



CPST

WHAT IT IS AND HOW IT IS DOCUMENTED

Presented by

Cynthia Bair, Ph.D., Angela Speed, MA, LPCC, and
Shawn Honnerlaw, MA, LPCC

Press enter to continue

PRESENTERS

Cynthia Bair, Ph.D., is a clinical psychologist who has worked in long-term care since 2002. Prior to joining The Counseling Source, Ms. Bair completed a post-doctoral internship at the Cincinnati Veterans Administration Medical Center.

Angela Speed, MA, LPCC, is a mental health therapist who has worked in private practice prior to joining The Counseling Source in 2016. She is currently serving clients in long-term care facilities.

Shawn Honnerlaw, MA, LPCC, is a mental health therapist who has been a licensed since 2005. He worked in private practice prior to joining The Counseling Source in 2009. Mr. Honnerlaw currently serves clients in long-term care facilities.

Press enter to continue

INTRODUCTION

Community psychiatric supportive treatment (CPST) services provide an array of services delivered by a variety of professionals and trained others.

Press enter to continue

INTRODUCTION

- CPST activities provide a range of services.
- Services address the individualized mental health needs of the client.
- Services are directed towards individuals of varying ages and situations.

Press enter to continue

INTRODUCTION

The outcome of CPST services needs to be:

- Specific
- Measurable
- Individualized to each person

Press enter to continue

INTRODUCTION

Documenting CPST activities accurately and appropriately is an essential component of performing one's full responsibilities diligently and ethically.

Press enter to continue

INTRODUCTION

Just as it is important to not abuse these concepts by haphazardly billing for activities that do not legitimately meet CPST criteria, it is equally important that such concepts are, indeed, applied when deemed necessary and appropriate.

Press enter to continue

INTRODUCTION

It is **NOT** an acceptable approach to refrain from billing CPST services because the provider does not wish to take the extra steps of justifying services or because he/she does not fully understand the concepts or how to document them.

Press enter to continue

INTRODUCTION

- Once you acquire a full understanding of the concepts, you should be able to compose a succinct notation that contains the required elements with relative ease.
- This training is intended to provide the participant with an understanding of what CPST is and what it is not. Furthermore, this program is intended to enable the participant to document CPST services appropriately and succinctly.

Press enter to continue

INTRODUCTION

At the conclusion of this training, participants will be able to:

1. Describe what CPST is and the purpose of CPST
2. Identify activities that qualify as CPST services
3. List acceptable methods of CPST service delivery
4. Create acceptable documentation of CPST interactions
5. Explain the differences between CPST and counseling

1.0 hours of continuing education credit will be awarded to those who complete the entire course presentation, take and pass the post-test (70% of questions, at a minimum, must be answered correctly), and complete a course evaluation.

Press enter to continue

WHAT IS CPST?

**AND WHAT CONSTITUTES A VALID
CPST SERVICE?**



Press enter to continue

WHAT IS CPST?

Community Psychiatric Supportive Treatment (CPST) 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.

Expanded definition can found in the Ohio Administrative Code: <https://codes.ohio.gov/ohio-administrative-code/rule-5122-29-17>

Press enter to continue



WHICH CLIENTS CAN QUALIFY FOR CPST SERVICES?

CPST services are directed toward 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.

Press enter to continue

WHAT IS THE PURPOSE OF CPST?

The purpose of CPST services is to support an individual's ability to succeed in the community.

Services may be focused on:

- Helping the individual identify and access needed services;
- Helping the client demonstrate improvement within the context of his/her school, work, or family environment(s);
- Or, to promote the client's integration and/or contribution within the broader community in which he/she resides.

Press enter to continue

ARE NURSING HOME RESIDENTS ELIGIBLE FOR CPST SERVICES?

YES!

For nursing home residents, CPST services can be provided to help the client achieve optimal functioning within the nursing home “community” in which the client resides and interacts with others on a daily basis.

Press enter to continue

WHAT ACTIVITIES QUALIFY AS CPST SERVICES?

