



THE HUMAN SERVICE CENTER

(HUMAN SERVICES BOARD 51.42/51.437)

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CCS Provider Handbook

COMPREHENSIVE COMMUNITY SERVICES (CCS)

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CCS Provider Handbook

Introduction

Welcome to the world of Comprehensive Community Services (CCS). Whether you are new to CCS for persons with mental illness and/or substance use disorders or are an existing service provider, this handbook has been designed to provide you with information on delivering services as a CCS certified network provider for The Human Service Center. Before we start further exploring the world of CCS, The Human Service Center would like to provide you some background information on our agency.

Welcome to The Human Service Center of Forest, Oneida, and Vilas Counties! (Human Services Board 51.42/51.437)

It is the mission of The Human Services Board to provide citizens of Forest, Oneida and Vilas counties with chemical dependency, developmental disabilities, and mental health services. The Board is, therefore, dedicated to ensuring a range and quality of services that will:

-  Assist people to free themselves from the destructive abuse of alcohol and other drugs that diminish their ability to assume full responsibility for their own lives.
-  Assist people to fulfill their human potential even though mentally challenged or otherwise developmentally disabled.
-  Assist people to achieve the kind of mental health and psychological wholeness that will enable them to function more creatively and constructively, both as individuals and as members of the community.
-  It is further the mission of The Human Services Board to encourage activities that will prevent people from becoming disabled by chemical dependency, mental illness or developmental disabilities.

The Human Service Center of Forest, Oneida, and Vilas Counties serves thousands of tri-county residents each year. It directly provides many of its own services including mental health therapy, alcohol and drug abuse counseling, case management services and mobile crisis services. The Human Service Center also contracts for services with many outside public and private organizations and local hospitals, as well as community-based residential treatment facilities and private adult homes.

Our Administration

Along with our devoted staff, The Human Service Center Behavioral Health Administration Team works diligently to ensure proper care to thousands of individuals we serve in the tri-county area.



Tamara Feest is the Executive Director for The Human Service Center of Forest, Oneida, and Vilas Counties. In this role, Tamara leads a team providing all aspects of human services, including mental health, substance abuse and developmental disabilities treatment and care.

Tamara is a qualified administrator and holds a Bachelor's degree in Health Care Administration from Concordia University – Wisconsin. Additionally, Tamara holds both a Licensed Clinical Substance Abuse and Independent Clinical Supervisor credential from the State of Wisconsin. Currently, she sits on the Wisconsin Counties Human Services Association's Behavioral Health Policy Advisory Committee and the State Council on Alcohol and Other Drug Abuse Intervention and Treatment Committee. Tamara is no stranger to human services, having spent over 20 years as a counselor, case manager, program supervisor and department administrator; all of which taught her the importance of comprehensive care to persons in need. Before being named as the agency's Executive Director, Tamara worked for the Wisconsin Department of Health Services as the Area Administrator for the Northern Region.

Tamara is a veteran of The Human Service Center, having worked here for many years previously. Passionate about The Human Service Center and its potential, she returned to lead the agency in providing services that foster independence and recovery.



Donna Shimeck is the Behavioral Health Administrator for The Human Service Center. In this role, Donna leads the Behavioral Health team which provides Mental Health and Substance Abuse services.

Donna received her B.S. in Human Development/Psychology from UW-Green Bay and her M.A. in Counseling Psychology with Children and Adolescents from Boston College. Additionally, Donna holds a Licensed Clinical Social Worker credential from the State of Wisconsin. Currently, she is a member of the American Counseling Association. Donna has over 25 years of experience in Human Service Delivery, working as a therapist and administrator in Day Treatment Facilities for Children and Adolescents, and Outpatient Clinics. Throughout the time, she has learned the importance of emphasizing recovery-oriented care to empower people of all ages throughout their journey in life. Donna has worked for The Human Service Center since 2010, starting out as the Clinical Coordinator and within 8 months, moving into an Administrative position. Donna is dedicated to assisting the Behavioral Health team in providing a high quality of care to the citizens of Forest, Oneida, and Vilas Counties who need Mental Health and Substance Abuse Services.

What is Comprehensive Community Services (CCS)?

CCS provides programming to people of all ages—youth to elderly—living with either a mental illness and/or substance use disorder. CCS is for individuals who need ongoing services beyond occasional outpatient care, but less than the intensive care provided in a hospital setting. The individual works with a dedicated team of service providers to develop a treatment and recovery plan to meet the individual's unique needs and goals. A 2013 study of the consumer experience in CCS found this targeted community-based approach is effective in promoting better overall health and satisfaction. CCS reduces an individual's reliance on costly high-end services, such as emergency rooms.

Recovery

¹ SAMHSA's *Working Definition of Recovery*, Publication PEP12-RECDEF, Substance Abuse & Mental Health Services Administration (Rockville, MD: U.S. Department of Health and Human Services, 2012), p. 2-5.

Recovery from mental illness and/or substance use disorders, as defined by the Substance Abuse & Mental Health Services Administration (SAMHSA), is: "A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."

