

**Western Region Integrated Care
Comprehensive Community Services Program
DHS 36 Updated Plan (5-2016)**

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INTRODUCTION:

Through collaboration between La Crosse, Jackson and Monroe counties and recommendations from DMHSAS, the Western Region Integrated Care Consortium (WRIC) is pleased to begin providing a comprehensive array of behavioral health services both through direct service and through contracting with a rich network of providers to consumers in our three county consortiums. La Crosse County certified in 2005 to provide Comprehensive Community Services (CCS) is the lead county in a three partner consortium. The CCS program continues to strive towards providing both traditional and nontraditional services in its treatment array to assist participants in their ongoing progress towards recovery and the reduction on the effect their mental health symptoms are having on their ability to function independently in the least restrictive setting possible and experience a higher level of life satisfaction. We believe three counties regionalizing to offer CCS services in a multi-county design will more effectively be able to serve a larger number of children and adults, than three counties standing alone to provide CCS services.

CCS PLAN -DHS 36.07

Organizational Plan - DHS 36.07 (1)

The WRIC CCS Program has been incorporated within the Long-Term Care Sections of La Crosse, Jackson, and Monroe County Human Services Departments. (*See organizational charts - Appendix I*).

La Crosse County is the lead agency in the regional WRIC model. There is a Single Administrator and lead Service Director for the region lead by two La Crosse County employees. Consistent policy and clinical documents have been implemented and are currently utilized between all three counties. The Administrator and lead Service Director spend two-three day (s) each month at Monroe and Jackson counties. Single county team meetings are held twice a month with the Administrator and Director present. Large three county team meetings are held twice annually. Moreover, Fiscal, Billing, Expense, Tracking, Contracting, QA are all be centralized and performed by La Crosse County staff.

The WRIC CCS Program works with regional Family and Children's programs, Justice Support Services and Community Support Programs as well as the WRIC Crisis and Outpatient Clinic Programs as needed to provide the CCS service to participants of all ages and needs. The WRIC CCS Program will also work in close collaboration with the regions Care Management Organizations on cases that are dual enrolled in both programs. Moreover, a Coordinated Services Teams (CST) approach will be used when youth enrolled in the WRIC CCS Program are at risk of out of home placement and involved in two or more direct services: mental health, substance abuse, juvenile justice, child protective services, and special education.

Staff Functions - DHS 36.07 (1) (a)

Administrator Function: The CCS Administrator role is provided by a staff from the WRIC lead county. The duties of this position include the overall responsibility for the regional CCS program, including compliance with DHS36 and other applicable state and federal regulations; and developing and implementing policies and procedures.

Service Director Function: The lead Service Director is provided by administrative staff from within the WRIC lead county. Three additional back-up Service Directors are available regionally if needed. Each Administrator from partner counties have been designated as a back-up Service Director as well as the lead county's Psychologist. Consistent communication will occur between regional partner teams to ensure that program values are maintained at all times. The lead Service Director will meet monthly with the regional Mental Health Professionals in order to empower them to assist in the day-to-day consultation of CCS staff.

Mental Health Professional Function: Regional Mental Health Professionals will participate in the assessment process, service planning and discharge planning. This position will be responsible for the authorization of services. Mental Health Professionals will meet regularly with the WRIC CCS Service Director and Administrator in order to become empowered to provide assistance with day-to-day consultation to participants, Service Facilitators and other team members. Mental Health Professionals are stationed in all counties within the consortium. Supervision for all Mental Health Professionals will be provided by designated on-site Service Directors. In addition, this designated Mental Health Professional will perform responsibilities as stated previously above for a smaller percentage of consumers at the lead county.

Substance Abuse Professional: When co-occurring substance use issues exist, a Therapist/AODA Counselor, or qualified designee, will be consulted or participate in the assessment process, recovery, team, service planning, and discharge planning. This individual will work with both youth and adults. A Therapist/AODA Counselor, or qualified designee, will be stationed and/or made available in all counties within the consortium. The Therapist/AODA Counselors that are a part of the WRIC consortium will meet monthly as a team to insure consistent delivery of service across the WRIC counties.

Service Facilitation Function: Service facilitation will be available locally within each partner county. The Service Facilitator role includes completing the assessment process, plan development, ensuring that the service plan and service delivery for each participant is integrated, coordinated and monitored, and is designed to support the participant in a manner that helps him/her to achieve the highest possible level of independent functioning. The county specific supervisor, as well as the CCS Administrator, lead Service Director and staff member will agree on the designation of a staff member for the adults and youth services accordingly. The roles of the above listed personnel will be utilized as well when determining when the CST approach will be implemented for youth cases.

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For the qualifications and staff functions of specific Health and Human Services staff members who will be assigned these duties within the WRIC CCS Program, please refer to the Staff listing Forms in *Appendix II*. Additional staff will be added to CCS to fulfill functions as more participants are admitted in the various phases.

Quality Improvement - DHS 36.07 (1) (b)

The WRIC CCS Program continues to work with consumers to explore how to improve our helping efforts. WRIC CCS Program will use the following Quality Improvement plan to monitor how effectively the service provision is meeting participants' needs and to direct how changes may be implemented when participant's needs are not being met.

The CCS program will follow its policy and procedures in regards to quality assurance and improvement. Refer to *Appendix III*.

Coordination Committee - DHS 36.07 (1) (c)

Currently the CCS program works in tandem with a coordination committee in accordance with the requirements of DHS 36.09. The composition of this committee will meet the specified ratio of no more than 1/3 county staff and at least 1/3 participant membership and has representation of a variety of disability groups. In November of 2011 the existing La Crosse County CCS Coordinating Committee was merged in to the ISRS Section Advisory Council (*Appendix IV*). In December of 2014 the existing La Crosse County CCS Coordinating Committee merged with the WRIC CCS Program. The new committee is entitled WRIC Advisory Council and has vendor and consumer representation from all WRIC partner counties. This council meets the above listed criteria and has consumer representation on behalf of the mentally ill, frail elder, children, and individuals with physical disability, developmental disability, and chemical dependence. There is representation from both county government systems and community vendors of services to the above identified target populations, the Mental Health Advisory Council, and NAMI. Continued recruitment of regional consumers and substance abuse providers will be ongoing.

The committee meets at least quarterly or more often as desired by group members. Written minutes of the meetings and a membership list will be maintained at the lead WRIC County. The WRIC Advisory Council members receive orientation and training related to the role of the committee, understanding mental health and substance use issues, learning the benefits of psychosocial rehabilitation, special concerns of child, adult and elderly populations, and an overview of the systems that serve CCS participants. Orientation and training will be provided in the form of written information and in-service presentations at meetings.

The Advisory Council shall do all of the following:

- Serve in an advisory role to WRIC CCS Program.
- Review and make recommendations regarding the initial and any revised CCS

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plan required under s. DHS 36.07, the CCS quality improvement plan personnel policies, and other policies, practices, or information that the committee deems relevant to determining the quality of the CCS program and protection of participant rights.

- Provide feedback, direction, challenges, etc. in response to topics presented.
- Act/vote on any official business needed by CCS.
- Maintain written minutes of meeting and a membership list.
- Meet monthly rotating meeting locations once quarterly between Monroe and Jackson counties.

Recruiting and Contracting With Providers - DHS 36.07 (1) (d)

The WRIC CCS Program will have an open network of options to meet the needs of CCS participants. This network will include both supports and services that are available via the CCS benefit as well as the persons own resources such as their MA card. CCS participants will be provided information about the identity, location(s), qualifications, and availability of these supports and services on an ongoing basis. We have added additional services to our vendor system/service array based on an analysis of the needs of the CCS recipients receiving services, and will continue to do so as vendors and accessed needs for participants arise. In addition, we continue to collaborate with local vendors in each partner county to establish services across county borders. This has ensured maximum potential services for participants in all WRIC counties. CCS administrative staff shall continuously monitor the extent to which WRIC CCS Program maintains an adequate array and capacity of services to meet the needs of CCS participants.