There are 10 supportive services that qualify as CPST services:

1. Ongoing assessment of needs
2. Assistance in achieving personal independence in managing basic needs
3. Facilitation of further development of daily living skills
4. Coordination of the ISP, including services identified in the ISP, assistance with accessing natural support services in the community, and linkages to formal community services/systems

Press enter to continue

WHAT ACTIVITIES QUALIFY AS CPST SERVICES?

5. Symptom monitoring
6. Coordination and/or assistance in crisis management and stabilization as needed
7. Advocacy and outreach
8. Education and training (provided to the individual and/or the family, as appropriate) specific to the individual's assessed needs, abilities and readiness to learn

Press enter to continue

WHAT ACTIVITIES QUALIFY AS CPST SERVICES?

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

Press enter to continue

WHAT ACTIVITIES QUALIFY AS CPST SERVICES

PLEASE NOTE

Even **WITHIN** the range of CPST activities, there can be some overlap.

AND

Multiple activities may and do occur in the same CPST service.

Press enter to continue

WHAT ARE ACCEPTABLE METHODS OF CPST SERVICE DELIVERY?

CPST service delivery can target the client directly or any other individual who will be assisting in the client's mental health treatment.

CPST services can be provided face-to-face, over the telephone, or by videoconferencing.

Press enter to continue

OBSERVATIONAL CPST

DOES TIME SPENT OBSERVING
SYMPTOMS/BEHAVIORS IN A RELEVANT
SETTING QUALIFY AS CPST?

YES, in some instances...

Press enter to continue

OBSERVATIONAL CPST

Time spent observing a client's symptoms/behaviors may qualify as a CPST service providing it is in a relevant setting, and you are able to demonstrate that the information gathered through this process is relevant to the client's and/or guardian's overall goals for treatment.

Such "Observational CPST" services should be used with discretion and on a very limited basis.

Furthermore, certain key elements **MUST OCCUR AND APPEAR** in the associated CPST note to sufficiently justify the service.

Press enter to continue

OBSERVATIONAL CPST:

To justify an “Observational CPST” service, your CPST note **MUST** include the following:

1. Symptom monitoring must be identified as the CPST activity.
2. The specific symptoms being monitored/observed need to be clearly identified.
3. The significance of the observations in relation to the symptoms being monitored and the overall goals for treatment need to be clearly described.

Press enter to continue

LET'S REVIEW

CPST services may focus on:

- A. Helping the individual access needed services
- B. Helping the individual demonstrate improvement within the context of his/her school, work, or family environment
- C. Promoting the individual's integration and/or contribution within the broader community in which he/she resides
- D. All of the above

Press enter to continue

LET'S REVIEW

CPST services may focus on:

- A. Helping the individual access needed services
- B. Helping the individual demonstrate improvement within the context of his/her school, work, or family environment
- C. Promoting the individual's integration and/or contribution within the broader community in which he/she resides
- D. All of the above**

Hint: Broadly speaking, CPST services help individuals to access needed services, demonstrate improvement in their environment, or integrate/contribute within their community.

Press enter to continue

LET'S REVIEW

True or False

Nursing home residents do not live in the community anymore. Therefore, they are **NOT** eligible to receive Community Psychiatric Supportive Treatment (CPST).

Press enter to continue

LET'S REVIEW

True or **False**

Nursing home residents do not live in the community anymore so they are not eligible for Community Psychiatric Supportive Treatment (CPST).

Hint: CPST services may focus on, among other things, promoting the individual's integration and/or contribution within the broader community in which he or she resides. The nursing home is the "community" the client resides.

Press enter to continue

LET'S REVIEW

True or False

Just observing a student in the classroom is not a CPST service because you have to talk to somebody for it to be a CPST eligible service.

Press enter to continue

LET'S REVIEW

True or **False**

Just observing a student in the classroom is not a CPST service because you have to talk to somebody for it to be a CPST eligible service.

Hint: Observing symptoms/behaviors in a relevant setting may qualify as CPST as long as certain key elements occur and are documented.