There are four (4) dimensions that support a life in recovery:

- 1. Health** • Overcoming or managing one's disease(s) or symptoms.
 - Making informed, healthy choices that support physical and emotional well being.
- 2. Home** • A safe stable place to live.
- 3. Purpose** • Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society.
- 4. Community** • Relationships and social networks that provide support, friendship, love, and hope.

SAMHSA cites 10 guiding principles to recovery. These are:

1. Recovery emerges from hope.
2. Recovery is person driven.
3. Recovery occurs via many pathways.
4. Recovery is holistic.
5. Recovery is supported by peers and allies.
6. Recovery is supported through relationships and social networks.
7. Recovery is culturally-based and influenced.
8. Recovery is supported by addressing trauma.
9. Recovery involves individual, family, and community strengths and responsibility.
10. Recovery is based on respect.

The process of recovery is highly personal and occurs via many pathways. It may include clinical treatment, medications, faith-based approaches, peer support, family support, self-care, and other approaches. Recovery is characterized by continual growth and improvement in one's health and wellness that may involve setbacks. Because setbacks are a natural part of life, resilience becomes a key component of recovery.

Resilience refers to an individual's ability to cope with adversity and adapt to challenges or change. Resilience develops over time and gives an individual the capacity not only to cope with life's challenges but also to be better prepared for the next stressful situation. Optimism and the ability to remain hopeful are essential to resilience and the process of recovery.

Comprehensive Community Services

Comprehensive Community Services (CCS) are certified per the requirements of Wisconsin Administrative Code DHS 36 and provide a flexible array of individualized community-based psychosocial rehabilitation services authorized by a licensed mental health professional under DHS 36.15. CCS services are provided to clients with mental health and/or substance use issues across the lifespan who qualify based on level of need measured by a Functional Screen. The intent of the services and supports is to provide maximum reduction of the effects of the

individual's mental health and substance use disorders and restoration to the highest possible level of functioning. The goal is to facilitate client recovery and resilience. The services provided must be individualized to each person's needs and recovery goals as identified through a comprehensive assessment. The services must fall within the federal definition of "rehabilitative services" under 42 CFS s. 440.130(d) in order for the services to be reimbursed by Medicaid.

To qualify as psychosocial rehabilitation, a service must:

- have been determined through the assessment process to be needed by an individual client;
- involve direct service;
- address the client's mental health and substance use disorders to maximize functioning and minimize symptoms;
- be consistent with the individual client's diagnosis and symptoms;
- safely and effectively match the individual's need for support and motivational level;
- be consistent with the individual client's diagnosis and symptoms;
- be provided in the least restrictive, most natural setting to be effective for the client;
- not be solely for the convenience of the individual client, family or provider;
- be of proven value and usefulness; and
- be the most economic option consistent with the client's needs.

CCS Service Array

A Provider may apply to provide any number of services on the CCS Service Array, from one to many. It is not necessary for a service provider to provide all the services. The CCS Service Array includes the following areas:

- Screening and Assessment
- Service Planning
- Service Facilitation
- Diagnostic Evaluations
- Medication Management
- Physical Health Monitoring
- Peer Support
- Individual Skill Development and Enhancement
- Employment-Related Skill Training
- Individual and/or Family Psychoeducation
- Wellness Management and Recovery/Recovery Support Services
- Psychotherapy
- Substance Abuse Treatment

Meaningful Participation

The CCS program is shaped by persons with lived experience, family members, and natural supports. Persons with a lived experience in the community have a significant representation on the CCS Coordinating Committee. The purpose of the committee is to provide meaningful input from community members to help shape and further enhance the program plan development and participant related policies. The committee has a role in the quality improvement of the CCS program. The CCS program utilizes the quality improvement process to support better participant outcomes.

CCS Model

Key components of The Human Service Center's CCS Model from the client perspective include:

- Information on the program and determination of eligibility through The Human Service Center. This will include the completion of the application and admission agreement, the functional screen, determination of need for psychosocial rehabilitation services – including obtaining the physician authorization for services.

- Selecting a recovery team that includes the client, Service Facilitator, and Mental Health Professional. If the client has or is suspected of having a substance use disorder, then a Substance Abuse Professional is to be a part of the recovery team as well. The team may also include, with the client's consent, service providers, family members, natural supports, and advocates. If the client is a minor or is incompetent or incapacitated, then a parent or legal representative of the consumer is to be included on the recovery team.
- Stating in his/her own words how she/he views recovery—including how the client views his/her, experiences, challenges, strengths, resources, and needs in each of the domains in the assessment process. This includes stating his/her recovery goals, desired outcomes, priorities, preferences, values, and methods for achieving them.
- Participating as a member of his/her recovery team to explore his/her strengths and to develop a recovery plan based on his/her goals, hopes, and dreams.
- Having a choice in services and service providers.
- Having the recovery plan regularly reviewed to ensure services are delivered and the client is satisfied, to assess progress toward goals, and to plan for discharge. The plan is modified as needed to account for changes in the individual's life.
- Planning for discharge.

Cultural Competence

CCS believes that cultural competency is a fundamental part of best practice standards which includes self-awareness, education, inclusiveness, understanding, courage and the ability to question self and others. Cultural competency is a long-term developmental process, which encourages an understanding of our own beliefs and values and how they affect our relationship with clients. It is a willingness to learn about others, embrace different cultures/ethnicities, take risks, ask questions for a better understanding, and make mistakes while learning. Cultural diversity is more than language, food, dress and cultural events; it is the way a person thinks, acts and believes about the world around them. It is the Provider's obligation to gain the necessary cultural information about CCS enrollees that will help them provide a basis for their work together.