Within the WRIC CCS Program, the lead county, La Crosse County, maintains the role of purchasing and contracting with providers. La Crosse County Human Services has a well-developed policy and procedure on contracting with providers. This policy/procedure system provides for a systematic approach for the purchase and contracting of goods and services while providing for fair and equitable treatment for all persons involved in public purchasing, maximizing the purchasing value of public funds, and providing the necessary safeguards for a public purchasing and contracting system.

Updating and Revising the CCS Plan - DHS 36.07 (1) (e)

Amendments or revisions to the Comprehensive Community Services Plan will be made when there are substantive changes to the scope of services provided within the CCS Program which include changes to the policies and procedures of the program. The CCS Coordination Committee will review all amendments and revisions of the Comprehensive Community Services Plan. The feedback of the Coordination Committee will be documented and maintained with the updated plan.

Recommendations of Coordinating Committee (and response) - DHS 36.07 (2)

**WRIC CCS Coordination Committee
Recommendations for the WRIC CCS Plan reviewed on May 12, 2016**

The WRIC CCS Coordination Committee reviewed prior to May 12th, 2016 the completed WRIC CCS Plan recommendations and were in favor unanimously the following changes:

1. Added additional vendors to the WRIC-CCS Service Array.
2. Update regional organizational charts to reflect WRIC partner staff and regional map of WRIC-CCS Program.
3. Updated Attachment XXV CCS Service Vendor Listing to include updates to current Vendors and Services.
4. Updated grievance policy.
5. Grammar corrections.

*The WRIC CCS Program Plan was administered to all committee members prior to the May 12th committee meeting in an attempt to have ample time to read through the document and formulate questions, recommendations, and feedback. Please note the full plan is accessible on the WRIC lead county's website and can be emailed/mailed out to any individual when asked.

CCS Administrative Response to Recommendations: all recommendations have been added to the WRIC-CCS Program Plan after the May 12th, 2016 committee meeting. DHS 36.07 (2))

The WRIC CCS program continues to value the input of the WRIC CCS Advisory Council. Members are encouraged to view the full plan on the website and bring any topics of concern or interest back for discussion.

Services System Description - DHS 36.07 (3)

County System:

The WRIC CCS Program makes available the WRIC CCS Service Array to all WRIC CCS consumers who with mental health and/or AODA needs in need of psychosocial rehabilitative services.

Moreover, families and their children who are enrolled in the WRIC CCS Program are offered a continuum of supports and services in order for the child to remain in their home or community or within the least restrictive environment that is clinically and educationally appropriate. The Western Region Adolescent Center; La Crosse County Juvenile Detention Facility; CORE Academy; Family Resource Liaison; and Family Advocate/ Parent Peer Specialist are available to youth and families in the WRIC consortium/CCS Program. The CST approach has been implemented for youth in all three counties, with La Crosse County and Monroe using CCS as a platform when youth enrolled in CCS meet the CST criteria and assessed need.

As of fall 2014, WRIC CCS consumers have had additional services available within all three counties including but not limited to addictions treatment services, individual and group psychotherapy, and a certified Community Support Program. In 2016 consumers will be able to access additional WRIC programs including: certified outpatient mental health; prescribing services provided by one full time nurse prescriber; two registered nurses providing coordination with physicians and medication management; one psychologist; a certified Crisis Program which operates 24 hours each day; and within La Crosse County an Adult Protective Services Unit and Elder Abuse Interdisciplinary Team and Case Management Unit.

Additional services currently available locally within all three counties could include: teaming with Child Protective Services and Juvenile Justice Services; Community Response Workers; Independent Living Program for youth in foster care.

Community Services/System:

There are a variety of services available to La Crosse, Jackson and Monroe County residents for their mental health service needs. Listed below is a comprehensive list of those services available currently. The WRIC CCS Program will continue to increase the amount of services available to consumers in our three county consortium as consumer needs demand.

- Two major medical centers, both of which provide inpatient and outpatient care.
- Krohn Clinic
- Ho-Chunk Nation Services (medical, behavioral health, AODA, youth)
- 211
- Black River Falls Memorial Hospital
- VA

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- Lunda Center
- Mental health and AODA residential treatment centers.
- Regional Day treatment programs.
- Inpatient detoxification services.
- CBRF and AFH's specializing in mental health care and AODA stabilization.
- CARE Center.
- Regional corporate and private guardianship agencies.
- Regional representative payees
- Regionally public and privately owned Certified Mental Health Clinics & Addictions Treatment providers.
- RAVE drop in center.
- NAMI
- Independent Living Resources-information/referrals.
- Together for Jackson County Kids-MH/AODA Coalition
- Regional Boys and Girls Club, Boy Scouts/Girl Scouts.
- UW Extension- 4H.
- UWL Disability Mentoring Program and Special Populations Programs.
- Children's Miracle Network.
- Regional local park and recreation departments
- YMCA/ YWCA.

Outreach DHS 36.07(3) (a)

The WRIC CCS Program administration and staff will conduct a variety of outreach activities in order to educate other services systems, programs, and facilities about the CCS program and how to make referrals. This will entail trainings, vendor conferences, phone and/or email correspondence, and collaborative meetings. These will be offered on an as needed basis.

The CCS Administrator, Service Director, various CCS staff, Consumer Affairs Coordinators and/or the Family Resource Liaison will provide presentations to groups, community partners, and participants as needed/requested. The Consumer Affairs Coordinator(s) will travel across all WRIC counties to outreach and recovery plan alongside consumers. Specific referral sources will include but not be limited to; families, relatives, friends, faith community, clinical settings, advocacy groups, therapists, psychiatrists, placement facilities, schools, CESA IV, vocational rehabilitation specialists, Economic Support, area vocational programs, other service providers, community groups, internal Human services units or sections, and ADRC at La Crosse, Jackson and Monroe County Human Services.

Coordination of Services with Court and Intervention DHS 36.07(3) (b)

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The WRIC CCS Program along with partner counties and Adult Protective Services staff will work in collaboration whenever a CCS participant is the subject of emergency protective placement, commitment, detention, protective services or abuse investigation. The Adult Protective Services staff will always take the lead role when this service is needed. The participant's protective service needs, any court requirements and legal mandates will be incorporated into the CCS service plan. The Adult Protective Services system will work side-by-side as a fully integrated services system for the participant.

Coordination of Services with other Care Coordination Services DHS 36.07(3) (c)

Care coordination is essential to the effectiveness of CCS and other health care services delivered by the county. When CCS services are provided in conjunction with other care coordination services, WRIC CCS Program will work collaboratively with those service systems and ensure there is not a duplication of services.

This coordination will occur with both internal and external systems and providers as is clinically appropriate and allowable based on current authorizations to disclose and receive information. CCS staff will partner with the participants to obtain the required authorizations to ensure communication and increased treatment coordination. This process will maximize services through the identification of well-defined roles and responsibilities for everyone on the service team. Service facilitators will also assist and encourage CCS participants to develop positive working relationships with community providers and partners in an attempt to broaden their resource base beyond the county systems.

When CCS participants are also involved in the regions Family Care Programs, Service Facilitators will coordinate with Western Wisconsin Cares and Care Wisconsin Case Managers to ensure a non- duplicated coordinated response. See *Appendix V* for further clarification.