Press enter to continue

HOW IS CPST DOCUMENTED?

**And How is it Different than a
Treatment Service?**



Press enter to continue

HOW DO I DOCUMENT CPST SERVICES?

- Complete a CPST note in Doc Tracker for each and every distinct CPST service provided
- Clearly describe the CPST service provided in the narrative of the CPST note. Please note, you **MUST** include specific terminology of one or more of the ten identified qualifying CPST services (i.e. assessment of needs, symptom monitoring, etc.) in the narrative of your CPST note to satisfy the programmatic requirements of Doc Tracker.

Press enter to continue

HOW DO I DOCUMENT CPST SERVICES?

- The purpose of each CPST service/activity as it relates to each client's mental health goals should be clearly described in the CPST note.
- Multiple CPST contacts for the same client on the same date of service may be documented on a single CPST note; however, the notations describing each distinct CPST contact should be clearly numbered and associated with the respective start and stop times of each service.

Press enter to continue

HOW DO I DIFFERENTIATE CPST SERVICES FROM COUNSELING?

- CPST services must be at least 8 minutes in length to qualify as a billable service.
- It is possible for shorter CPST contacts for the same client on the same date of service to be “rolled together” to meet this requirement (documented in the same CPST note).
- In contrast, counseling services must be at least 16 minutes in length to qualify as a counseling service.

Press enter to continue

HOW DO I DIFFERENTIATE CPST SERVICES FROM COUNSELING?

- All CPST contacts **must include one of the ten eligible CPST activities.**
- In contrast, **all counseling services must include a therapeutic intervention.**

Press enter to continue

HOW DO I DIFFERENTIATE CPST SERVICES FROM COUNSELING?

- As you will notice, there is some overlap among eligible CPST activities and certain therapeutic interventions that may be employed as part of a counseling session.
- As a result, in some cases, a counseling session under 16 minutes can be appropriately billed as CPST ***providing at least one eligible CPST activity was performed during the course of the contact.***
- Do **NOT**, however, include in your CPST note that the CPST service is because the counseling session was too short, OR that the CPST service is due to an interrupted or aborted counseling session. Please just document the eligible CPST service.

Press enter to continue

OTHER CONSIDERATIONS

- All clinical contacts meeting the necessary criteria for counseling should be billed as such (even if a CPST eligible activity was also embedded within the contact).
- Please use good clinical judgment and ethical decision making in your determination of what constitutes a CPST service.
 - ✓ For example, a client refusal, a client falling asleep during an attempted counseling session, casually greeting a client in the hallway on a day he/she is not scheduled for service do **NOT** qualify as CPST.

Press enter to continue

LET'S REVIEW

True or False

The CPST note narrative must include specific terminology consistent with one or more of the ten identified qualifying CPST services to satisfy the programmatic requirements in Doc Tracker.

Press enter to continue

LET'S REVIEW

True or False

The CPST note narrative must include specific terminology consistent with one or more of the ten identified qualifying CPST services to satisfy the programmatic requirements in Doc Tracker.

Hint: Doc Tracker has been programmed to insure specific terminology related to the qualifying activities selected are included in the narrative of the CPST note.

Press enter to continue

LET'S REVIEW

True or False

You can have multiple CPST contacts on the same day for the same client and document them in a single CPST note in Doc Tracker as long as the sum of all the sessions are at least 6 minutes.

Press enter to continue

LET'S REVIEW

True or **False**

You can have multiple CPST contacts on the same day for the same client and document them in a single CPST note in Doc Tracker as long as the sum of all the sessions are at least 6 minutes.

Hint: You CAN have multiple CPST contacts on the same day for the same client and document them in a single CPST note; however, the sum of all the sessions MUST be at least 8 minutes, not 6 minutes.

