

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

May 9, 2023

Stephanie Stephens, Medicaid Director
Texas Health & Human Services Commission
PO Box 13247
Austin, TX 78711

RE: Texas State Plan Amendment (SPA) 22-0026 Adult Mental Health, §1915(i) Home and Community-Based Services (HCBS) State Plan Amendment (SPA)

Dear Ms. Stephens:

The Centers for Medicare & Medicaid Services (CMS) is approving the state's request to amend its §1915(i) state plan home and community-based services (HCBS) benefit, transmittal number TX 22-0026. The effective date for this amendment is May 12, 2023. With this amendment, the state is adding telemedicine as a permanent delivery method for HCBS Psychological Rehabilitation (PRS) and Community Psychiatric Supports and Treatment (CPST) Services in the Adult Mental Health (AMH)1915(i) benefit.

Enclosed are the following approved state plan pages that should be incorporated into your approved state plan:

- Attachment 3.1-i, page 16
- Attachment 3.1-i, pages 25-25.a
- Attachment 3.1-i, pages 27-29.a
- Attachment 3.1-i, pages 34-34.a

The state has identified its intent to use money realized from section 9817 of the American Rescue Plan (ARP). Approval of this action does not constitute approval of the state's spending plan. The state must have an approved spending plan to use the money realized from section 9817 of the ARP.

It is important to note that CMS approval of this change to the state's 1915(i) HCBS state plan benefit solely addresses the state's compliance with the applicable Medicaid authorities. CMS approval does not address the state's independent and separate obligations under federal laws including, but not limited to, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, or the Supreme Court's Olmstead decision. Guidance from the Department

of Justice concerning compliance with the Americans with Disabilities Act and the Olmstead decision is available at http://www.ada.gov/olmstead/q&a_olmstead.htm.

If you have any questions concerning this information, please contact me at (410) 786-7561. You may also contact Lynn Ward at Lynn.ward@cms.hhs.gov or (214) 767-6327

Sincerely,

George P. Failla, Jr., Director
Division of HCBS Operations and Oversight

Enclosure

cc: Kathi Montalbano, TX HHSC
HHSC waiver mailbox
Kevin Patterson, CMS DLTSS
Matthew Weaver, CMS DLTSS
Patricia McKnight, CMS DHCBSO
Wendy Hill Petras, CMS DHCBSO
Cynthia Nanes, CMS DHCBSO

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
2 2 0 0 2 6

2. STATE
T X

3. PROGRAM IDENTIFICATION: TITLE **XIX** OF THE SOCIAL SECURITY ACT

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
May 12, 2023

5. FEDERAL STATUTE/REGULATION CITATION
Title XIX of the SSA; 42 CFR 441.720(a)(1)(i)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY **2022** \$ **0**
b. FFY **2023** \$ **0**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
See attachment

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
See attachment

9. SUBJECT OF AMENDMENT

The proposed amendment will ensure continued access to the use of telehealth and audio-only modalities for certain services for Texas Medicaid clients in the HCBS-AMH program outside of the COVID-19 public health emergency.

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME

Emily Zalkovsky

13. TITLE

Deputy State Medicaid Director

(signing on behalf of Stephanie Stephens, State Medicaid Director)

14. DATE SUBMITTED

May 27, 2022

15. RETURN TO

**Stephanie Stephens
State Medicaid Director
Post Office Box 13247, MC: H-100
Austin, Texas 78711**

FOR CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

Attachment to Blocks 7 & 8 of CMS Form 179

Transmittal Number 22-0026

**Number of the
Plan Section or Attachment**

**Number of the Superseded
Plan Section or Attachment**

Attachment 3.1-i

Page 16
Page 25
Page 25.a
Page 27
Page 28
Page 29
Page 29.a
Page 34
Page 34.a

Attachment 3.1-i

Page 16 (TN: 20-0003)
Page 25 (TN: 21-0053)
New Page
Page 27 (TN: 21-0053)
Page 28 (TN: 21-0053)
Page 29 (TN: 21-0053)
New Page
Page 34 (TN: 21-0053)
New Page