Coordination of Services while under a Civil Commitment DHS 36.07(3) (d)

When a WRIC CCS Program participant is also under a civil commitment, treatment requirements of that commitment will be reviewed as they relate to the CCS Recovery Plan. CCS will be responsible, in collaboration with other WRIC county staff, for providing appropriate treatment services to the participant so that he/she can live in the least restrictive setting possible to ensure treatment and safety concerns. CCS staff will also strive to continue to place an emphasis on person centered planning while assisting the individual in complying with the requirements of the civil commitment plan and process. This will involve providing the necessary treatment to ensure safety and progress

Contracting DHS 36.07(3) (e) (f)

The CCS program will establish contracts with providers to ensure there is a rich variety of both traditional and nontraditional services and treatment options available for CCS

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participants. Contracts will include the provider's agreement to implement the CCS Service Plan goals and interventions, participate as necessary on teams, protect participant rights, participate with all county and CCS mandates, be engaged in quality assurance practices, and monitor and report on identified outcomes.

If there is a service provider in the community available and willing to provide a service needed by a CCS consumer, a contract will be established for the provision of said CCS services. Our Contracting Department facilitates the contracting process and work with CCS director to renew them each year as appropriate. Ongoing monitoring of program effectiveness and compliance with the contracting and program requirements will be a joint process with the CCS director and the Contracting unit.

Within the WRIC CCS Program, the Service Array has a variety of vendors available to provide services for adults and children. Our intent is to have a consistent pool of vendors available to serve across the region. Both 'traditional' and 'non-traditional' psychosocial rehabilitative services are available to adults and children and follow the definitions of services listed on the current service array.

Crisis Intervention Services DHS 36.07 (3) (g)

La Crosse, Jackson and Monroe County Human Services are DHS 34 Emergency Mental Health certified. It is anticipated that in early 2016 that with WRIC Crisis Program will be starting and crisis services available will be transparent between all three WRIC counties. Until then, each individual WRIC county's CCS Program participants will continue to utilize their own individual crisis services provided within their county of residence. These services include 24 hour telephone counseling, intervention and referral; mobile crisis intervention services; walk-in services providing face-to-face support; linkage and coordination services; stabilization services, CARE center placement for adults, RAC placements for youth, and hospitalization. Each participant's assessment and plan will include the development of a participant driven comprehensive crisis plan when indicated, which will identify strengths and needs related to potential crisis situations. When local CCS Service Facilitators are unavailable, the CCS team and/or mobile crisis responders will be contacted and will have access to the participant's crisis plan in order to resolve the crisis. As a part of the Crisis Programs response to a crisis situation the participant's case manager is informed of all crisis contacts so that linkage and follow-up can occur. Consumer crisis plans are available to staff in each partner county in electronic and paper form.

Psychosocial Rehabilitation Array of Services Description - DHS 36.07 (4)

The current array of psychosocial rehabilitation services is described below and listed in *Appendix VI – WRIC CCS Service Array*. The WRIC CCS Program will add additional services to its service array based on an analysis of the needs of the CCS recipients receiving services. We continue to increase the volume of our vendor system, and

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continuously look to add focused Evidenced Based Practice and Treatment Models within specific categories of the array to be utilized by vendors.

Screening & Assessment:

Completion for each CCS consumer: initial & annual functional screens & completing of the initial comprehensive assessment & ongoing assessments as needed. The assessment must cover all the domains, including substance abuse.

A recovery team that includes the participant, his/her selected supports, the Consumer Affairs Coordinator, and other service providers as appropriate, will be formed to participate in the assessment process. The comprehensive strengths/needs assessment is completed with the recovery team participation, a review of past medical records if available, and any other source as identified by the participant. *(Please see Appendix VII Program Assessment Policy)*

Service Planning

The assigned service facilitator and designated mental health professional (both roles/responsibilities may be carried out by one individual) will facilitate the assessment and service planning process. The service plan is based on the assessed needs of the consumer. *(Please see Appendix VIII Program Service Planning Policy.)*

Service Facilitation

Service facilitation will be provided within all three counties to ensure the participant is linked with appropriate services and that those service providers collaborate to deliver a fully coordinated system of care for the participant. Various assigned Human Services staff members who meet the qualifications of a service facilitator will provide this service. Included in this category are services available to assist consumers in their recovery journey. During the recovery planning process the consumer may choose to have a family member or other natural support to join their CCS recovery team and assist in identifying needs and goals. Moreover, they may assist in helping the consumer accessing necessary medical, social, rehabilitation, vocational, education and other services.

Services facilitation services include responsibility for locating; managing, coordinating, monitoring, and ensuring the effectiveness of all implemented CCS services. For youth involved in the CST approach, service facilitators lead the team which includes the consumer, family supports (parents, guardians, etc.), other county programs, vendors, school system, etc. Service Facilitators also coordinate other services and informal community supports as needed by the participant and his/her family.

Individual Skill Development and Enhancement

Contracted vendors within the CCS program's service array will provide by various

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methods, including but not limited to modeling, monitoring, mentoring, supervision, assistance, and cuing. Skill training may be provided individually or in a group setting.

Services include training in communication, interpersonal skills, problem solving, decision making, self-regulation, conflict resolution, and other specific needs identified in the member's service plan. Services also include training in daily living skills related to personal care, household tasks, financial management, transportation, shopping, parenting, accessing and connecting to community resources and services (including health care services) and other specific daily living needs identified in the member's services plan. Services provided to minors should also focus on improving integration into and interaction with the minor's family, school, community, and other social networks. Services include assisting the minor's family in gaining skills to assist the minor with individual skill development and enhancement. Services that are designed to support the family must be directly related to the assessed needs of the minor.

Diagnostic Evaluations and Specialized Assessments

Contracted vendors within the CCS program's service array will provide psychiatric evaluations and specialized assessments including, but not limited to neuropsychological, geropsychiatric, behavioral, ADOA assessments, specialized trauma, and eating disorder evaluations. For minors, diagnostic evaluations can also include functional behavioral evaluations and adolescent alcohol/drug assessment intervention program.

The CCS program does not cover evaluations for autism, developmental disabilities, or learning disabilities. However, the Children Long-Term Support Waiver system does. If a child is dually enrolled in CCS and CLTSW, the specific evaluations stated above may be a covered option.

Employment Related Skill Training

Contracted vendors within the CCS program's service array will provide services that address the person's illness or symptom-related problems in order to secure and keep a job. Services to assist in gaining and utilizing skills necessary to undertake employment may include: employment and education assessments; assistance in accessing or participating in educational and employment related services; education about appropriate job-related behaviors; assistance with job preparation activities such as personal hygiene, clothing, and transportation; on-site employment evaluation and feedback sessions to identify and manage work-related symptoms; assistance with work-related crises; and individual therapeutic support.

The CCS program does not cover time spent by the member working in a clubhouse. The CCS program covers time spent by clubhouse staff in providing psychosocial rehabilitation services, as defined in the service array, for the member if those services are identified in the member's service plan.

Physical Health and Monitoring

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Vendors within the CCS program focus on how the member's mental health and/or substance abuse issues impact his or her ability to monitor and manage physical health and health risks.

Physical health monitoring services include activities related to the monitoring and management of a member's physical health. Services may include assisting and training the member and the member's family to: identify symptoms of physical health conditions, monitor physical health medications and treatments, and develop health monitoring and management skills.

Medication Management for Prescribers and Non-Prescribers

Medication management services for **prescribers** include: diagnosing and specifying target symptoms; prescribing medication to alleviate the identified symptoms; monitoring changes in the member's symptoms and tolerability of side effects; and reviewing data, including other medications, used to make medication decisions.