Press enter to continue

EXAMPLES OF CPST DOCUMENTATION

**With the specific terminology consistent with a
qualifying CPST service identified**

Press enter to continue

EXAMPLE 1 – Consult with Staff

Administrator approached writer upon writer's arrival at the facility and indicated that client called 911 again over the weekend to voice complaints about personal care. Administrator reported that she will be discussing with the police department potential consequences for this repeated behavior. She also indicated that client's son has been contacted and is on board with imposing consequences for client's misuse of the emergency services. Writer **monitored symptoms** with additional input from the administrator. Administrator reported that client has also reported missing jewelry that the facility was not even aware she had in her possession as it was not itemized as part of her belongings upon admission. The facility is, therefore, unable to replace the items. Furthermore, administrator reported that client has been encouraging other residents to call 911 in lieu of using the call light appropriately. Writer will address such symptoms/behaviors with client in a continued effort to promote healthier, more effective communication of needs/preferences in the future.

Press enter to continue

EXAMPLE 2 – Consult with Staff

Met with social worker to **advocate** for increased privacy, as client requested a "Do Not Disturb" sign to minimize non-medically necessary disruptions throughout the day. Social worker agreed to provide one for client. Also discussed with social worker client's ongoing preoccupation with "going home." Social worker informed writer that client was recently assessed by Council on Aging to determine whether or not she would be appropriate for a more independent living situation. It was reportedly determined that client is not. This determination is consistent with writer's own personal observations, as client demonstrates profound physical limitations during sessions and makes frequent requests for assistance with basic tasks during the course of most sessions. According to social worker, client has been made aware of the results of the Council on Aging assessment.

Press enter to continue

EXAMPLE 3 – Reporting Abuse

Writer engaged in **advocacy** efforts by reporting alleged abuse to facility administrator, which was reportedly observed by client. Shared with administrator client's concerns that she has reportedly observed a staff member "slapping around" other residents who wander into the wrong room. Shared with administrator that client was unable to provide additional clarifying information, such as the specific staff member allegedly involved or the name(s) of the other resident(s). Also shared with administrator that client reported additional concerns surrounding "bad attitudes" of staff members and excessive wait times for call light response. Administrator indicated that she will follow-up with client on information reported and investigate such claims accordingly.

Press enter to continue

EXAMPLE 4 – Face-to-Face with Client

Client approached writer spontaneously, visibly distraught (on the verge of tears), complaining of having had a difficult weekend. Writer agreed to meet for purposes of **crisis management/stabilization** of mood. Client shared his perception of specific interactions with others contributing to heightened distress. Writer provided active listening as client emotionally shared his concerns. Helped reframe certain aspects of client's concerns in an effort to de-personalize some of the perceived motivations of others. Reviewed basic strategies for appropriate self-advocacy and respectful resolution of complaints in an effort to facilitate continued adjustment. Client stated, "When those things happen, I can see why some people don't care if they live or die." Writer assessed for current suicidal ideation, plan, or intent, all of which client denied citing his strong Christian faith.

Press enter to continue

EXAMPLE 5 – PHONE CALL WITH FAMILY MEMBER

Received voice message from client's brother, requesting a return call. Writer returned brother's call in an effort to manage basic needs and provide psycho-education surrounding client's recent clinical presentation. Brother expressed concerns surrounding client's reluctance to wear her bottom dentures. He believes consistent use of full denture set would help to address client's recent problems with chewing food sufficiently. Writer agreed to reinforce the benefits of regular denture use with client, as pleasurable snack foods are an important contributor to client's emotional well being. Brother also expressed concerns surrounding client's fluctuating mental status and occasional demonstration of psychosis. Brother indicated that he has learned "not to argue" with client anymore about her belief that their parents (who are long deceased) are still alive. **Provided basic psycho-education** surrounding psychosis and possible contributors to client's fluctuating mental status. Reinforced the notion that utilizing logic/reason is not typically an effective approach to addressing mental health concerns when psychosis and/or cognitive impairment is involved. Encouraged brother to focus more on the underlying emotions as a way of connecting with his sister during visits.