Person-Centered Planning & Service Delivery

(By checking the following boxes the state assures that):

1. There is an independent assessment of individuals determined to be eligible for the State plan HCBS benefit. The assessment meets federal requirements at 42 CFR §441.720.
2. Based on the independent assessment, there is a person-centered service plan for each individual determined to be eligible for the State plan HCBS benefit. The person-centered service plan is developed using a person-centered service planning process in accordance with 42 CFR §441.725(a), and the written person-centered service plan meets federal requirements at 42 CFR §441.725(b).
3. The person-centered service plan is reviewed, and revised upon reassessment of functional need as required under 42 CFR §441.720, at least every 12 months, when the individual's circumstances or needs change significantly, and at the request of the individual.
4. **Responsibility for Face-to-Face Assessment of an Individual's Support Needs and Capabilities.**
There are educational/professional qualifications (that are reasonably related to performing assessments) of the individuals who will be responsible for conducting the independent assessment, including specific training in assessment of individuals with need for HCBS. (*Specify qualifications*):

(A) The agent performing the assessment is independent and qualified as defined in § 441.730 and meets the provider qualifications defined by the State as listed:

1) Qualified Mental Health Professional -- a person who has demonstrated and documented competency in the work to be performed and:

- (A) has a bachelor's degree from an accredited college or university with a minimum number of hours that is equivalent to a major in psychology, social work, medicine, nursing, rehabilitation, counseling, sociology, human growth and development, physician assistant, gerontology, special education, educational psychology, early childhood education, or early childhood intervention (as determined by the LMHA or MCO in accordance with 26 TAC, Part 1, Chapter 301, Subchapter G §301.331 (relating to Competency and Credentialing));
- (B) is a registered nurse; or
- (C) completes an alternative credentialing process identified by HHSC.

or

2) Licensed Practitioner of the Healing Arts:

- (A) a physician;
- (B) a licensed professional counselor;
- (C) a licensed clinical social worker;
- (D) a psychologist;
- (E) an advanced practice registered nurse recognized by the Texas Board of Nursing as a clinical nurse specialist in psychiatry/mental health or nurse practitioner in psychiatry/mental health; or
- (F) A licensed marriage and family therapist.

and

Has received HHSC-approved training in evaluating individuals for HCBS-AMH.

(B) The individual receives appropriate support during the assessment, including the use of any necessary on-site support-staff.

(C) The agent performing the assessment provides informed consent for this type of assessment.

Effective: May 12, 2023

Approved: May 9, 2023

Supersedes: TN 21-0053

<p>HCBS Provider Agency that meets the minimum eligibility and standards for HCBS-AMH provider enrollment.</p>			<p>HCBS provider agency enrolled and contracted with HHSC to provide HCBS services, which employs or contracts with a provider of TAS services. The TAS provider must comply with the requirements for delivery of transition assistance services, which include requirements such as allowable purchases, cost limits, and time frames for delivery. TAS providers must demonstrate knowledge of, and history in, successfully serving individuals who require home and community-based services.</p> <p>Before entering into a provider agreement with the provider agency, HHSC verifies the providers' compliance with these qualifications through a credentialing process. Contracted providers are obligated to verify on an ongoing basis that these qualifications are achieved, maintained, and documented. HHSC will conduct biennial review to verify these requirements continue to be met after the provider and HHSC enter into an agreement.</p> <p>Individual providers of TAS must be 18 years of age or older, pass criminal background check, demonstrate knowledge and/or experience in managing transitions to home and community-based settings.</p>
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Verification of Provider Qualifications (For each provider type listed above. Copy rows as needed):

Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):
<p>HCBS Provider Agency that meets the minimum eligibility and standards for HCBS-AMH provider enrollment.</p>	<p>HHSC</p>	<p>Biennial</p>

Service Delivery Method. (Check each that applies):

<input type="checkbox"/> Participant-directed	<input checked="" type="checkbox"/> Provider managed
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Service Specifications (Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):

