

5122-29-17

**Community psychiatric supportive treatment (CPST) service.**

- (A) Community psychiatric supportive treatment (CPST) service provides an array of services delivered by community based, mobile individuals or multidisciplinary teams of professionals and trained others. Services address the individualized mental health needs of the client. They are directed towards adults, children, adolescents and families and will vary with respect to hours, type and intensity of services, depending on the changing needs of each individual. The purpose/intent of CPST services is to provide specific, measurable, and individualized services to each person 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 and integration and contributions within the community.
- (B) Activities of the CPST service shall consist of one or more of the following:
- (1) Ongoing assessment of needs;
  - (2) Assistance in achieving personal independence in managing basic needs as identified by the individual and/or parent or guardian;
  - (3) Facilitation of further development of daily living skills, if identified by the individual and/or parent or guardian;
  - (4) Coordination of the ISP, including:
    - (a) Services identified in the ISP;
    - (b) Assistance with accessing natural support systems in the community; and
    - (c) Linkages to formal community service/systems;
  - (5) Symptom monitoring;
  - (6) Coordination and/or assistance in crisis management and stabilization as needed;
  - (7) Advocacy and outreach;
  - (8) As appropriate to the care provided to individuals, and when appropriate, to the family, education and training specific to the individual's assessed needs, abilities and readiness to learn;
  - (9) Mental health interventions that address symptoms, behaviors, thought processes, etc., that assist an individual in eliminating barriers to seeking or maintaining education and employment; and

(10) Activities that increase the individual's capacity to positively impact his/her own environment.

(C) The methods of CPST service delivery shall consist of:

(1) Service delivery to the person served and/or any other individual who will assist in the person's mental health treatment.

(a) Service delivery may be face-to-face, by telephone, and/or by video conferencing; and

(b) Service delivery may be to individuals or groups.

(2) CPST services are not site specific. However, they must be provided in locations that meet the needs of the persons served. When a person served is enrolled in a residential treatment or residential support facility setting, CPST services must be provided by staff that are organized and distinct and separate from the residential service as evidenced by staff job descriptions, time allocation or schedules, and development of service rates.

(D) There must be one CPST staff who is clearly responsible for case coordination. This staff person must be an employee of an agency that is certified by ODMH to provide CPST services. This person may delegate CPST services to eligible providers internal and/or external to the certified agency as long as the following requirements and/or conditions are met:

(1) All delegated CPST activities are consistent with this rule in its entirety;

(2) The delegated CPST services may be provided by an entity not certified by ODMH to provide CPST services as long as there is written agreement between the certified agency and the non-certified entity that defines the service expectations, qualifications of staff, program and financial accountability, health and safety requirements, and required documentation; and

(3) An entity that is not certified by ODMH for CPST service may only seek reimbursement for CPST services through a certified agency and with a written agreement as required in this paragraph.

(E) Providers of CPST service shall have a staff development plan based upon identified individual needs of CPST staff. Evidence that the plan is being followed shall be maintained. The plan shall address, at a minimum, the following:

- (1) An understanding of systems of care, such as natural support systems, entitlements and benefits, inter- and intra-agency systems of care, crisis response systems and their purpose, and the intent and activities of CPST;
  - (2) Characteristics of the population to be served, such as psychiatric symptoms, medications, culture, and age/gender development; and
  - (3) Knowledge of CPST purpose, intent and activities.
- (F) Community psychiatric supportive treatment (CPST) service shall be provided and supervised by staff who are qualified according to rule 5122-29-30 of the Administrative Code.

Effective: 9/16/2018  
Five Year Review (FYR) Dates: 7/2/2018 and 09/16/2023

CERTIFIED ELECTRONICALLY

---

Certification

09/06/2018

---

Date

Promulgated Under: 119.03  
Statutory Authority: 5119.36  
Rule Amplifies: 5119.36  
Prior Effective Dates: 01/01/1991, 01/01/1994 (Emer.), 06/30/1995,  
09/24/1995, 07/15/2001, 03/25/2004, 08/23/2007,  
07/01/2008, 12/15/2011, 08/01/2013