Press enter to continue

EXAMPLE 6 – Guardian Consult

Spoke with guardian to provide update on client's progress toward his current goal of becoming more independent. **Reviewed current ISP to coordinate services** needed to assist client to achieve his goal of independence, especially related to his challenges regulating his emotions and behaviors. Explored with guardian activities that would increase client's ability to positively impact his environment, such as connecting with others as opposed to isolating behaviors, and engaging in light-to-moderate exercise to improve his mood.

Press enter to continue

EXAMPLE 7 – Observational CPST

The clinician **monitored the client's symptoms** during recess. The client has historically displayed aggression toward peers and has been verbally abusive toward school staff. Client was under discipline and had to remain at the fence rather than playing with his fellow students. The client was observed to interact with several other students appropriately, showing no physical aggression when they approached him. He demonstrated a positive affect toward staff, despite his disciplinary status. Adaptively, the client avoided one student, in particular, who approached him and with whom he had a history of conflict. The client refused to engage this particular student and relocated himself several times to avoid interaction. The client revealed later, during a session, that he was determined not to allow this student to get him into more trouble, demonstrating a level of maturity and restraint in the client.

Press enter to continue

EXAMPLE 8 – Teacher Consult

Writer met with client's teacher to gather information surrounding client's social and academic progress thus far in the academic year in an effort to **assess client's current needs**. Client's teacher shared that client struggles to sit still during periods of instruction and often "blurts out" responses to questions without being called upon. Additionally, client often "picks on" peers and, therefore, experiences difficulty developing and maintaining new friendships. Despite such behaviors, client's teacher indicated that client is a "good kid with a lot of potential." She added that she would like to see client learn to self-monitor more effectively and engage more appropriately with classmates.

Press enter to continue

EXAMPLE 9 – Face-to-Face Contact With Client

Client's teacher reported that client has recently been coming to school appearing somewhat disheveled with a mild body odor. Writer gently explored the topic of personal hygiene with client, offering relevant feedback. Client noted that he often plans to take a shower in the morning, but then ultimately does not wake up in time to do anything but grab a granola bar and head out the door. Helped client identify strategies for incorporating personal hygiene and grooming activities into his evening routine in order to **promote/develop improved daily living skills.**

Press enter to continue

EXAMPLE 10 – Face-to-Face Contact With Client

Client discussed current financial stressors. He expressed frustration and anxiety related to being on a fixed income. Writer **assisted client in managing basic needs** by working with client to prioritize financial obligations and to design a realistic budget he believes he can adhere to.

Press enter to continue

EXAMPLE 11 – Face-to-Face Contact With Client

Client expressed disappointment at having been fired from her after school job at a fast food restaurant. Client believes she is often misunderstood and perceived to have an "attitude" with customers when that is not, in fact, her intention. She stated, "That is just my usual tone. I'm not trying to be rude or disrespectful." Role-played with client various customer service scenarios, providing feedback regarding client's tone, body language, and eye contact in an effort to **help promote more appropriate social interactions and to eliminate barriers to maintaining employment.**

Press enter to continue

EXAMPLE 12 – Face-to-Face Contact With Client

Client shared that she does not believe she "fits in" at her new school. Writer facilitated a self-esteem building exercise with client to help boost confidence and **increase the client's ability to positively impact her social environment.** Client was able to identify a number of personal strengths and we discussed how each strength might be used to connect more meaningfully with others.

Press enter to continue

FINAL THOUGHTS



Press enter to continue

FINAL THOUGHTS

CPST is a tool that will help us to more accurately document the hard work that we do.

We often spend a few minutes talking to clients, their family members, guardians and members of the treatment team, and "take one for the team."

However, these interactions, as brief as they may be, are part of the care and services we provide to our clients. It is important to document these interactions for those we serve.

Press enter to continue

REFERENCES



Press enter to continue

REFERENCES

OHIO LAWS & ADMINISTRATIVE RULES,
LEGISLATIVE SERVICE COMMISSION

[https://codes.ohio.gov/ohio-administrative-
code/rule-5122-29-17](https://codes.ohio.gov/ohio-administrative-code/rule-5122-29-17)

Press enter to finish