

Community Support Program (CSP)

Definition

Community Support Program (CSP) consist of mental health and substance abuse rehabilitation services and supports necessary to assist the individual in achieving and maintaining the highest degree of independent functioning. The service utilizes a team approach to provide intensive, rehabilitative community support, crisis intervention, group and individual psycho-education, and skill building for activities of daily living. CSP includes a comprehensive array of rehabilitation services most of which are provided in non-office settings by a mobile team. Services are focused on skill building with a goal of maximizing independence. Community-based treatment enables the team to become intimately familiar with the participant's surroundings, strengths and challenges, and to assist the participant in learning skills applicable to his/her living environment. The team services and interventions are highly individualized and tailored to the needs and preferences of the individual.

Provider Qualifications/Conditions for Participation

Certificate: Commission on Accreditation of Rehabilitation Facilities (CARF) or The Joint Commission (TJC) or is in an active process of becoming accredited.

Other Standards: The supervisor, Team Leader, must be a licensed clinician; staff shall hold either a bachelor's degree in a behavioral health-related specialty (may include special education or rehabilitation) OR have two years experience in the provision of mental health services (may include special education and/or services to persons with developmental disabilities) OR be a Certified Peer Specialist. A CSP provider must meet the State of Connecticut certification standards to provide CSP services as defined by the Department of Mental Health and Addiction Services (DMHAS), this will be determined by a site visit.

Entity Responsible for Verification: DMHAS/ABH

Frequency of Verification: Upon enrollment and reenrollment

Covered services

CSP services of at least 15-minutes duration provided to the participant by a direct-care staff member of the CSP team in the participant's home and in other community settings. These services include:

1. Rehabilitation assessment and development of the rehabilitation plan;
2. Re-evaluation and adjustment of the rehabilitation plan;
3. Crisis response services either face-to-face or telephonic;
4. Psycho-education services for rehabilitation from psychiatric or substance abuse disorders;
5. Clarification of goals and motivational support for pursuing goals related to employment, education, community involvement, and use of natural supports. (**NOTE:** Documentation shall be maintained in the file of each participant receiving work or education-related services that such services are not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.);
6. Residential supports, such as motivating the participant to find and lease an apartment, and assistance with tenancy issues and problems;
7. Skill building and support for Activities of Daily Living, including:
 - a. Teaching, coaching and assisting with daily living and self-care skills such as the use of transportation, nutrition, meal planning and preparation, housekeeping and basic household tasks, dressing, personal grooming and hygiene, management of financial resources, shopping, use of leisure time, interpersonal communication, personal safety, child care and parenting, basic first aid, and problem solving;
 - b. Other skill development activities directed at reducing disability, restoring participant functioning and achieving independent participation in social, interpersonal, family, or community activities and full community re-integration and independence as identified in the waiver Recovery Plan;
 - c. Teaching of recovery skills in order to prevent relapse such as symptom recognition, coping with symptoms, emotional management, relaxation skills, self administration and appropriate use of medications, and preparation of illnesses related advance directives;
 - d. Development of self-advocacy skills for the purpose of accessing natural supports, self-help, and other advocacy resources; and
 - e. Health and wellness education.
8. Education, support, and consultation to family members (and significant others) of the participant, provided these activities are directed exclusively toward the rehabilitation treatment of the participant;

9. Participation in waiver Recovery Plan development and quarterly Recovery Plan update meetings, if requested by the DMHAS Support Coordinator;
10. Travel to an appointment with a participant or family member when the CSP provider is also engaged in a qualifying waiver service activity; and
11. Group treatment, involving not more than four persons receiving care, focusing on any of the activities listed in items #4 through #7 above.

Limitations

Coverage of Community Support Program services shall be subject to the following limitations:

1. CSP services are subject to service volume (number of ¼ hours service units per day and/or week) and duration (number of months or specified service end date) limits established in the waiver Recovery Plan approved by DMHAS and DSS. The departments or their designee will enact these limits;
2. CSP services shall be based on the waiver Recovery Plan and shall be performed by or under the supervision of a licensed clinician employed by or under contract to the provider;
3. A claim for reimbursement may be submitted for the qualifying waiver services activities of only one direct-care member of a CSP team for services to a participant during a specific time period (i.e., billable unit of time);
4. With the allowable exception of a transition period to CSP (up to 30-days), CSP services cannot be provided concurrently with residential care;
5. CSP services must exclude services that are duplicative of Supported Employment services; and
6. The department shall not pay for:
 - a. Psychiatric evaluation and treatment, medication management, individual, group and family psychotherapy;
 - b. Time spent by the provider solely for the purpose of transporting participants;
 - c. Programs, services or components of services that are of an unproven, experimental, cosmetic or research nature;
 - d. Programs, services or components of services that do not relate to the participant's diagnosis, symptoms, functional limitations or medical history;
 - e. Programs, services or components of services that are not included in the fee established by the department;
 - f. Services or components of services provided solely for social, recreational, educational or vocational purposes; and
 - g. Costs associated with room and board for participants.

