## Kansas Guidelines
### Community Psychiatric Support and Treatment

### Definition
Goal directed supports and solution-focused interventions intended to achieve identified goals or objectives as set forth in the member’s individualized treatment plan. Community Psychiatric Support and Treatment (CPST) is a face-to-face intervention with the member present; however, family or other collaterals may also be involved. The majority of CPST contacts must occur in community locations where the member lives, works, attends school and/or socializes.

### Components
- Assist the member and family members or other collaterals to identify strategies or treatment options associated with the member’s mental illness with the goal of minimizing the negative effects of mental illness symptoms or emotional disturbances or associated environmental stressors which interfere with the member’s daily living, financial management, housing, academic and/or employment progress, personal recovery or resilience, family and/or interpersonal relationships, and community integration.
- Individual supportive counseling, solution-focused interventions, emotional and behavioral management, and problem-behavior analysis with the member with the goal of assisting the member to develop and implement social, interpersonal, self-care, daily living and independent living skills to restore stability, support functional gains, and adapt to community living.
- Participation in and use of strengths-based planning and treatments which include assisting the member and family members or other collaterals to identify strengths and needs, resources and natural supports; developing goals and objectives; and using personal strengths, resources and natural supports to address functional deficits associated with the member’s mental illness.
- Assist the member with effectively responding to or avoiding identified precursors or triggers that would risk the member remaining in a natural community location, including assisting the member and family members or other collaterals to identify a potential psychiatric or personal crisis, developing a crisis management plan, and as appropriate seeking other supports to restore stability and functioning.
- Evidence-Based Practices (EBP) such as integrated dual diagnosis treatment, strengths-based service delivery and employment supports are included.

### Provider Qualifications
- Have a Bachelor of Arts/ Science degree or four years of equivalent education and/or experience working in the human services field
- Be certified in the state of Kansas to provide the service, which includes criminal and abuse/neglect registry screenings and professional background checks
- Complete a state-approved, standardized basic training program

### Eligibility Criteria
- Meets functional assessment criteria for the target population
- Meets medical necessity criteria for rehabilitation services

All member care and related decisions are the sole responsibility of the provider. This information does not dictate nor control your clinical decisions regarding the appropriate care of members. Guidelines are subject to state regulations, benefits and formularies.

Clinical Guidelines 2012
MPC Approval: 11/15/2012

KSPEC-0199-12
Kansas Guidelines
Community Psychiatric Support and Treatment

<table>
<thead>
<tr>
<th>Limitations/Exclusions</th>
</tr>
</thead>
</table>
| • Caseload size must be based on the needs of the members/families with an emphasis on successful outcomes, member satisfaction and the needs identified in the individual treatment plan. The following general ration (Full-Time Equivalent [FTE] staff to Medicaid-eligible individuals) should serve as a guide:  
  o 1 FTE to 15 youth members  
  o 1 FTE to 25 adult members |
| • Daily limit — 3 hours  
| • Annual limit — 100 hours |

<table>
<thead>
<tr>
<th>Allowed Modes(s) of Delivery</th>
</tr>
</thead>
</table>
| • Individual  
| • Onsite  
| • Offsite |

<table>
<thead>
<tr>
<th>Additional Service Criteria</th>
</tr>
</thead>
</table>
| • Services provided to children and youths must include communication and coordination with the family and/or legal guardian. Coordination with other child-serving systems should occur as needed to achieve the treatment goals. All coordination must be documented in the youth’s medical record.  
| • EBP’s require prior approval and fidelity reviews on an ongoing basis as determined necessary by the state mental health authority.  
| • The CPST provider must receive regularly scheduled clinical supervision from a person meeting the qualifications of a Qualified Mental Health Professional or Licensed Mental Health Professional with experience regarding the specialized mental health service. |

To bill for CPST, submit the following procedure codes:
• H0036 HA CPST — Child  
• H0036 HB CPST — Adult  
• H0036 HH CPST — EBP Integrated Dual Diagnosis  
• H0036 HJ CPST — EBP Employment Support  
• H0036 HK CPST — EBP Strength Based

All member care and related decisions are the sole responsibility of the provider. This information does not dictate nor control your clinical decisions regarding the appropriate care of members. Guidelines are subject to state regulations, benefits and formularies.

Clinical Guidelines 2012  
MPC Approval: 11/15/2012

KSPEC-0199-12