<p>Service Title:</p>	<p>HCBS Psychosocial Rehabilitation Services</p>
<p>Service Definition (Scope):</p>	

Effective: May 12, 2023

Approved: May 9, 2023

Supersedes: New

HCBS Psychosocial Rehabilitation services are evidence-based or evidence-informed interventions which support the individual’s recovery by helping the individual develop, refine, and/or maintain the skills needed to function successfully in the community to the fullest extent possible. Skills include but are not limited to: illness/recovery management, self-care, activities of daily living, and instrumental activities of daily living. The modality(ies) used must be approved by HHSC. A variety of evidence-based practices may be used as appropriate to individual needs, interests and goals. Activities included must be intended to achieve the identified goals or objectives as set forth in the individual’s IRP. Rehabilitative services are in-person, audio-visual, or audio-only interventions with the individual present. Services may be provided individually or in a group setting. Audio-only is not allowed for group setting interventions. Audio-visual or audio-only option will not be available 100% of the time. All HCBS-AMH participants will receive at least on in-person visit during each IRP period this restriction will support utilization of telehealth delivery of services while supporting community integration. HIPAA compliance remains the responsibility of the provider delivering the services. In order to ensure the privacy of individuals is respected, HCBS-AMH providers will be required to sign and submit an attestation form that will be developed by HHSC that ensures service will be in a private space. In addition, contracted providers will ensure each participant is in a private location where they feel safe to openly discuss their health. HHSC’s HIPAA Compliance officer has approved the telehealth methodology. Cameras may never be used for any reason in private spaces such as bedrooms, bathrooms, and areas for private phone calls or telehealth delivery of services. Cameras are only allowed outside and in common areas, and with the use of consent from each person living in the home.

Telehealth delivery of services enhances community integration by providing more flexibility for participation in community activities. Telehealth delivery of services can connect participants to a broad range of services and community resources by removing barriers related to physical distance and expanding provider options thereby increasing participant choice. Telehealth delivery of services serves to promote independence and improve patient/provider relationships as services can be provided in individualized preferred settings and provides participants ownership to their own treatment of care, thereby increasing opportunities for engagement on their own schedule. Allowing telehealth delivery of services supports community integration by increasing choice and access to multiple providers and community resources in the setting of participants choosing and affording participants equal opportunity to telehealth delivery of services as other individuals in the community. Whenever possible, HHSC encourages in person delivery of services. HCBS-AMH providers must document in the Individual Recovery Plan the reason(s) why telehealth delivery of services was delivered in person delivery.

HCBS-AMH was included in Texas’s HCBS ARPA spending plan to provide funding to purchase technology equipment to increase access to the remote delivery of mental health services. HCBS-AMH shall provide initial, ongoing, and ad hoc technical assistance and training to providers in need of assistance with using technology to better ensure participants are well supported in the use of devices to access telehealth delivery of services.

HHSC is responsible for monitoring the provision of telehealth delivery of services and enforces compliance of service delivery restrictions, participant privacy, and use of adaptive aids through biennial onsite or desk reviews. HCBS-AMH providers shall also establish internal escalation protocols that dictate when a participant receiving telehealth delivery of services should be transitioned to urgent in-person follow-up care, crisis care or intervention, or even to receiving emergency services. HCBS-AMH providers shall also immediately report cases of suspected abuse neglect or exploitation (ANE) to the appropriate investigative authority.

The provider must incorporate research-based approaches pertinent to the needs of the target population.

