This document is designed to provide guidance on billing appropriate community support interventions for individuals pursuing employment while receiving services in the Comprehensive Substance Treatment and Rehabilitation (CSTAR) program.
Comprehensive Substance Treatment and Rehabilitation (CSTAR) is an outpatient program designed to serve MO HealthNet-eligible participants who are assessed as needing substance use treatment. Services include, but are not limited to, assessment, treatment and community support furnished upon recommendation of a qualified physician or licensed mental health professional. Reimbursement by MO HealthNet is limited to qualified MO HealthNet-enrolled CSTAR providers. Demonstrating the “medical necessity” of services is an administrative requirement attached to the development and documentation of an individual justification for services provided, and indicates an appropriate response to that need. The clearest and most effective approach in documenting medical necessity is through the creation of a clinically relevant individual plan. Individual plans should consider the strengths, obstacles and barriers that limit the ability to perform the function independently.

The treatment plan/individual plan:
- is an agreed upon plan of care, identifying individualized goals that sets the course of action between the consumer, members of their family, professional staff and other supports;
- helps to integrate information about the person and family as related to the individual’s clinical needs;
- facilitates prioritization of needs, interests, and recovery/rehabilitative goals;
- provides a strategy for managing complexity of clinical care needs and describes planned interventions with resulting measurable outcomes; guides ongoing service delivery through connecting clinical assessments with targeted service delivery; and
- contains goals and interventions that are directly referenced in progress notes and other documented service activity.

Community Support in the Work Environment

In the Comprehensive Substance Treatment and Rehabilitation (CSTAR) model, many community support activities in a workplace environment can focus on the development of skills and resources to address and manage symptoms and cravings associated with their substance use disorder. These symptoms may interfere with seeking or successfully maintaining a job. Issues that may necessitate community support intervention in the work environment include, but are not limited to the following:
- communication;
- personal hygiene and dress;
- time management;
- capacity to follow directions;
- learning appropriate work habits, co-occurring mental health issues;
- transportation problems;
- childcare; and
- identifying and making modifications to behaviors that interfere with job success.
The CSTAR program will reimburse for supports and interventions that relate to any symptoms associated with substance use or dependency/co-occurring mental health issues such as those described above. The services provided focuses on illness management and recovery, regardless of setting. Treatment plans should address a person’s interest in or desire for employment and career development. Documentation (action plans, progress notes, etc.) should refer to the person’s employment goals, and detail how substance use or dependency symptoms interfere with achieving employment goals. Documentation should also include why community support services are needed as well as how community support services will assist in achieving these goals.

In general, the CSTAR program will NOT reimburse for the following:

- job skill training and coaching for specific job skills and job tasks (teaching the job functions, i.e., how to work the computer, fryer, phone system, drill press, etc.); tuition for training programs;
- supplies for work (boots, computers, uniforms, etc.);
- presentations to community groups seeking employer engagement; and
- “cold calls” to employers for generic job leads.

Community Support Interventions in the Workplace

Example 1: A person with whom you are working has indicated he would like to return to the workforce. He has experience working with heavy equipment and reports being quite good at this until he lost his job. He was fired because of behaviors associated with alcohol use, such as consuming alcohol late into the evening, that contributed to late arrival to work the next morning, low productivity and arriving to work under the influence of alcohol. He believes he has burned all his bridges with the local construction businesses and is uncertain where and how he might go about returning to this field of work. It is determined that this individual is in the action stage of change for employment, but faces real and/or perceived barriers. You work with this individual to develop a treatment plan and relapse prevention plan that addresses his goals. Appropriate community support interventions may include:

- assisting the individual to practice approaching previous employers and advocating for rehire through use of modeling and role-playing exercises;
- providing him with opportunities to practice these skills in the community setting through real or mock interviews with individuals in the community;
- in cooperation with the individual, assist with identifying and developing coping skills to address his fears/stresses about returning to work, (e.g., meeting deadlines, equipment problems, weather conditions and pressures from peers/co-workers that may increase risk of relapse);
- locating and securing continued and additional treatment services by providing information and guidance on programs and services available, including Medication-Assisted Treatment (MAT) and prescription assistance resources; and
- work with the individual to identify transferable skills that could support or be foundational for other employment options/fields and/or skills training.
**Example 2:** You have been assigned to work with a woman in her thirties who is struggling with issues including alcohol dependence, smoking, obesity, limited mobility, and depression. While working with this individual to achieve abstinence from alcohol and successfully quit smoking, she tells the treatment team that she would like to return to work. She also shares that she lacks a few courses necessary to obtain an associate’s degree in early childhood development, an area in which she continues to express interest. You determine she is in the preparation stage of change as it relates to employment. You and the treatment team work with her to revise the treatment plan to include educational and employment goals, adding the following example intervention:

- Utilizing motivational strategies and techniques to help her overcome her fear/apprehensions about returning to work by asking questions such as “How can I help you get past some of the difficulties are you experiencing?” and “If you make changes, how would your life be different from how it is today?”;
- discussing her hobbies and interests, previous employment experiences, and her ideal job, exploring with her how she might use this information to find employment;
- encouraging and assisting her with setting up a pre-employment physical to determine her physical capabilities. You and she meet with the physician to discuss dietary concerns and develop an exercise plan;
- assisting her with locating information on local and online college courses and financial assistance options;
- encouraging her to contact places of potential employment for information-gathering interviews, assisting with development of informational questions to ask, and offering to accompany her to the potential employment sites in order to provide support, guidance, coaching or skill building (e.g., obtaining additional information such as work requirements, training or educational needs for the job, volunteer and/or work opportunities, etc.);
- addressing coping skills to deal with depression so that this does not interfere with returning to work, maintaining employment or causing relapse that could lead to further employment problems; and
- assisting with special needs for work or education related to her limited mobility, to include special parking permits, local bus schedules, or carpooling.

**Example 3:** A woman with whom you are assigned to work with was recently released from prison, following five years of incarceration. She presents with unemployment concerns that have reportedly contributed to urges to return to using and selling cocaine, her longest period of employment lasting six months at a convenience store as a clerk. She did not graduate from high school, but had been preparing for her General Equivalency Diploma (GED) test seven years ago, just prior to beginning a period of heavy substance use. You work with her in developing and implementing her relapse prevention plan and advocate for an immediate appointment with her counselor to address her self-reported concerns about relapse. You assist her to identify and develop coping skills to manage symptoms and cravings and maintain long-term sobriety. For employment goals, you determine that she is in the contemplative stage of change. You work with her to develop treatment plan goals and
objectives that relate to finding immediate employment and training (applying for a GED, enrolling in vocational training school, etc.), as well as interventions like the following:

- assisting her with identifying both the obstacles to employment (i.e., timely arrival grooming habits, transportation) and resources available in the community to address these issues (i.e., finding employment near a bus route and applying for a bus pass);
- working with her to identify individual vocational strengths and experiences (e.g., clerical and/or entry level positions) to increase her employability;
- assisting her with the basics of job searching and securing employment (e.g., connecting her with a local agency that specializes in job skills training, if available in the community; using a search engine on a computer; locating potential employers through the phone book, newspaper, or on-line; appropriately completing an employment application; role-playing; assertiveness skills and the interview process; etc.); and
- continuing to focus on assisting her in the development of coping skills to manage symptoms and cravings and maintain long-term sobriety as she pursues her employment, and other goals.