To ensure the delivery of culturally and linguistically appropriate services by Providers that are respectful and responsive to cultural and linguistic needs, CCS has the following expectations of

Providers:

- Offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each CCS client with limited English proficiency at all points of contact, in a timely manner during all hours of operation;
- Provide both verbal offers and written notices informing clients of their right to receive language assistance services in their preferred language;
- Not use family or friends to provide interpretation services, except when requested by the client;
- Make available easily understood client-related materials and post signage in the languages of the commonly encountered groups in a public area such as a waiting room.

Definitions

These definitions are largely taken from Wisconsin Administrative Code, ch. DHS 36.03.

Adult - means an individual 18 years of age or older.

Client – also called the consumer in the DHS Chapter 36 definitions, means an individual who has been determined to need psychosocial rehabilitation services.

County – means The Human Service Center (Forest, Oneida, and Vilas Counties.)

Mental Health Professional – means a staff member who is qualified under s. DHS 36.10(2)(g) 1 to 8. This includes psychiatrists and physicians who are licensed under Chapter 448, Wisconsin Stats to practice and who meet the experience and accreditation requirements; psychologists who are licensed under Chapter 455 Wisconsin Stats to practice and who meet the experience and accreditation requirements; psychiatric residents who have a doctoral degree in medicine as a medical doctor or doctor of osteopathy and have successfully completed 1,500 hours of clinical experience; licensed clinical social workers, licensed professional counselors and marriage and family therapists qualified under Chapter 457, Wis. Stats., who meet the hours of supervised clinical experience; board certified adult psychiatric and mental health nurse practitioners, family psychiatric and mental health nurse practitioners or clinical specialists in adult psychiatric and mental health nursing with the appropriate accreditation; and advanced practice nurse prescribers who are board certified and have the requisite hours of supervised clinical and prescribing experience.

Recovery – means the process of a person's growth and improvement, despite a history of mental health or substance use disorders, in attitudes, values, feeling, goals, skills and behavior. Recovery is measured by a decrease in dysfunctional symptoms and an increase in maintaining the person's highest level of health, wellness, stability, self-determination, and self-sufficiency.

Recovery Plan – also called the service plan in the ch. DHS 36.03 definitions, means a written plan of psychosocial services to be provided or arranged for a client that is based on an individualized assessment of the client.

Recovery Team means the group of individuals who are identified to participate in an assessment of the needs of the consumer (client), service planning and delivery, and evaluation of desired outcomes.

Service Facilitation – means any activity that ensures the consumer receives assessment services, service planning, service delivery, and supportive activities in an appropriate and timely manner.

Service Facilitator – means a staff member who is qualified under s. DHS 36.10(2)(g) 1 to 21, and who has the overall responsibility for service facilitation. The service facilitators must be under contract with the County as a CCS Provider.

Service Provider – means an agency or individual, under contract with the County as a CCS provider, that provides one or more mental health or substance-use treatments or services.

Staff Member - means an individual employed by a county department, tribe, or contracted agency.

Substance Abuse Professional – means a physician knowledgeable in addiction treatment, a psychologist knowledgeable in psychopharmacology and addiction treatment, or a person who meets the requirements of DHS 75.02(84) meaning a person who holds a clinical substance

abuse counselor certificate or a substance abuse counselor certificate or a substance abuse counselor in-training certificate granted by the Department of Safety and Professional Services. Persons may also be credentialed by the Marriage and Family Therapy, Counseling, and Social Worker Examining Board under MPSW 1.09 to treat alcohol or substance dependence or abuse as a specialty.

ROLES

While Wisconsin Administrative Code, DHS 36 fully explains the roles of key staff, (marked with asterisks *), a brief explanation of several are provided here.

CCS Administrator*

The CCS Administrator, located within The Human Service Center, has overall responsibility for the County's CCS program, including compliance with Wisconsin Administrative Code, DHS 36 and other applicable state and federal regulations. The Administrator helps to develop and implement policies and procedures.

CCS Service Director*

This individual is responsible for the overall quality of the services provided to the clients and for day-to-day consultation to CCS staff.

Mental Health Professional*

Mental Health Professionals serve as members of the recovery team. The Mental Health Professional reviews and attests to the applicant's need for psychosocial services and medical and supportive activities to address the desired recovery goals and authorizes the proposed psychosocial services.

Service Facilitator*

These individuals assist clients in identifying a recovery team; gather information focusing on the clients' needs, goals, strengths, desired outcomes, and priorities as part of the assessment process; and ensure that the service plan and service delivery for each client is integrated, coordinated and monitored, and is designed to support the client in a manner that helps the client to achieve the highest level of independent functioning.