Prescribers may also provide all services the non-prescribers can provide as noted below.

Medication management services for **non-prescribers** include: supporting the member in taking his or her medications; increasing the member's understanding of the benefits of medication and the symptoms it is treating; and monitoring changes in the member's symptoms and tolerability of side effects.

Individual and/or Family Psycho education

Contracted vendors within the CCS program's service array will provide education and information resources about the member's mental health and/or substance abuse issues, skills training, problem solving, and ongoing guidance about managing and coping with mental health and/or substance abuse issues; and social and emotional support for dealing with mental health and/or substance abuse issues. Psycho education may be provided individually or in group setting to the member of the member's family and natural supports (ie: anyone the member identifies as being supportive in his or her recovery and/or resilience process). Psycho education is not psychotherapy.

Family psycho education must be provided for the direct benefit of the member. Consultation to family members for treatment of their issues not related to the member is not included as part of family psycho education. Family psycho education may include anticipatory guidance with the member is a minor.

If psycho education is provided without the other components of the wellness management and recovery service array category (#11) it should be billed under this service array.

Psychotherapy

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Contracted vendors within the CCS program's service array will provide the diagnosis and treatment of mental, emotional, or behavioral disorders, conditions, or addictions through the application of methods derived from established psychological or systemic principals for the purpose of assisting people in modifying their behaviors, cognitions, emotions, and other personal characteristics, which may include the purpose understanding unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics.

Psychotherapy may be provided in an individual or group setting as determined to meet the individuals need. The location of psychotherapy provided may vary as determined by individuals need, (ex in the home, community, school or office.)

Peer Support

Peer support services include a wide range of supports to assist the member and the member's family with mental health and/or substance abuse issues in the recovery process. These services promote wellness, self-direction, and recovery by enhancing the skills and abilities of members to meet their chosen goals. The services also help members navigate the mental health and/or substance abuse systems with dignity, and without trauma. Through a mutually empowering relationship, and boundary setting, Certified Peer Specialists and members work as equals toward living in recovery.

Substance Abuse Treatment

Substance abuse treatment services include day treatment (WI Administrative Code DHS 75.12) and outpatient substance abuse counseling (DHS 75.13). Substance abuse treatment services can be in an individual or group setting.

The other categories in the service array also include psychosocial rehabilitation substance abuse services that support members in their recovery.

The CCS program does not cover the cost for Operating While Intoxicated assessments, urine analysis and drug screening, detoxification services, medically managed inpatient treatment services, or narcotic treatment services (opioid treatment programs). Some of these services may be covered under Medicaid outside of the CCS program. When needed, CCS staff collaborate with substance abuse treatment courts and services within all three partner counties.

Wellness Management and Recovery Services

Contracted vendors within the CCS program's service array will provide wellness management and recovery services, which are generally provided as mental health services, include empowering members to manage their mental health and/or substance abuse issues, helping them develop their own goals, and teaching them the knowledge and skills necessary to help them make informed treatment decisions. These services

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include: psycho education; behavioral tailoring; relapse prevention; development of a recovery action plan; recovery and/or resilience training; treatment strategies; social support building; and coping skills. Services can be taught using motivational, educational, and cognitive-behavioral strategies.

If psycho education is provided without the other components of wellness management and recovery it should be billed under the individual and/or family psycho education service array category (#10).

Recovery support services, which are generally provided as substance abuse services, include emotional, informational, instrumental, and affiliated support. Services include assisting the member in increasing engagement in treatment, developing appropriate coping strategies, and providing aftercare and assertive continuing care. Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery.

Non-Traditional or Other Approved Services

Non-Traditional services or other approved services are identified for specific members and are expected to accomplish treatment ends that traditional behavioral health services have not. Non-traditional services billed to the CCS program must: have a psychosocial rehabilitative purpose, not be merely recreational activities, and not otherwise be available to the member.

The medical necessity of non-traditional services must be documented in the member's records and through assessed needs in the member's service plan. Documentation must include the psychosocial rehabilitative benefits. The services plan must document the corresponding measurable goals of the non-traditional service.

Non-traditional or other approved services must have specified, reasonable time frames and successful outcomes that are reviewed regularly by the service facilitator. Non-traditional services will be discontinued if measurable goals are not met in a reasonable time frame.

CCS PROGRAM POLICIES AND PROCEDURES - DHS 36.07(5)

Consumer Records DHS 36.07 (5) (a) See WRIC Program policy

Confidentiality DHS 36.07 (5) (b) See WRIC Program policy

Timely Exchange of Information DHS 36.07 (5) (c) Timely exchange of information between the CCS and contracted agencies is necessary for service coordination. It is the responsibility of the service coordinator/mental health professional to contact and document on a regular basis, those services that a participant is receiving. The frequency

Western Region Integrated Care CCS Program

will be determined on the service plan and followed through with by the service coordinator and commented in the participant record. Should it become necessary by participant request or other circumstances to contact the contracted service provider on a more or less frequent basis, the service plan will be revised.

Consumer Rights DHS 36.07 (5) (d) See WRIC Program policy

Compliance Monitoring DHS 36.07 (5) (e) See WRIC Program policy

Referrals DHS 36.07 (5) (f) La Crosse County will utilize its Service Options Assessment Team (SOAT) as a single point of entry with in the section for longer term services. Partner WRIC counties will continue to utilize their individual county intake/referral systems. It is anticipated in 2016 to have one single point of entry into the WRIC CCS Program. Any referrals to other services will be the primary function of the service facilitator in accordance with their role as the service facilitator.

Communication about Policies DHS 36.07 (5) (g) At admission and yearly there after costs to the participant, rights and responsibilities, grievance procedure, and informed consent for medication and treatment is reviewed with the participant. Documentation of this process is recorded in the medical record.

Cultural Competence DHS 36.07(5) (h) All staff as well as contracted vendors in the WRIC CCS Program and service array must exhibit cultural competency by exhibiting a set of behaviors, attitudes, practices and policies that are used every day to work respectfully, effectively and responsibly in culturally diverse situations. The agency offers a variety of in-services each year spotlighting different ethnic groups and practices.

Language: There is access to interpreters as needed. WRIC partners have access to AT&T Language lines that give immediate access to phone interpreters in virtually any language. All staff are been trained on how to access this service. The WRIC partners maintain contracted county employees who can translate for person who are Hmong. The agency also employs person who speak Spanish fluently who can be asked to interpret. The agency also maintains a list of interpreters available in the community that can be used for Spanish, Hmong & Laotian, German, and Hearing Impaired. If there is a specific need, research would be completed to see if one of the two universities would have anyone on staff to assist.

Materials: Some agency materials are available in Hmong and in Spanish.

Training and Orientation DHS 36.07 (5) (i) See *Appendix IX*

Outreach DHS 36.07 (5) (j) The WRIC CCS Program will conduct outreach activities order to educate potential CCS participants and community partners. CCS will seek referrals from potential sources such as inpatient psychiatric or substance abuse treatment facilities, law enforcement, crisis services, La Crosse, Jackson and Monroe County Justice Support Services, Probation and Parole, other departments within La Crosse, Jackson and Monroe County Human Services, family members, significant others,

Western Region Integrated Care CCS Program

members of the general public and potential participants. The ADRC will serve as a source of information to the referral sources including pamphlets regarding services, detailed information on how to make a referral, along with referral forms and information on admission criteria and procedures.

