2019, may continue to provide master's level CPST services for the same provider agency. Prior to the individual rendering master's level CPST services for a different provider agency, the individual must comply with the minimum master's degree provisions of this section.

Effective \_\_\_\_\_: Individuals rendering CPST must be an LMHP, Provisionally Licensed Professional Counselor (PLPC), Provisionally Licensed Marriage and Family Therapist (PLMFT), Licensed Master Social Worker (LMSW), or Certified Social Worker (CSW), or a psychology intern from an American Psychological Association (APA) approved internship program.

- Services provided by a non-LMHP must be provided under regularly scheduled supervision in accordance with requirements established by the practitioner's professional licensing board. ~~of a licensed mental health professional (LMHP) or~~

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~~physician who is acting within the scope of his/her professional license and applicable state law. Effective on or after May 31, 2018, non-licensed individuals rendering CPST services are required to receive at least one hour per calendar month of personal supervision and training by the provider agency's mental health supervisor.~~

~~**NOTE:** The term "supervision" refers to clinical support, guidance and consultation afforded to unlicensed staff, and should not be confused with clinical supervision of bachelor's or master's level individuals or provisionally licensed individuals pursuing licensure. Such individuals shall comply with current, applicable scope of practice and supervisory requirements identified by their respective licensing boards.~~

- Pass criminal background check through the Louisiana Department of Public Safety, State Police prior to employment.
- Pass a motor vehicle screen (if duties may involve driving or transporting members).
- Pass a TB test prior to employment.
- Pass drug screening tests as required by agency's policies and procedures.
- Complete American Heart Association (AHA) recognized First Aid, CPR and seizure assessment training. Psychiatrists, APRNs/CNSs/PAs, RNs and LPNs are exempt from this training. (See Appendix D).
- Non-licensed direct care staff are required to complete a basic clinical competency training program approved by OBH prior to providing the service. (See Appendix D).
- Effective for dates of service rendered on or after January 1, 2019, individuals rendering CPST services for the licensed and accredited provider agency must have an NPI number and that NPI number must be included on any claim submitted by that provider agency for reimbursement.

**Psychosocial Rehabilitation**

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Psychosocial rehabilitation (PSR) services are designed to assist the individual with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with their mental illness. Activities included must be intended to achieve the identified goals or objectives as set forth in the individual's individualized treatment plan. The intent of PSR is to restore the fullest possible integration of the individual as an active and productive member of his or her family, community and/or culture with the least amount of ongoing professional intervention. PSR is a face-to-face intervention with the individual present. Services may be provided individually or in a group setting. Most contacts occur in community locations where the person lives, works, attends school and/or socializes.

PSR Skill Building shall be manualized or delivered in accordance with a nationally accepted protocol.

- o Is directed toward a particular symptom
- o Works on increasing or reducing a particular behavior
- o Embraces psychoeducational element

**Components**

- **Skills building practice:** includes the practice and reinforcement of independent living skills, use of community resources and daily self-care routines. The primary focus is to increase the basic skills that promote independent functioning of the member and to restore the fullest possible integration of the individual as an active and productive member of his or her family, community, and/or culture with the least amount of ongoing professional intervention.
- **Identifying triggers:** Assist the member with effectively responding to or avoiding identified precursors or triggers that would risk their remaining in a natural community location, including assisting the individual and family members or other collaterals with identifying a potential psychiatric or personal crisis, developing a crisis management plan and/or, as appropriate, seeking other supports to restore stability and functioning.
- **Supporting social and interpersonal skills:** Restoration, rehabilitation and support to develop social and interpersonal skills to increase community tenure, enhance personal relationships, establish support networks, increase community awareness, develop coping strategies and effective functioning in the individual's social environment, including home, work and school;

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- **Supporting daily living skills:** Restoration, rehabilitation and support to develop daily living skills to improve self-management of the negative effects of psychiatric or emotional symptoms that interfere with a person’s daily living. Supporting the individual with development and implementation of daily living skills and daily routines necessary to remain in home, school, work and community; and

**NOTE:** PSR services are psycho-educational services associated with assisting individuals with skill-building, restoration and rehabilitation, and should not be confused with counseling, psychotherapy or other clinical treatment, which may only be provided by a licensed professional.

- ~~Implementing learned skills so the member can remain in a natural community location and achieve developmentally appropriate functioning, and assisting the individual with effectively responding to or avoiding identified precursors or triggers that result in functional impairment.~~

**Psychosocial Rehabilitation - Adults  
Equivalency Standards**

Services are designed to assist the individual with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with their mental illness. The intent of psychosocial rehabilitation (PSR) is to restore the fullest possible integration of the individual as an active and productive member of his or her family, community and/or culture with the least amount of ongoing professional intervention.

Training will focus on:

- Daily and community living skills;
- Socialization skills;
- Adaptation skills;
- Development of leisure time interests and skills;
- Symptom management skills;
- Identification and management of symptoms of mental illness;

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- Compliance with physician's medication orders;
- Education in mental health/mental illness; and
- Work readiness activities

**Approved Curriculum**

The following training programs make up the approved curriculum for PSR services for adults:

- Boston Psychiatric Rehabilitation Model;
- Clubhouse Model; and
- Social Skills Training Model.

**NOTE:** See Appendix A for access to link.

**Commented [KF1]:** From Appendix D

**PSR Allowed Mode(s) of Delivery:**

- Individual;
- Group;
- On-site; and
- Off-site.