The primary duties of the Service Facilitators at the HSC are to meet with individuals who have a mental health and/or substance use diagnosis to educate them about the features of the CCS program and its Recovery model, ascertain their voluntary interest in participating, determine functional screen eligibility, determine need for psycho-social rehabilitation services, obtain physician's prescription for CCS services, assist consumers in selecting a Service Facilitator, assess need for immediate services, arrange for immediate services if necessary, arrange smooth transfer to the selected Service Facilitator, perform periodic reassessments of eligibility and refer people who are not interested or eligible to other services. As time allows, other duties will include community education on the CCS program and outreach to other service access points.

Substance Abuse Professional*

If the applicant has or may have a substance use disorder, the Substance Abuse Professional establishes the diagnosis, conducts an assessment of the client's substance use, strengths and treatment needs, and also signs the authorization for services. Substance Abuse Professionals serve as members of the recovery team.

Becoming a Contracted Provider with The Human Service Center (HSC)

Submit a list of CCS rates to cd@thehumanservicecenter.org for the following CCS services along with a budget sheet showing how the rate was or the rates were determined:

- Psych Evaluation - Service Code 90791 (1 hr.)
- Therapy – Master’s Level - Service Code 90837 (1 hr.)
- Therapy – Master’s Level in Training- Service Code 90837 (1 hr.)
- Group Therapy- Service Code 90853 (1 hr.)
- Family Therapy- Service Code 90847 (1 hr.)

If you do not have established CCS rates, HSC has a list of rates that can be used. Email Connie Deau at cd@thehumanservicecenter.org for a copy of these rates.

The Human Service Center will review the budget along with the Financial Manager to determine if the Provider’s rates are agreeable. If HSC finds that the rates are not agreeable, negotiations will take place until an agreement is made.

Once the rates are agreed upon, forward all of the below required information to Chuck Lechmaier at cl@thehumanservicecenter.org to draft a contract:

- Provider’s legal name, PO box and physical address
- Completed W-9 form. If you do not have this form readily available, you can find it at: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>
- Provider’s contract contact name, phone number and email address
- Provider’s financial contact name, phone number and email address

When the contract is completed it will be mailed or emailed to the Provider. Please read the contract in its’ entirety as it has important information on requirements handed down from the state for required reporting processes. Not only does the contract have the specific reporting requirements, but it also has specific billing requirements that must be met. Failure to do so will result in breach of contract and nonpayment.

If Provider agrees with the contract, an authorized signer must sign the contract and return the original signed contract to:

The Human Service Center
C/O Mary Bushong
705 E. Timber Dr.
Rhineland, WI 54501

Background Checks and Misconduct Reporting

Prior to the provision of service, a Caregiver Background Check (CBC) must be completed on all staff persons who will be providing CCS services as required by DHS 36.10 (2)(c).

A complete background check consists of the three following required documents:

- a. A completed HFS-64A Background Information Disclosure (BID) form.
- b. A response from the Department of Justice (DOJ) Wisconsin Criminal History Record Request consisting of either a “no record found” response or a criminal record transcript.
- c. A response letter from the Department of Health and Family Services (DHFS) that reports the person’s status, including administrative finding or licensing restrictions.

Copies of forms may be found at: **<https://www.dhs.wisconsin.gov/caregiverforms.htm>**

The CCS Program, as part of the Mental Health Department and The Human Service Center, shall comply with the agency policy, “Caregiver Background Checks,” which requires background information checks on applicants for employment and requires all contracted providers to do the same. The CCS Program will not hire or retain individuals who, because of specified past actions, are prohibited from working with consumers.

POLICY:

A Caregiver Background Check must be done every four (4) years.

The PROVIDER shall conduct caregiver background checks, at its own expense, of all employees assigned to do work for the PURCHASER under this Contract if such employee has actual, direct contact with the clients of the PURCHASER. The PROVIDER shall retain, in its Personnel Files, all pertinent information including a Background Information Disclosure Form ([Background Information Disclosure \(BID\) form, F-82064](#)) and/or search results for the Department of Justice (<https://recordcheck.doj.wi.gov/>), the Department of Health Services, and the Department of Regulation and Licensing, as well as out-of-state records, tribal court proceedings, and military records, if applicable. A copy of the Background Information Disclosure Form and the caregiver background check should be submitted to The Human Service Center.

After the initial background check, the PROVIDER must conduct a new caregiver background check every four (4) years or any time within that period when the PROVIDER has reason to believe that new check should be obtained.”

For more information on the required Caregiver Background Check, please refer to the Wisconsin Department of Health Services, Employee and Contractor Background Check Process: <https://www.dhs.wisconsin.gov/caregiver/employee.htm>

Definitions

A caregiver is defined as: (1) A person who is, or is expected to be, an employee or contractor of an entity who is, or is expected to be, under the control of an entity; as defined by the department by rule, and who has, or is expected to have, regular, direct contact with clients of the entity. (2) A person who has, or is seeking, a license, certification, registration, or certificate of approval issued or granted by the department to operate an entity. (3) A person who is, or is expected to be, an employee of the board on aging and long-term care who has, or is expected to have, regular, director contact with clients (Wisconsin Statue 50.065).