The CCS Administrator and/or Service Director or their designee will provide specific consultation as needed to community agencies and service providers. WRIC will use the lead county's CCS Outreach Policy included with this application. (*Appendix X*)

Application and Screening Process - DHS 36.07 (5) (k)

See *Appendix XII*

Currently we have an updated WRIC CCS brochure describing regional CCS services for both adults and children, including a subset description for providing CST practice model for children involved in multiple systems of care and at risk for out of home placement. This brochure is made available across all communities through the Aging and Disability Resource Center as well each individual county's CCS program office.

Consumers will be able to access the WRIC CCS Program through the Intake/SOAT referral process (new referrals) as well as through having local Service Facilitators in all three counties advocate for CCS services when consumers are asking for or Service Facilitators believe they are in need of CCS services. We will be able to screen consumers locally and offer services based on eligibility and assessed needs. Once a consumer is screened as eligible and the screen is assessed by a CCS Mental Health Professional as needing CCS services, the Service Facilitator will meet with that consumer (and family or guardian if applicable) to start the enrollment process.

Adult Mental Health System

1. CCS Program Access Single Point of Entry

La Crosse County currently has a single point of entry for all participants to the system. It is anticipated that in 2016-2017 the same single point of entry approach for all participants in our Western Region Integrated Care system will be initiated. (*Appendix XI Narrative for Single Point of Entry*) For La Crosse County, any individual interested in accessing services will begin to explore what is available at Human Services, and in the community with the assistance of Service Options Assessment Team (SOAT) and ADRC staff. If an individual is interested in the WRIC CCS Program a referral will be made to the Administrator of the WRIC CCS Program via SOAT or partner county intake access points. For Jackson and Monroe Counties, the CCS Administration will meet bi-weekly with the Review Team at each county to review potential referrals to the CCS Program. The intake team includes the CCS Administrator, CCS Service Director, partner county Supervisors, WRIC CCS Service Facilitators, WRIC Mental Health Professionals and/or another designated staff members.

Western Region Integrated Care CCS Program

The Mental Health Professional and/or Services Facilitator will meet with the participant to determine interest and need for programs offered. The MH/AODA Functional Screen data will be used to assist in determining eligibility and to determine if an individual requires more than crisis stabilization services or outpatient counseling. The screen will also identify the existence of diagnosis of a mental disorder or a substance abuse disorder; and will indicate whether the participant has a functional impairment that interferes with or limits on or more major life activities that results in needs for services that are described as ongoing, comprehensive, and either high intensity or low-intensity. If it is determined that long term services are needed a referral to the review team will be completed.

Once review by the team an application for WRIC CCS services will be completed if an applicant is determined to need psychosocial rehabilitation services and is interested in, and eligible for, WRIC CCS services.

Children's Mental Health System

2. CCS and CST Program Access via Service Option Assessment Team (SOAT)

Any individual or family member interested in accessing mental health services for those under age 17 will begin their exploration with the assistance of SOAT in La Crosse County and the ADRC in Jackson and Monroe Counties. A La Crosse County resident or family member seeking this service will be requested to contact SOAT at 608-784-4357 and complete the Children with Special Needs referral form. Upon receipt of the referral, CCS Administrator and/or Service Director along with the Mental Health Professional will determine the child's eligibility and need for psychosocial rehabilitation services. For Jackson and Monroe counties, a resident or family member seeking this service will be requested to contact their local ADRC at 1-800-500-3910 and complete the appropriate referral form. Upon receipt of the referral, the CCS Administrator and/or Service Director along with the Mental Health Professional will determine the child's eligibility and need for psychosocial rehabilitation services.

The Children's Long Term Support Functional Screen will be utilized as a tool to assist in decision making to determine eligibility and level of need for psychosocial rehabilitation services. The child must have a mental health diagnosis or a substance use disorder, has a functional symptoms in one area or functional impairment that interferes with or limits two or more major life activities that result in need for services that are described as ongoing, comprehensive, and high-intensity. The individual must also be receiving services from two or more of the following service systems; mental health, social services, child protective services, juvenile justice, special education, and substance abuse. An application for WRIC CCS services will be completed if an applicant is

Western Region Integrated Care CCS Program

determined to need psychosocial rehabilitation services and is interested in, and eligible for, CCS services. Moreover, a child will be further assessed and enrolled in the Coordinated Services Teams (CST) approach when they are enrolled in CCS and are at risk of out of home placement and involved in two or more direct services: mental health, substance abuse, juvenile justice, child protective services, and special education.

The WRIC CCS Program Application for Services and Screening Policy (*Appendix XII*) and Admission Criteria and Determination of Need Policy (*Appendix XII*) outline how referrals to CCS will be screened and how eligibility will be determined. As the regional CCS program is implemented and staffing patterns begin, outreach and access will be local to each county. It is anticipated in the 2016-2017 calendar year, access will expand to have one access point across all three WRIC partner counties.

Recovery Team Development - DHS 36.07(5)(l) See *Appendix*

XIV

Assessment Process - DHS 36.07 (5) (m) See *Appendix VII*

Service Planning Process - DHS 36.07 (5) (n) See *Appendix XV*

and *Appendix XVI*

Service Coordination, Referrals, and Collaboration - DHS 36.07 (5) (o)

(service coordination, referrals and collaboration included) The Service Coordination policy is included in *Appendix XVI*.

Advocacy - DHS 36.07 (5) (p)

Advocacy will be provided to the participant by any member of their recovery team at the participants' request. If a participant wishes to be referred for other advocacy, the service facilitator can refer them to Partners in Empowerment, Independent Living Resources or other advocacy groups as requested.

Support and Mentoring for the Participant - DHS 36.07 (5) (q) Support and mentoring for the participant will be provided by CCS staff, consumer affairs coordinator, recovery team members or arranged for in the service plan at the participants request.

The WRIC CCS Program will provide support and mentoring for participants. Based upon participant request or in general, the service facilitator and the recovery team will support participants by providing education and training that will assist participants to develop skills and/or enhance current abilities in the areas of self-advocacy skills, civil/participant rights and skills needed to exercise power, control and responsibility over their lives, their recovery and the services they receive. Education and training are not limited to what is listed above. In addition, the WRIC CCS Program will