Non-billable Activities

The following activities are not billable, but have been factored into payment rates:

1. Day-to-day monitoring regarding the participants health and welfare and problem solving to address concerns;
2. Communication and coordination with the DMHAS Support Coordinator, and with other service providers to relay information germane to the participant's needs and continued recovery;
3. Telephone contact with the department or its designated agent for the purpose of requesting or reviewing authorization of services;
4. Completion of progress notes or billing documentation;
5. Individual or group supervision, routine case reviews and rounds, ad hoc consultation with supervisors and discussion or consultation among CSP team members, including for the purpose of treatment planning;
6. Time spent performing routine services such as cleaning, cooking, shopping, or child care designed to provide relief or respite for the family;
7. No shows, missed or cancelled appointments, and visits to the participant when the participant is unavailable;
8. CSP services of less than fifteen minutes duration for recovery procedures whose billing codes are defined in 15-minute increments; and
9. Time spent engaged in activities required by a credentialing, certification or oversight entity such as gathering and submitting care plan, service data or other information.

CSP TEAM REQUIREMENTS:

Complete the following staff roster for each proposed CSP Team within the agency. (If more than one team is proposed, attach a roster for each team.) The application should represent your agency’s assigned CSP Team as of the date of application. Note: the Team Leader must be a licensed clinician. At a minimum, a CSP team requires one (1) licensed Team Lead and one (1) CSP Staff (these individuals need not be full-time employees). USPRA Certification or Attendance at DMHAS- sponsored CSP Training– in person or through video. Specify type and date of training. A site visit will be conducted by DMHAS as part of the credentialing process. Provider must have a positive site visit documented by DMHAS to be Certified and credentialed.

Site Visit: Upon receipt of a completed application a “**Site Visit Certification Letter**” will be sent to the Provider. ABH will contact the Provider to schedule a site visit. All documents related to the site visit can be found online at www.abhct.com (RESOURCES then WISE then CSP Site Visit)

Please include a resume or summary of work experience for each staff listed in the roster.

| CSP TEAM ROSTER | | | | | | | |
|-----------------------|--------------------|---------|-----|---|---|---|---|
| Last Name, First Name | Degree/ Experience | License | FTE | Job Title | Specific Rehab Experience | | |
| | | | | | USPRA Certification | DMHAS Rehab Training | Dates of training or Certification Number |
| | | | | Team Leader. Must be licensed clinician | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | CSP Staff | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | CSP Staff | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | CSP Staff | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Language Competence: In addition to English, please identify the languages in available to participants

| | | | |
|------------------------|-----------|------------|-----------------------|
| American Sign Language | German | Korean | Swedish |
| Arabic | Greek | Laotian | Tagalog (Philippines) |
| Armenian | Hebrew | Norwegian | Vietnamese |
| Chinese | Hindi | Polish | Yiddish |
| Dutch | Hungarian | Portuguese | Other: |
| Farsi | Italian | Russian | |
| French | Japanese | Spanish | |

Supervisor Documentation Requirements for CSP Team Service

If the supervision for this service is not provided by the Chief Clinical Officer for the agency, please indicate if the supervisory functions for this program are provided by a staff or contracted position.

- Employed by Agency

If the position is employed by the agency please include a copy of the employee's current license.

- Under Contract with Agency

If contracted with the agency, please provide a letter describing the arrangement by which this person is providing supervisory services and a copy of the contracted supervisor's current license.

Primary Service Locations

| |
|----------------------|
| Program Name: |
| Address: |
| Program Name: |
| Address: |
| Program Name: |
| Address: |



Checklist for application for CSP Team is below

If applying for CSP Team services also include the following documents in your application:

| | |
|--|--------------------------|
| If the supervisor is employed as staff by the agency | <input type="checkbox"/> |
| a copy of the supervisor's current license | <input type="checkbox"/> |
| Resume or summary work history for every staff member listed. | |
| Team Leader/Supervisor | <input type="checkbox"/> |
| CSP Staff | <input type="checkbox"/> |
| CSP Staff | <input type="checkbox"/> |
| CSP Staff (Recovery Support Specialist) | <input type="checkbox"/> |
| CSP Staff(Recovery Support Specialist) | <input type="checkbox"/> |
| If the supervisor for this service is not an agency employee, supply | |
| a letter describing the supervisory arrangement | <input type="checkbox"/> |
| a copy of the contracted supervisor's current license | <input type="checkbox"/> |