PROCEDURE:

1. For Employees: A completed "Caregiver Background Disclosure" form should be completed by new employees at the time an offer of employment is accepted. If this is not possible (i.e., the applicant accepts an offer over the phone), a "Caregiver Background Disclosure" form must be included with the applicants offer letter. All offer letters will contain the sentence, "Employment is subject to a Caregiver Background Check." No new employee will begin work for The Human Service Center before a completed background disclosure form is received.
2. The Human Resource, Facilities & Operations Manager will forward all employee completed background disclosure forms to the Assistant to the Administrative Staff for submission to the State. Upon receipt of results from the State, the Assistant to the Administrative Staff will return the results to the Human Resource, Facilities & Operations Manager for filing in the employee's personnel file. Charges for completion of employee checks will be charged to the appropriate department/program.
3. Employees who oversee contracts with entities/persons (AFH's, CBRF's, emergency screeners, caregivers, etc.) must have a Caregiver Background Disclosure completed by the contracting entity/person which should then forwarded to the Assistant to the Administrative Staff for processing. The employee requesting the check should **put his/her initials on the top of the disclosure form**. Upon receipt of results, the Assistant to the Administrative Staff will forward the results to the initialed employee for review and filing in the contract file for that entity/person. Changes for completion of these checks will be charged to the appropriate department/program.
4. If a completed Caregiver Background Disclosure form or a background check comes back from the State showing an employee/entity/person conviction, within the past five years, of:

940.19 (1)	Misdemeanor Battery
940.195	Battery to an Unborn Child
940.20	Battery, Special Circumstances
941.30	Reckless Endangerment
942.08	Invasion of Privacy
947.01	Disorderly Conduct
947.013	Harassment

the Human Resource, Facilities & Operations Manager (if an employee) or the appropriate employee (if a contracted entity/person) shall make every effort to contract the Clerk of Courts in the appropriate county to obtain a copy of the criminal complaint and judgment of conviction relating to the above list.

5. For all determinations on rehabilitation review approval, whether a person may work as a caregiver, whether a person may reside as a non-client resident at or contract with an entity, or whether a permanent bar exists, The Human Service Center will follow the guidelines established in s 111.335, Stats., ss 48.685 (5m) and 50.065 (5m) Stats.

Staff Records (Personnel Requirements)

In accordance with DHS 36.10, Staff members records will include the following:

- References for CCS Staff obtained from at least 2 people, including previous employers, educators or post-secondary educational institutions.
- Confirmation of an applicant's current professional license or certification
- Background Information Disclosure Form, Criminal background check and a Caregiver background check (Including results of any subsequent investigation related to the information obtained from the background check).

All CCS personnel requirements must be in place prior to services being reimbursed.

Supervision and Clinical Collaboration

In accordance with DHS 36.11, all CCS staff are required to be supervised and provided with the consultation needed to perform assigned functions to ensure effective service delivery.

Staff qualified under DHS 36.10(2)(g) 1. to 8. which includes: psychiatrists, physicians, psychiatric residents, psychologists, licensed clinical social workers, professional counselors and marriage and family therapists, adult psychiatric and mental health nurse practitioners, and advanced nurse prescribers shall participate in at least one hour of either clinical supervision or clinical collaboration per month for every 120-clock hours of face-to-face psychosocial rehabilitation or service facilitation they provide. Supervision and clinical collaboration may be provided via:

- Individual sessions with the staff member case review to assess performance and provide feedback;
- Individual side-by-side session in which the supervisor is present while the staff member provides assessments, service planning meetings, or psychosocial rehabilitation services and in which the supervisor assesses, teaches, and gives advice regarding the staff member's performance;
- Group meetings to review and assess staff performance and provide the staff member advice or direction regarding specific situations or strategies;
- Another form of professionally recognized method of supervision designed to provide sufficient guidance to assure the delivery of effective services to consumers by the staff member.

Staff qualified under DHS 36.10(2)(g) 9. to 22. which includes: certified social workers, certified advance practice social workers, certified independent social workers, psychology residents, physician assistants, registered nurses, occupational therapists, master's level clinicians, alcohol and drug abuse counselors, certified occupational therapy assistants, licensed practical nurses, peer specialist, rehabilitation workers, clinical students, and other professionals are to receive, **from a staff member qualified under DHS 36.10(2)(g) 1. to 8.:**

- Day-to-day supervision and consultation available during CCS hours of operation; and
- At least one hour of supervision per week or for every 30 clock hours of face-to-face psychosocial rehabilitation services or service facilitation they provide.

Clinical supervision and clinical collaboration records shall be dated and documented with the signature of the person providing supervision or clinical collaboration using one or more of the following:

- A master log.
- Supervisory records.
- Staff record of each staff person who attends the session or review.
- Consumer records.

Orientation and Training

Orientation

DHS 36.12 specifies that:

- a. Each staff person, including clinical students, who has less than 6 months of experience providing psychosocial rehabilitation services to children or adults with mental disorders or substance use disorders has to complete at least **40 hours** of documented orientation training within 3 months of beginning employment.
- b. Each staff member, including clinical students, who has 6 months or more experience providing psychosocial rehabilitation services to children or adults with mental disorders or substance use disorders has to complete at least **20 hours** of documented orientation training within 3 months of beginning employment with the CCS program.
- c. Each regularly scheduled volunteer must complete at least **40 hours** of documented orientation training before being allowed to work independently with clients or family members.