Western Region Integrated Care CCS Program

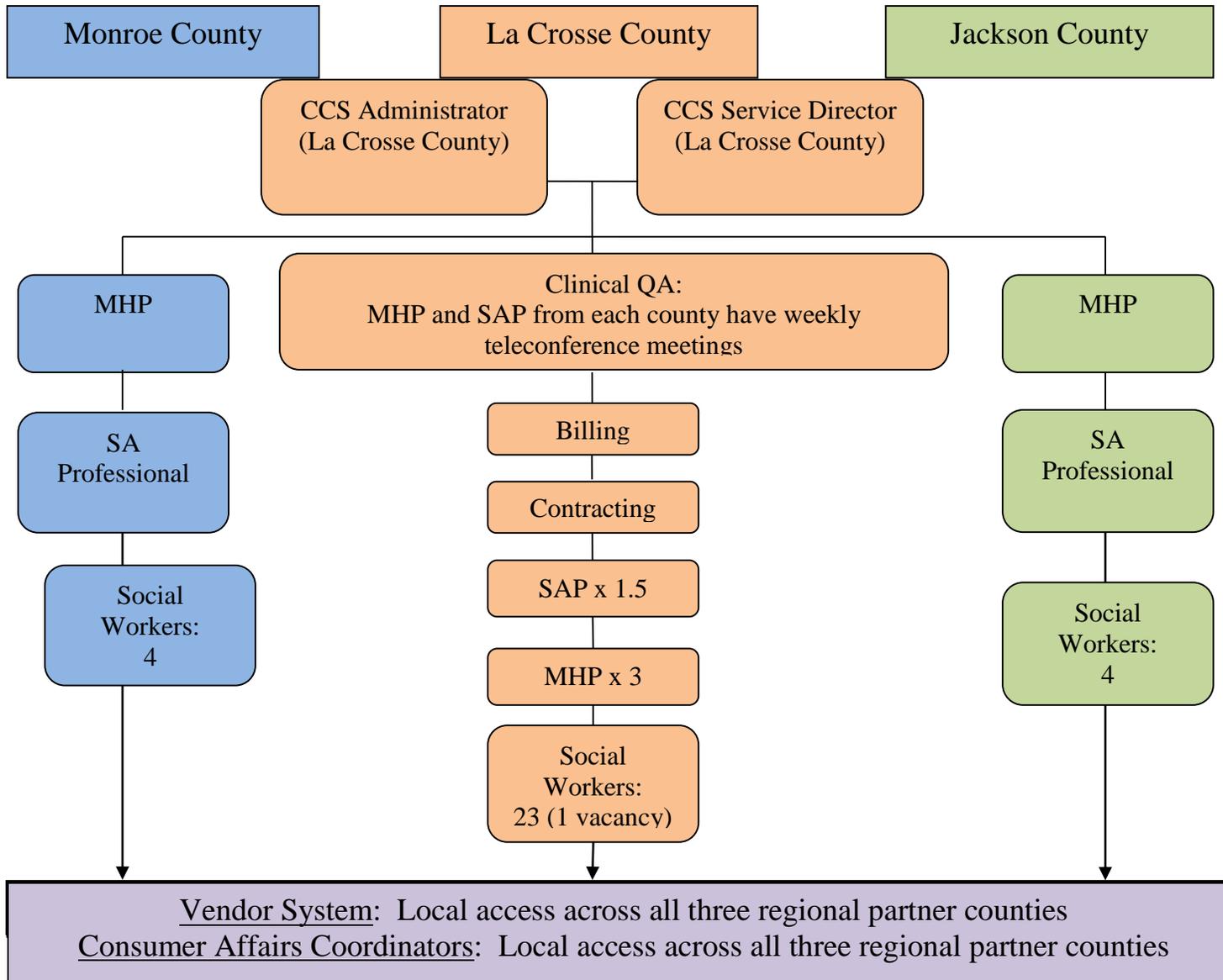
acknowledge and use peer support services as well as drop-in centers within the area for support and mentoring. Lastly, WRIC CCS Program will assure that participants and legal guardians receive necessary information and assistance in advocating for their rights and service needs. Necessary information regarding participant and legal guardian rights will be given at the initial stage of service and as needed or by request. (*Program Staff Qualifications and Credentials Policy, Appendix XVII and Occupational Code 25, Social Worker I, II, III Policy, Appendix XXV*).

Discharge Planning DHS 36.07 (5) (r) See *Appendix XVIII*

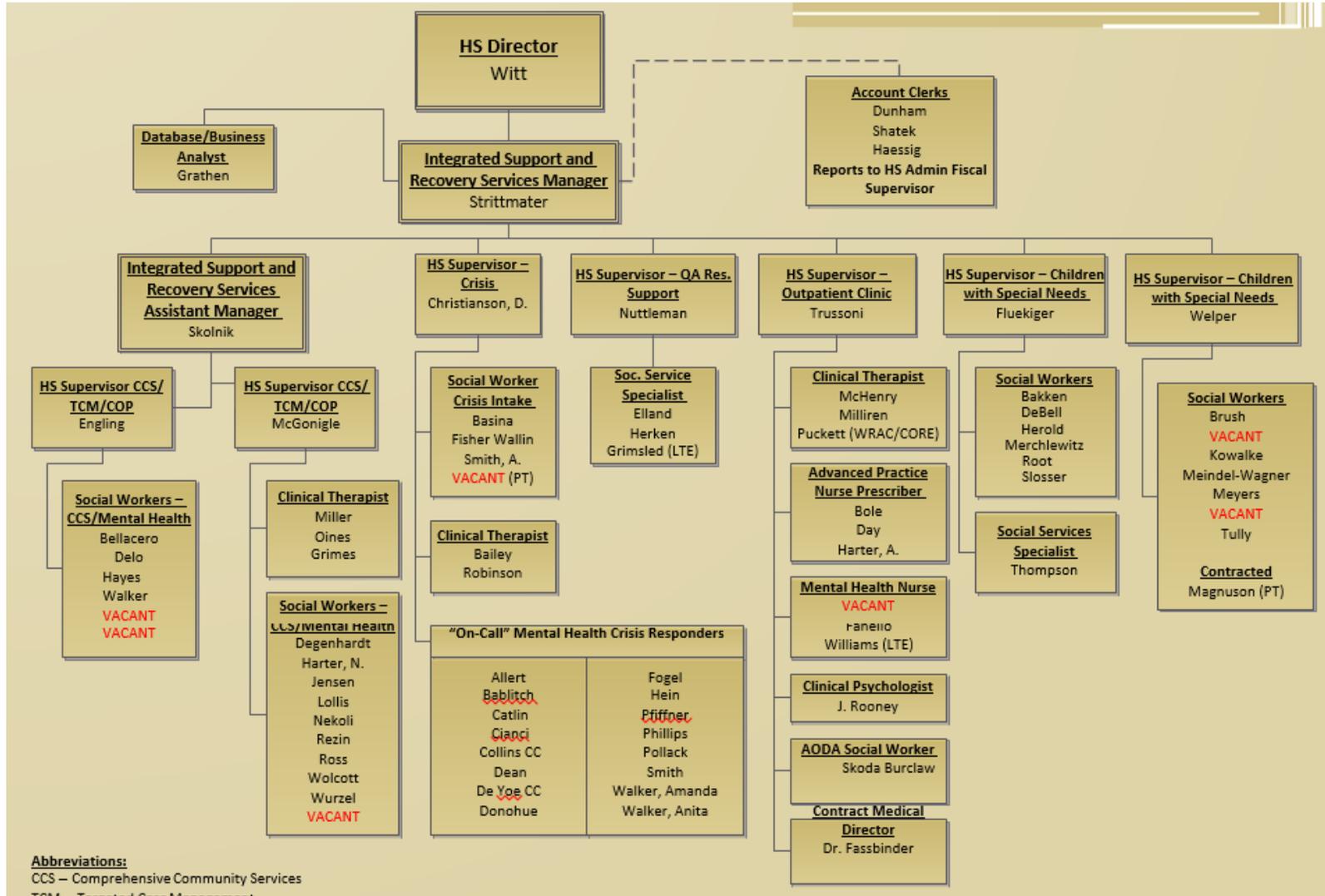
Monitoring and Documentation DHS 36.07(5) (s)

The service plan will outline the monitoring required for each service contracted for. The service facilitator will document compliance to the service plan. Documentation will occur within 48 hours of the contact. All clinical documents are currently held for each consumer at their county of residence. On October 1st, 2015 a single electronic health record system came into place for the WRIC CCS Program allowing for one centralized clinical record for each consumer receiving services through the WRIC CCS Program. (*Appendix XIX*)