<p>HCBS Provider Agency that meets the minimum eligibility and standards for HCBS-AMH provider enrollment.</p>			<p>HCBS provider agency enrolled and contracted with HHSC to provide HCBS-AMH services, which employs or has a contract with the HCBS Psychosocial Rehabilitation practitioner.</p> <p>Before entering into a provider agreement with the provider agency, HHSC verifies the providers' compliance with these qualifications through a credentialing process. Contracted providers are obligated to verify on an ongoing basis that these qualifications are achieved, maintained, and documented in personnel files. HHSC will conduct annual review to verify these requirements continue to be met after the provider and HHSC enter into an agreement.</p> <p>Individual providers must be qualified and demonstrate competency and fidelity to the evidence-based practices (EBPs) used. Individual providers must have the level of education and experience required by the evidence-based modality employed. An individual provider must, at a minimum, have a bachelor's degree in psychology or a related field, HHSC-approved training and/or certification in the evidence-based practice(s) employed and must be supervised by a licensed clinician trained and competent in the EBP.</p>
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Verification of Provider Qualifications (For each provider type listed above. Copy rows as needed):

Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):
<p>HCBS Provider Agency that meets the minimum eligibility and standards for HCBS-AMH provider enrollment.</p>	<p>HHSC</p>	<p>Annual</p>

Service Delivery Method. (Check each that applies):

<input type="checkbox"/>	<p>Participant-directed</p>	<input checked="" type="checkbox"/>	<p>Provider managed</p>
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Service Specifications (Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):

<p>Service Title:</p>	<p>Adaptive aids</p>
<p>Service Definition (Scope):</p>	

HCBS-AMH allows the use of adaptive aid services to enhance all HCBS-AMH service delivery; telehealth delivery may require additional use of adaptive aids to ensure access for individuals requiring hands on assistance. This may include the purchase of specialized equipment to aid the access of telehealth delivery of services and promoting reasonable accommodations as needed. This may with prior approval from HHSC include communication aids, computers and appropriate accessories, appropriate software, computer evaluations, specifications and training, computer literacy training to educate individuals in use of adaptive software necessary to perform activities, webcam, screen readers, visual aids, headphones.

Specialized equipment and supplies including devices, controls and appliances that enable individuals to increase their abilities to perform activities of daily living; to perceive, control, or communicate with the environment in which they live; allow the individual to integrate more fully into the community; or to ensure the health, welfare and safety of the individual.

Adaptive aids include vehicle adaptations or modifications, environmental adaptations, and aids for daily living, such as reachers, adapted utensils, certain types of lifts, pill keepers, reminder devices, signs, calendars, planners, and storage devices.

Vehicle adaptations or modifications that are specified on the IRP may be made to a vehicle that is not owned by the provider and is the individual’s primary means of transportation in order to accommodate the identified needs of the individual. Vehicle adaptations or modifications do not include the following: (1) adaptations or improvements to the vehicle that are of general utility, and are not of direct medical or remedial benefit to the individual; (2) purchase or lease of a vehicle; and (3) regularly scheduled upkeep and maintenance of a vehicle, except upkeep and maintenance of the modifications.

Adaptive aids also include service animals and items associated with equipping, training, and maintaining the health and safety of a service animal. (These items include veterinary care; travel benefits associated with obtaining and training an animal; and the provision, maintenance, and replacement of items and supplies required for the animal to perform the tasks necessary to assist individuals. The cost effectiveness of medical interventions outside of routine veterinary care is to be determined on an individual basis.) Other items may be included if specifically required to realize a goal specified in the IRP and prior approved by HHSC.

Items reimbursed are in addition to any supports furnished under the State Plan and do not include those items which are not of direct benefit to the individual. All items must meet applicable standards of manufacture, design, and installation.

Service animals must be provided in accordance with the IRP and documented as necessary for the individual to remain in the community.

This 1915(i) service is only provided to individuals age 21 and over. All medically necessary adaptive aid services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit.

Additional needs-based criteria for receiving the service, if applicable (*specify*):

Individual items costing over \$500.00 must be recommended in writing by a licensed practitioner of the healing arts (Physician, Advanced Practice Registered Nurse, Psychologist, Licensed Professional Counselor, Licensed Clinical Social Worker or Licensed Marriage and Family Therapist qualified to assess the individual’s need for the specific adaptive aid and be approved by HHSC.

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.