The Human Service Center will provide portions of the initial orientation and training required of all CCS staff within the first three months of employment.

The remaining portions of the required orientation and training are the responsibility of the provider and employee to complete within the first three months of employment.

Ongoing Training

Each staff member shall receive at least 8 hours of in-service training each year that is designed to increase their knowledge and skills.

Training Records

Within three months of staff beginning employment with the CCS, verification of the completion of the requisite hours of each employee's orientation and training shall be provided to the County's Provider Network Administrator to verify compliance with DHS Ch. 36 requirements. In addition, verification of at least 8 hours of ongoing training received by each staff member is required to be provided to the County's Provider Network Administrator annually.

***All CCS personnel must complete their orientation and training prior to being able to begin providing services to CCS recipients.**

Authorization of Services

Services are selected based on the needs, goals, and preferences of the client and identified in the recovery plan. Services must be authorized by the Mental Health Professional, and, for clients who have or are suspected of having a substance use disorder, also by the Substance Abuse Professional.

Service Providers must obtain an authorization prior to providing any service. A copy of the service plan should be provided to the service providers. Service providers may contact the Service Facilitator to verify whether a service has been authorized.

Services provided without authorization may not be paid.

Services not provided during the time period in which they were authorized may not be carried over to the next authorization time period. Services would need to be re-authorized for the new time period of service.

Federal Guidelines:

- All costs must comply with DHS allowable cost policy manual and meet Federal Guidelines.
"Medical and remedial services and supportive activities that assist an individual to achieve his or her highest possible level of independent functioning, stability, and to facilitate recovery."

Covered Services:

Services within CCS include:

- Screening and Assessment
- Service Planning
- Service Facilitation
- Diagnostic Evaluations
- Medication Management
- Physical Health Management
- Peer Support
- Individual Skill Development and Enhancement
- Employment-Related Skill Training
- Individual and/or Family Psychoeducation
- Wellness Management and Recovery/Recovery Support Services
- Psychotherapy
- Substance Abuse Treatment

Non-Covered Services:

The following services are not covered under the CCS Benefit:

- Intensive In-home Mental Health and Substance Abuse Services for Children.
- Child/Adolescent Day Treatment.
- Crisis Intervention.
- Community Support Program (CSP).
- Targeted Case Management (TCM).
- Narcotic Treatment benefit.
- Non-Emergency medical transport.
- Services to members residing in RCC.
- Autism services.
- Developmental disability services.
- Learning disorder services.
- Respite care.
- Sheltered workshop.
- Job development.
- Clubhouses.
- Operating While Intoxicated Assessments.
- Urine analysis and drug screening.
- Prescription drug dispensing.
- Detoxification services.
- Residential intoxication monitoring services.
- Medically managed inpatient treatment services.
- Case management services provided under DHS 107.32, Wis. Admin. Code, by a provider not enrolled in accordance with DHS 105.255, Wis. Admin. Code, to provide services.
- Services to a resident of an intermediate care facility, skilled nursing facility, IMD, or hospital.
- Services performed by volunteers.
- Services which are not rehabilitative, including services that are primarily recreation-oriented.
- Legal advocacy.
- Travel and/or documentation time that is not associated with a direct service is a non-covered service. Example: No Shows when visiting the customer's home or in the community.

- CCS Service Array items 4 – 14 are billable only when provided as a direct service. Example: Coordination of services, telephone call, or collaboration is not billable unless associated with the role of the service facilitator (service array items 1-3).

Comprehensive Community Services Documentation

Progress Notes Rubric Guidelines

The following needs to be a part of your documentation.

- Name of Agency
- Name of Service Recipient (Consumer)
- Date of Birth – Service Recipient (Consumer)
- Date of Service (month, day and year)
- Service Provided (service array item)
- Total time of service and documentation time (in minutes)
- Place of Service (i.e. home, school, community)
- Travel duration in minutes (if provider traveled)
- Miles traveled to complete this service (if provider traveled)
- Description of service delivered
- Provider Name, signature and credentials
- Recovery Goal

Item #	Documentation of Services	Requirements	Checklist
1	Progress Note	<p>Note is structured to include:</p> <ul style="list-style-type: none"> • Treatment Plan Goal worked on • Activity/Assessment • Consumer's response / reaction to activity provided. • The plan moving forward (when is the next meeting date, what will be worked on or addressed) 	<input type="checkbox"/> Treatment Plan Goal listed <input type="checkbox"/> Activity / Assessment of contact/service provided <input type="checkbox"/> Response of consumer <input type="checkbox"/> Plan moving forward – next meeting date
2	Type of Contact	<p>Identify the type of contact (i.e. – face to face, phone contact, collateral, etc..)</p> <p>Who was involved in the meeting/contact/services (i.e. Case manager, therapist, family member)</p>	<input type="checkbox"/> Type of contact <input type="checkbox"/> Who was involved or present during the contact
3	Reason for the Contact	Clear statement regarding the purpose of the contact, intervention/activity provided that connects to a recovery plan goal that took place using action	<input type="checkbox"/> Indicates why the meeting took place – includes interventions/activities that took place

		words. Clear statement regarding how the contact relates to the recovery plan goal. *Try to utilize client's words	<input type="checkbox"/> Services link to recovery plan goals, using action words
4	Consumer's Response	How did the consumer respond/participate to the session/intervention? What did the consumer get out of the contact? Did this help them? Observation of changes in activity level or in physical, cognitive or emotional status.	<input type="checkbox"/> Clear statement regarding consumer's response and participation <input type="checkbox"/> Utilized consumer's own words <input type="checkbox"/> Change in condition – of the Consumer details of any related referrals / collateral contact made to address concerns.
5	Plan	Does the note contain information regarding the plan moving forward? Next Scheduled meeting date. What will be worked on in the future?	<input type="checkbox"/> Contains specific date for the next meeting. <input type="checkbox"/> Brief statement of what will occur in the next session