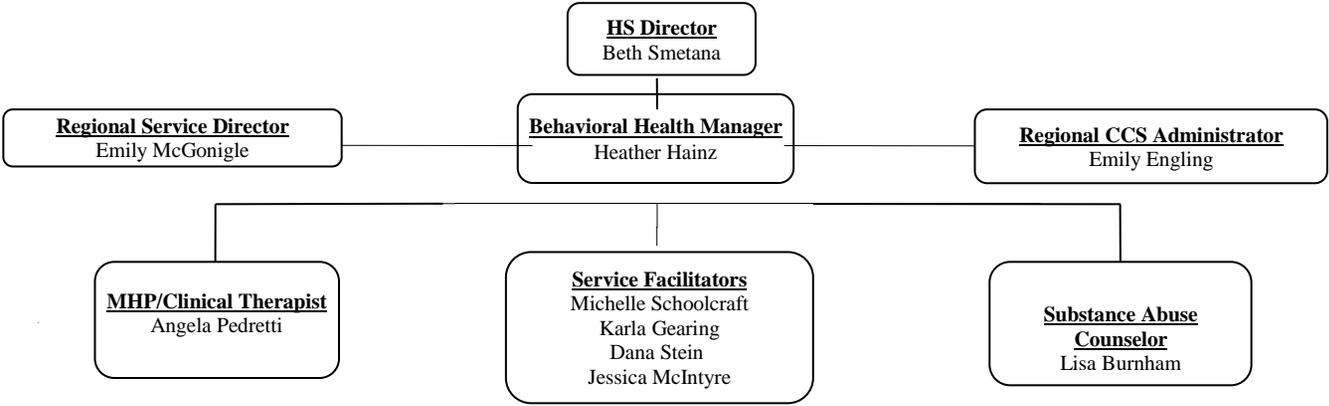
WESTERN REGION INTEGRATED CARE-CCS PROGRAM MAP



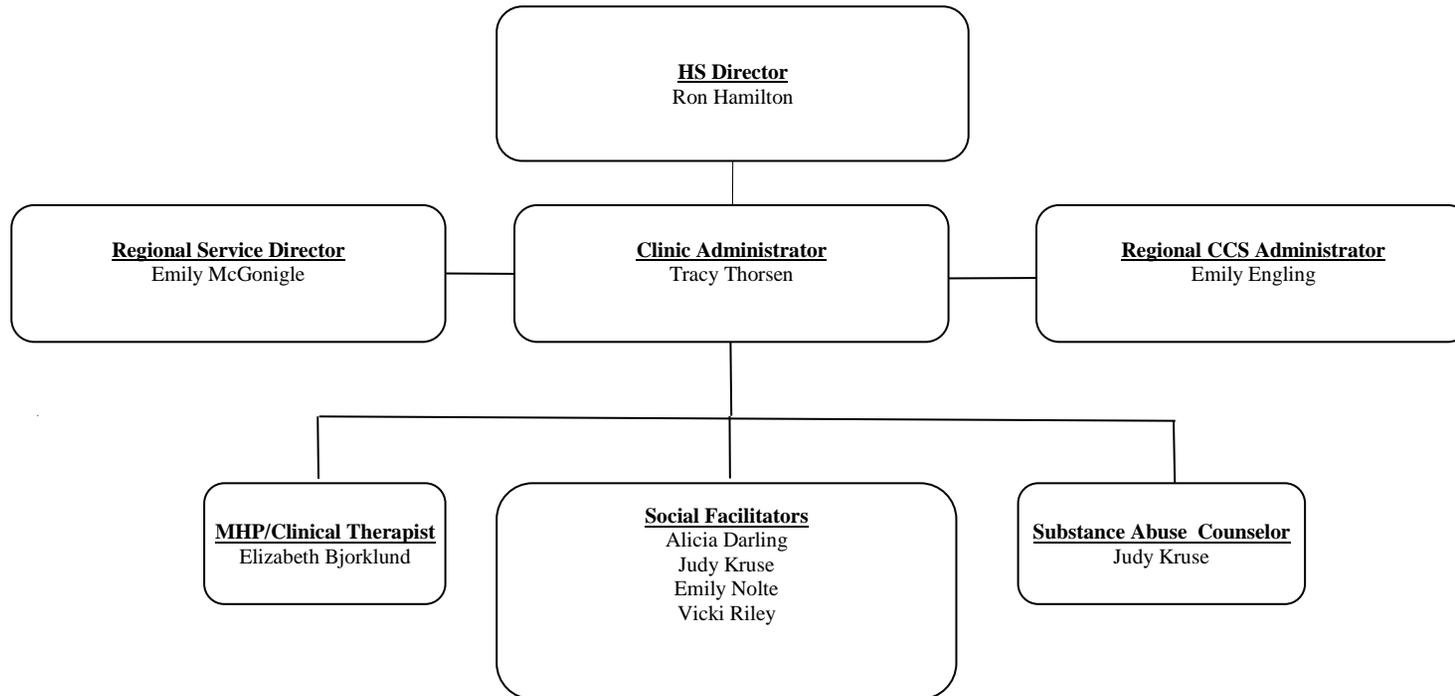
LA CROSSE COUNTY HUMAN SERVICES STAFF MAP WESTERN REGION INTEGRATED CARE



**JACKSON COUNTY HUMAN SERVICES MAP
WESTERN REGION INTEGRATED CARE**



MONROE COUNTY HUMAN SERVICES STAFF MAP WESTERN REGION INTEGRATED CARE



APPENDIX II

CCS Staff Listing

(current staff that will offer services through CCS)

Program Name: **WRIC-CCS Program**

Complete for each staff member who provides psychosocial rehabilitation services including clinical student and volunteers. Staff functions are found in 36.16(2) (e). Minimum staff qualifications are in 36.10(2) (g) (1-22). Please record whether the staff are employed or contracted and their %FTE. The caregiver backgrounds are documented through Background Information Disclosure (BID) forms, Department of Justice, and DHFS response letters, and require updating every four (4) years.

Staff Functions	Minimum Qualifications	Employment
1. MH professional	1 - 8 1 - 14	Full Time Employee or Part Time Employee % or Contracted Employee %
2. Administrator	1 - 8	
3. Service Director	1 - 21 Any	
4. Service Facilitator	qualification	
5. Services Array		

**Caregiver Misconduct
Background Checks
(enter Month/Yr)**

Name	Position Description	Credentials License #	Functions	Qualifications	% FTE Employed=E Contracted =C	BID	DOJ	DHS IBIS	W/I Last Four Years
Engling, Emily, E	Human Services Supervisor	11536-120	2	9	80% FTE	May 26 10	Jun 11 10	Jun 11 10	June 11 14
Skolnik, Christin, L	Human Services Assistant Manager	128591-121	2	9	50% FTE	Dec 05 11	Jan 03 12	Jan 03 12	Jan 13 12
McGonigle, Emily, L	Human Services Supervisor	1002-124	3	6	80% FTE	June 06 14	June 10 14	June 10 14	N/A
Rooney, Joel, P PhD	Clinical Psychologist	2525-057	3,5	4	10% FTE	Nov20 12	Nov 21 12	Nov 21 12	Nov 21 12
Rezin, Marie,	CSW	5885-120	4	9	90% FTE	May 16 14	May 16 14	May 16 14	N/A
Bellacero, Marilyn, J	CSW	4821-120	4	9	70% FTE	Oct 26 10	Oct 27 10	Oct 27 10	Oct 24 14
Nekoli, Gregory	CSW	8282-120	4	9	70% FTE	July08 09	July 13 09	July 13 09	July 12 13

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Staff Functions	Minimum Qualifications	Employment
MH professional Administrator	1 - 8	Full Time Employee or
Service Director	1 - 14	Part Time Employee % or
Service Facilitator	1 - 8	Contracted Employee %
Services Array	1 - 21	
	Any qualification	

Caregiver Misconduct Background Checks (enter Month/Yr)