(Choose each that applies):

Categorically needy (*specify limits*):

The annual cap is \$10,000 per individual, per year. Should an individual require adaptive aids after the cost limit has been reached, the recovery manager assists the individual/family to access any other resources or alternate funding sources.
 Adaptive aids are available only after benefits available through Medicare, other Medicaid benefits, or other third party resources have been documented as exhausted.
 Adaptive aids are limited to those categories specified in the state plan amendment.

Medically needy (*specify limits*):
 N/A

Provider Qualifications (*For each type of provider. Copy rows as needed*):

Provider Type (<i>Specify</i>):	License (<i>Specify</i>):	Certification (<i>Specify</i>):	Other Standard (<i>Specify</i>):
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HCBS Provider Agency that meets the minimum eligibility and standards for HCBS-AMH provider enrollment.			<p>HCBS provider agency enrolled and contracted with HHSC to provide HCBS services, which employs or has contracts with adaptive aid providers.</p> <p>Before entering into a provider agreement with the provider agency, HHSC verifies the providers' compliance with these qualifications through a credentialing process. Contracted providers are obligated to verify on an ongoing basis that these qualifications are achieved, maintained, and documented in personnel files. HHSC will conduct annual review to verify these requirements continue to be met after the provider and HHSC enter into an agreement.</p> <p>Adaptive aid providers and their employees must comply with all applicable laws and regulations for the provision of adaptive aids.</p>
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Verification of Provider Qualifications (*For each provider type listed above. Copy rows as needed*):

Provider Type (<i>Specify</i>):	Entity Responsible for Verification (<i>Specify</i>):	Frequency of Verification (<i>Specify</i>):
HCBS Provider Agency that meets the minimum eligibility and standards for HCBS-AMH provider enrollment.	HHSC	Annual

Service Delivery Method. (*Check each that applies*):

<input type="checkbox"/> Participant-directed	<input checked="" type="checkbox"/> Provider managed
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Service Specifications (*Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover*):

Service Title:	Employment Services
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Service Definition (Scope):

Employment services help people with severe mental illness work at regular jobs of their choosing and to achieve goals meaningful to them, such as increasing their economic security. Services must follow evidence- based or evidence-informed practices approved by HHSC. Employment services:

- focus on the individual’s strengths and preferences;
- promote recovery and wellness by enabling individuals to engage in work which is meaningful to them and compensated at a level equal to or greater than individuals without severe mental illness or other disabilities (competitive employment);
- collaborate with and do not supplant existing resources, such as state vocational rehabilitation programs available to the individual;
- use a multidisciplinary team approach;
- are individualized and extended as needed to assist the individual attain and maintain meaningful work;
- are provided based on individual preference and choice without exclusions based on readiness, diagnoses, symptoms, substance use history, psychiatric hospitalizations, level of disability, or legal system involvement;
- are coordinated with mental health services provided to the individual, such as rehabilitation;
- help individuals obtain personalized, understandable, and accurate information about their Social Security, Medicaid, and other government entitlements in relation to work;

buses, or taxis.		
Verification of Provider Qualifications (For each provider type listed above. Copy rows as needed):		
Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):
Transportation	HHSC	Biennial
Service Delivery Method. (Check each that applies):		
<input type="checkbox"/> Participant-directed	<input checked="" type="checkbox"/> Provider managed	