Submission of Claims - Billing Procedure for Comprehensive Community Services Program

1. The Human Service Center staff will attain signed releases for the clients that are in CCS who are seeing outside providers.
2. The Human Service Center staff will notify contracted provider that client is in CCS.
 - a. If this is a current client with outside provider, agency must stop billing MA and begin billing The Human Service Center for services provided.
 - b. If this is a new referral, outside provider agency will NOT bill MA directly; instead outside provider will begin billing The Human Service Center the contracted amount.
3. Outside Agency will include on the bill:
 - a. Name of client
 - b. Date of Service
 - c. Duration of Service (Minutes, Hours, etc.) broken down between client time and travel time if applicable.
 - d. Type of service (Individual, Group, etc.) If group, how many people were in the group.
 - e. Description of service
 - f. Place of service (POS)
 - g. Name & Credentials of Service Provider (BA, MA, LCSW, etc.)
4. Bill is to be sent to:

The Human Service Center
CCS Billing
PO Box 897
Rhinelander, WI 54501-0897

Telephone contact is: 715-369-2215

Fax: 715-369-2214

5. The Human Service Center will bill MA directly and reimburse outside provider.
6. All required documentation for treatment is the responsibility of the Provider. Case notes are required to be sent to HSC on a weekly basis and will be checked against the invoice for payment. Provider will not be paid for services listed on the invoice if a note doesn't correspond to the charge. You may fax or mail case notes to: CCS Billing. DO NOT email case notes as email is not secure.

Billing Timeframes

1. HSC will reimburse contracted providers within 30 days of receipt of an invoice, if the following requirements are met:

- Provider complies with all personnel, supervision, orientation and training requirements.
- Provider submits documentation to HSC of all treatment including, but not limited to, Initial Assessment, Treatment Plans, progress notes, monthly reports, treatment summaries, etc.
- Provider must document purpose of contact, intervention/services provided, detail the consumer's response and participation, observation of changes in activity and what will be worked on in the future.
- Progress notes will be reviewed by HSC. Notes that do not meet all requirements will be returned to Provider and must be corrected and re-submitted to HSC for approval

CCS Billable Activities for Providers

Case specific Billable activities:

- Documentation
- Face-to-Face conversations with clients
- Staffing/Case consultation when the client is present
- Team Meeting when the service facilitator and client is present
- Travel

All providers must act within their scope of practice and allowable services must be identified in the assessment and individual recovery plan.

Client Rights

CCS clients have a number of rights under Wisconsin Statute sec. 51.61(1) and DHS 94 Wis. Administrative Code. Rights that designated with an asterisk (*) generally apply to inpatient and residential settings. Each service provider is required to:

1. Have an established process for explaining client rights to new and continuing clients.
2. Post this bill of rights where everyone can easily see it.

3. Explain these rights to each CCS client orally and in writing, in accordance with the CCS policy.
4. Provide a copy of the *Your Rights and the Grievance Procedure* brochure to each client.
5. Have treatment rights/grievance process information readily available to CCS clients and prominently displayed

These rights include:

Personal Rights

- You must be treated with dignity and respect, free from any verbal, physical, emotional or sexual abuse.
- You have the right to have staff make fair and reasonable decisions about your treatment and care.
- You may not be treated unfairly because of your race, national origin, sex, age, religion, disability or sexual orientation.
- You may not be made to work except for personal housekeeping chores. If you agree to do other work, you must be paid. *
- You may make your own decisions about things like getting married, voting and writing a will, if you are not over the age of 18, and have not been found legally incompetent.
- You may use your own money as you choose.
- You may not be filmed, taped or photographed unless you agree to it.

Treatment and Related Rights

- You must be provided prompt and adequate treatment, rehabilitation and educational services appropriate for you.
- You must be allowed to participate in the planning of your treatment and care.
- You must be informed of your treatment and care, including alternatives to and possible side effects of treatment, including medications.
- No treatment or medication may be given to you without your written, informed consent, unless it is needed in an emergency to prevent serious physical harm to you or others, or a court orders it. (*If you have a guardian, however, your guardian may consent to treatment and medications on your behalf.*)
- You may not be given unnecessary or excessive medications.
- You may not be subject to electronic-convulsive therapy or any drastic treatment measures such as psychosurgery or experimental research without your written informed consent.
- You must be informed in writing of any costs of your care and treatment for which you or your relatives may have to pay
- You must be treated in the least restrictive manner and setting necessary to achieve the purposes of admission to The Human Service Center program, within the limits of available funding.