**Example 4:** A woman with whom you are working is preparing to successfully transition from residential to outpatient services for treatment of co-occurring mental illness (e.g., posttraumatic stress disorder [PTSD] and substance use). She is trying to regain custody of her child who was removed from her home by Child Protective Services. The conditions of reunification, set forth by the court, stipulate that she must successfully complete treatment, maintain abstinence, and obtain stable employment. She has no high school diploma or prior employment experience. Regarding employment, you determine that she is in the pre-contemplative stage of change. After agreeing on a direction and securing permission to address the topic of change, you amend the treatment plan to include employment-related goals and objectives, as well as the following example interventions:

- working with her to identify strengths and interests;
- assisting her in identifying, contacting and/or accessing resources in the community to address her potential employment and/or educational needs (i.e., GED classes, Vocational Rehabilitation, Career Center, etc.), as well as the potential obstacles or barriers (i.e., childcare and transportation);
- reviewing, explaining, and helping clarify information to enable her to explore options (e.g., program and/or employment requirements), make an informed decision, and develop a plan;
- monitoring her medication compliance, side effects, and symptoms;
- reminding her of triggers she identified, that are associated with PTSD and relapse and referring her to resources for information and education;
- model appropriate behavior, and develop role-play exercises aimed at helping her to effectively manage her symptoms and cravings, as well as to minimized the impact of symptoms on her daily functioning; and
- providing her with opportunities to practice these skills in the community setting, offering feedback, support, and encouragement.
Example 5: An individual you are serving presents at your office unexpectedly. She states that her employer, a taxi cab company, is threatening to fire her if she does not either discontinue taking her prescription methadone—a part of her substance use treatment program—or provide verification that she is under a physician’s care and is participating in clinical services. She has been in treatment for only a month, has just become stabilized on her daily methadone dose and is intent on keeping her treatment episode private. She is tearful and stating that she wants to immediately quit treatment as her job is more important to her. You determined that she is in the contemplation stage of change regarding continuation in treatment. You initiate immediate interventions regarding her treatment and work concerns, such as the following:

- utilizing motivational techniques to help her recognize the potential problems of discontinuing treatment. You enlist in change talk with her to bring forth reasons to continue in treatment and address the employer’s threat;
- providing her with resources in support that methadone is a legal medication for the treatment of opiate addiction; presenting possible choices to consider (e.g., legal advocacy);
- offering to assist her with making an appointment with the clinic physician to discuss obtaining a letter of verification and support of her treatment;
- helping her to use the computer to obtain educational material regarding methadone that she can both read and provide to her employer;
- using interventions such as role modeling and skill building exercises to improve her ability to self-advocate or offering to act as her advocate, if needed; and
- amending the treatment plan if this issue continues to require intervention.

Example 6: You are assigned to work with a 17-year-old young man who was admitted for outpatient substance use treatment. You meet with him and his family to assess the community support needs and develop goals. During the assessment it was determined that the youth is in need of employment and is in the action stage of change regarding employment; however, transportation was identified as a potential barrier. If the youth can obtain a job working an evening shift, his parents can provide transportation. However, both parents work full-time during the day and have limited ability to assist their son in getting places. You work with this youth and his family to develop treatment plan goals and objectives that relate to finding immediate employment, as well as interventions such as the following:

- working with him on specific skill sets related to developing a resume, job seeking, completing job application forms, and interviewing skills;
- exploring transportation options and/or working with him in developing a mock call to the potential employer requesting that the interview time be moved if no transportation is available;
- advocating with the potential employer, if needed, in the company of this youth and with appropriate releases;
- review proper grooming and apparel appropriate for the job setting;
- practicing job interviewing skills; including proper grammar, non-use of slang terms or profanity.
• reviewing the outcome of interviews with this youth, providing feedback and support, and offering suggestions on ways to improve interview skills; and
• after employment is attained monitoring his employment status and providing assistance, as appropriate, for work-related issues (attendance, punctuality, workplace behavior, etc.).

For questions or concerns regarding this guidance, contact any of the individuals below:

Bianca Farr  
Director of Employment  
Bianca.Farr@dmh.mo.gov

Tim Rudder  
Manager of Billing and Service Review  
Timothy.Rudder@dmh.mo.gov

Claire Beck  
IPS State Trainer  
Claire.Beck@vr.dese.mo.gov

Missy McGaw  
IPS State Trainer  
Missy.McGaw@vr.dese.mo.gov

Missouri Department of Mental Health, Division of Behavioral Health  
1706 East Elm Street, P.O. Box 687, Jefferson City, MO 65101, 573-751-4942  
www.dmh.mo.gov