Service Specifications (Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):	
Service Title:	Community Psychiatric Supports and Treatment (CPST)
Service Definition (Scope):	
<p>CPST are goal-directed supports and solution-focused interventions intended to achieve identified goals or objectives as set forth in the individual’s IRP. CPST is an in-person, audio-visual, or audio-only intervention with the individual present; however, family or other persons significant to the individual may also be involved. Audio-visual or audio-only option will not be available 100% of the time. All HCBS-AMH participants will receive at least one in-person visit during each IRP period this restriction will support utilization of telehealth delivery of services while supporting community integration. HIPAA compliance remains the responsibility of the provider delivering the services. In order to ensure the privacy of individuals is respected, HCBS-AMH providers will be required to sign and submit an attestation form that will be developed by HHSC that ensures they maintain service delivery in a private space. In addition, contracted providers will ensure each participant is in a private location where they feel safe to openly discuss their health. HHSC's HIPAA Compliance officer has approved the telehealth methodology. Cameras may never be used for any reason in private spaces such as bedrooms, bathrooms, and areas for private phone calls or telehealth delivery of services. Cameras are only allowed outside and in common areas, and with the use of consent from each person Telehealth delivery of services enhances community integration by providing more flexibility for participation in community activities. Telehealth delivery of services can connect participants to a broad range of services and community resources by removing barriers related to physical distance and expanding provider options thereby increasing participant choice. Telehealth delivery of services to promote independence and improve patient/provider relationships as services can be provided in individualized preferred settings and provides participants ownership to their own treatment of care, thereby increasing opportunities for engagement on their own schedule. Allowing telehealth delivery of services supports community integration by increasing choice and access to multiple providers and community resources in the setting of participants choosing and affording participants equal opportunity to telehealth delivery of services as other individuals in the community. Whenever possible, HHSC encourages in person delivery of services. HCBS-AMH providers must document in the Individual Recovery Plan the reason(s) why telehealth delivery of services was delivered over in person delivery.</p> <p>HCBS-AMH was included in Texas’s HCBS ARPA spending plan to provide funding to purchase technology equipment to increase access to the remote delivery of mental health services. HCBS-AMH shall provide initial, ongoing, and ad hoc technical assistance and training to providers in need of assistance with using technology to better ensure participants are well supported in the use of devices to access telehealth delivery of services.</p> <p>HHSC is responsible for monitoring the provision of telehealth delivery of services and enforces compliance of service delivery restrictions, participant privacy, and use of adaptive aids through biennial onsite or desk reviews. HCBS-AMH providers shall also establish internal escalation protocols that dictate when a participant receiving telehealth delivery of services should be transitioned to urgent in-person follow-up care, crisis care or intervention, or even to receiving emergency services. HCBS-AMH providers shall also immediately report cases of suspected abuse neglect or exploitation (ANE) to the appropriate investigative authority.</p>	

This service may include the following components:

Assist the individual and family members or other collaterals to identify strategies or treatment options associated with the individual's mental illness and/or substance use disorder, with the goal of minimizing the negative effects of symptoms, emotional disturbances, or associated environmental stressors which interfere with the individual's daily living, financial management, housing, academic and/or employment progress, personal recovery or resilience, family and/or interpersonal relationships, and community integration.

Provide individual supportive counseling, solution-focused interventions, emotional and behavioral management support, and behavioral analysis with the individual, with the goal of assisting the individual with developing and implementing social, interpersonal, self-care, daily living, and independent living skills to restore stability, support functional gains, and adapt to community living.

Facilitate participation in and utilization of strengths based planning and treatments which include assisting the individual and family members or other collaterals with identifying strengths and needs, resources, natural supports, and developing goals and objectives to utilize personal strengths, resources, and natural supports to address functional deficits associated with their mental illness and/or substance use disorder.

Assist the individual 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 seeking other supports to restore stability and functioning, as appropriate.

CPST addresses specific individual needs with evidence-based and evidence-informed psychotherapeutic practices designed specifically to meet those needs. Examples include, but are not limited to:

Cognitive Behavioral Therapy (CBT): CBT is an empirically supported treatment that focuses on maladaptive patterns of thinking and the beliefs that underlie such thinking. This includes variations of CBT specific to the needs of an individual, such as Cognitive Processing Therapy.

Dialectical Behavior Therapy (DBT): DBT is a form of CBT directed at individuals with borderline personality disorder or other disorders with chronic suicidal ideation and unstable relationships. It is a manual treatment program that provides support in managing chronic crisis and stress to keep individuals in outpatient treatment settings. It requires specialized training by the original developer or other entity approved by original developer (Marsha Linehan). The treatment program includes individual and group therapy sessions and requires homework by the individual. These therapies are provided by licensed therapists working under the direction of the HCBS provider agency.