Communication and Privacy Rights

- Clients may call or write to public officials or their lawyer or advocate.
- Clients may not be filmed or taped unless they agree to it.
- Clients may use their own money as they choose, within some limits.

- Clients may send and receive private mail [Staff cannot read client mail unless the client or his/her guardian asks them to do so. Staff may check mail for Contraband. Staff can only do so if the client is watching.]
- Clients may use a telephone daily.*
- Clients may see (or refuse to see) visitors daily.*
- Clients must have privacy when they are in the bathroom.*
- Clients may wear their own clothing.*
- Clients must be given the opportunity to have their clothes washed.*
- Clients may keep and use their own belongings.*
- Clients must be given a reasonable amount of secure storage space.*

Some client rights may be limited or denied for treatment or safety reasons. The wishes of the client and his/her guardian should be considered. If any of the rights are limited or denied, the client must be informed of the reasons for doing so. Clients may ask to talk with staff about it. They may also file a grievance about any limits of their rights.

Under Wisconsin Statute sec. 51.30 and DHS 92, Wisconsin Administrative Code, clients have the following rights:

Record Privacy and Access Laws

- Your treatment information must be kept private (*confidential*), unless law permits disclosure.
- Your records may not be released without your consent, unless the law specifically allows for it.
- You may ask to see your records. You must be shown any records about your physical health or medications. Staff may limit how much you may see of the rest of your treatment records while you are receiving services. You must be informed of the reasons for any such limits. You may challenge those reasons through the grievance process.
- After discharge, you may see your entire treatment records if you ask to do so.
- If you believe something in your records is wrong, you may challenge its accuracy. If staff will not change the part of your records you have challenged, you may file a grievance and/or put your own version in your record.
- A copy of sec.51.30 Wis. Stats., and/or HSS 92, Wisconsin Administrative Code, is available upon request.

CCS Specific Rights

In addition to the treatment rights listed in s.51.61, Stats. and DHS 94, clients of CCS services have the right to:

1. Choose the members of their recovery team, their services, and service providers.
2. Receive specific, complete, and accurate information about proposed services.

3. Consent to treatment and to withdraw from the CCS Program at any time.
4. Formal and informal grievance procedures in s. 51.61, WI Stats., and ch. DHS 94, and for Medical Assistance clients, the rights to a fair hearing.

Grievance Resolution Policy

- Before treatment is begun, the service provider must inform you of your rights and how to use the grievance process. A copy of The Human Service Center program's Grievance Procedure is available upon your request.
- If you feel your rights have been violated, you may file a grievance.
- You may not be threatened or penalized in any way for presenting your concerns informally by talking with staff, or formally by filing a grievance.
- You may, instead of filing a grievance or at the end of the grievance process, or any time during it, choose to take the matter to court to sue for damages or other court relief if you believe your rights have been violated.

Informed Discussion (Optional)

- You are encouraged to first talk with staff about any concerns you have. However, you do not have to do this before filing a formal grievance with your service provider.

Grievance Investigation –Formal Inquiry

- If you want to file a grievance, you should do so within 45 days of the time you become aware of the problem. The Human Service Center program manager for good cause may grant an extension beyond the 45-day time limit.
- The Human Service Center program's Client Rights Specialist (CRS) will investigate your grievance and attempt to resolve it.
- Unless the grievance is resolved informally, the CRS will write a report within 30 days from the date you filed the formal grievance. You will get a copy of the report.
- If you and The Human Service Center program manager agree with the CRS's report and recommendations, the recommendations shall be put into effect within an agreed upon time frame.
- You may file as many grievances as you want. However, the CRS will usually only work on one at a time. The CRS may ask you to rank them in the order of importance.
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The Human Service Center program Manager's Decision

- If the grievance is not resolved by the CRS's report, The Human Service Center program manager or designee shall prepare a written decision within 10 days of receipt of the CRS's report. You will be given a copy of the decision
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County Level Review

- If you are receiving services from a county agency, or a private agency and a county agency is paying for your services, you may appeal The Human Service Center program manager's decision to the County Agency Director. You must make this appeal within 14 days of the day you receive The Human Service Center program manager's decision.

You may ask The Human Service Center program manager to forward your grievance or you may send it yourself.

- The County Agency Director must issue his or her written decision within 30 days after you request this appeal.

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State Grievance Examiner

- If your grievance went through the county level of review and you are dissatisfied with the decision, you may appeal it to the State Grievance Examiner.
- If you are paying for your services from a private agency you may appeal The Human Service Center program manager's decision directly to the State Grievance Examiner.
- You must appeal to the State Grievance Examiner within 14 days of receiving the decision from the previous appeal level. You may ask The Human Service Center program manager to forward your grievance to the State Grievance Examiner or you may send it yourself. The address is:

**STATE GRIEVANCE EXAMINER, DSL
P.O. BOX 7851
MADISON, WI 53707-7851**

Final State Review

- Any party has 14 days of receipt of the written decision of the State Grievance Examiner to request a final state review by the Administrator of the Division of Supportive Living or designee. Send your request to the DSL Administrator. The address is:

**DLS ADMINISTRATOR
P.O. BOX 7851
MADISON, WI 53707-7851**