Name	Position Description	Credentials License #	Functions	Qualifications	% FTE Employed=E Contracted =C	BID	DOJ	DHS IBIS	W/I Last Four Years
Oines, Diane	MHP/Clinical Therapist	2301-226	1	6	90% FTE	Mar 26 13	Mar 26 13	Mar 26 13	Mar 26 13
Wolcott, Rita,	CSW	9495-120	4	9	90% FTE	May 22 14	May 23 14	May 23 14	N/A
Walker, Amanda	CSW-IT	2615-127	4	9	90% FTE	Nov 25 2013	Dec 9 13	Dec 9 13	N/A
Wurzel, Krista	CSW-IT	2418-127	4	9	90% FTE	Jan 7 2016	Jan 14 16	Jan 14 2016	N/A
Hayes, Brittany, P	CSW-IT	2374-127	4	9	90% FTE	Mar 21 14	Mar 24 14	Mar 24 14	N/A
Ross, Ryan	CSW	1052-122	4	9	90% FTE	Oct 6 2015	Oct 12 15	Oct 12 15	N/A
Delo, Jenny	CSW	10458-120	4	9	90% FTE	Sep 28 15	Oct 12 15	Oct 12 15	N/A

CCS Staff Listing

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<u>Staff Functions</u>	<u>Minimum Qualifications</u>	<u>Employment</u>
MH professional	1 - 8	Full Time Employee or
Administrator	1 - 14	Part Time Employee % or
Service Director	1 - 8	Contracted Employee %
Service Facilitator	1 - 21	
Services Array	Any qualification	

Caregiver Misconduct Background Checks (enter Month/Yr)

Name	Position Description	Credentials License #	Functions	Qualifications	% FTE Employed=E Contracted =C	BID	DOJ	DHS IBIS	W/I Last Four Years
Nanette Harter	CSW	9100-120	4	9	90% FTE	May 02 12	May 03 12	May 03 12	May 02 16
Grimes, Samina	MHP/Clinical Therapist	4890-125	1	6	90% FTE	Dec 7 2015	Dec 7 15	Dec 7 15	N/A
Miller, Lisa,	MHP/Clinical Therapist	3289-125	1 6	6	90% FTE	Dec 4 15	Dec 8 15	Dec 8 15	N/A
Milliren, Nicole	MHP/Clinical Therapist	4036-125	1, 5	6	20% FTE	July 06 11	July 06 11	July 06 11	July 02 15
Kowalke, Tara	CSW	10190-120	4	9	70% FTE	Mar 10 14	Mar 12 14	Mar 12 14	Mar 12 14
DeBell, Dana	CSW	11094-120	4	9	70% FTE	Aug 13 09	Sept 02 09	Sept 02 09	Aug 23 13
Herold, Kristine	CSW	5880-120	4	9	70% FTE	July 09 09	July 13 09	July 13 09	July 12 13

CCS Staff Listing

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<u>Staff Functions</u>	<u>Minimum Qualifications</u>	<u>Employment</u>
MH professional	1 - 8	Full Time Employee or
Administrator	1 - 14	Part Time Employee % or
Service Director	1 - 8	Contracted Employee %
Service Facilitator	1 - 21	
Services Array	Any qualification	

Caregiver Misconduct Background Checks (enter Month/Yr)

Name	Position Description	Credentials License #	Functions	Qualifications	% FTE Employed=E Contracted =C	BID	DOJ	DHS IBIS	W/I Last Four Years
Degenhardt, Rachel	CSW	10127-120	4	9	90% FTE	June 06 14	June 06 14	June 06 14	N/A
Lollis, Kyra	CSW	11421-120	4	9	90% FTE	Sept 05 13	Sept 09 13	Sept 09 13	N/A
Fanello, Kylie	CSW	11834-120	4	9	90% FTE	Apr 11 16	Apr 12 16	Apr 12 16	N/A
Jenson, Karlene	CSW	12080-120	4	9	90% FTE	May 14 15	May 26 15	May 26 15	N/A
Brush, Abby, P	CSW	10831-120	4	9	50% FTE	Nov 12 13	Nov 14 13	Nov 14 13	N/A
Merchlewitz, Ashley, E	CSW	11617-120	4	9	50% FTE	Dec 18 13	Dec 18 13	Dec 18 13	N/A
Meyers, Jenny, R	CSW	7048-120	4	9	50% FTE	Mar 25 14	Mar 26 14	Mar 26 14	N/A

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Staff Functions	Minimum Qualifications	Employment
MH professional Administrator	1 - 8	Full Time Employee or
Service Director	1 - 14	Part Time Employee % or
Service Facilitator	1 - 8	Contracted Employee %
Services Array	1 - 21	
	Any qualification	

Caregiver Misconduct Background Checks (enter Month/Yr)

Name	Position Description	Credentials License #	Functions	Qualifications	% FTE Employed=E Contracted =C	BID	DOJ	DHS IBIS	W/I Last Four Years
Slosser, Brandi,	APSW	129616-121	4	9	50% FTE	June 06 14	June 04 14	June 04 14	N/A
Skoda, Anneliese	CSW/Substance Abuse Professional	15910-132	1	16	50% FTE	May 3 16	May 9 16	May 9 16	N/A
Bendel, Pamela, I	Consumer Affairs Coordinator	9731-120	5	9,20	90% CE	Jan 02 08	Jan 02 08	Jan 02 08	July 08 14
Fanello, Lori	RN	104146-30	5	12	25% FTE	Nov 04 10	Nov 04 10	Nov 04 10	Nov 04 14
Anderson, Penny	RN	119667-30	5	12	15% FTE	July 25 11	July 25 11	July 25 11	July 24 15
Bole, Becky	APNP	6224-33	5	8	10% FTE	Oct 7 14	Oct 9 14	Oct 9 14	N/A
Burnham, Lisa	SAC	17300-130	1	16	50% FTE				
Heather L. Hainz	HS Supervisor	3456-125	1,3	6	25% FTE	9/18/ 2013	Sept 9 13	Sept 9 13	Yes

CCS Staff Listing (continued)

Program Name: **WRIC CCS Program**

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Staff Functions	Minimum Qualifications	Employment
1. MH professional	1 - 8 1 - 14	Full Time Employee or Part Time Employee % or Contracted Employee %
2. Administrator	1 - 8	
3. Service Director	1 - 21 Any	
4. Service Facilitator	qualification	
5. Services Array		

Caregiver Misconduct Background Checks
(enter Month/Yr)

Name	Position Description	Credentials License #	Functions	Qualifications	% FTE Employed=E Contracted =C	BID	DOJ	DHS IBIS	W/I Last Four Years
Jessica McIntyre	CAPSW	129571-121	9	9	90% FTE	Aug 07 14	Aug 07 14	Aug 07 14	N/A
Dana Stein	CSW	11637-120	9	9	90% FTE	Aug 11 14	Aug 11 14	Aug 11 14	N/A
Angela Pedretti	MHP/Clinical Therapist	3854-125	6	6	90% FTE	July 31 14	Aug 01 14	Aug 01 14	N/A
Michelle Schoolcraft	CSW	8971-120	4	9	50% FTE	1/09/ 2012	Jan 12 12	Jan 12 12	Yes
Karla Gearing	CSW	8992-120	4	9	50% FTE	1/09/ 2012	Jan 12 12	Jan 12 12	Yes
Thorsen, Tracy	MCDHS Clinical Administrator	LCSW: 2300-123 CICS: 12329-134	1,3	5	30%	4/15	4/15	4/15	4/15

CCS Staff Listing (continued)

Program Name: **WRIC CCS Program**

Complete for each staff member who provides psychosocial rehabilitation services including clinical student and volunteers. Staff functions are found in 36.16(2) (e). Minimum staff qualifications are in 36.10(2) (g) (1-22). Please record whether the staff are employed or contracted and their %FTE. The caregiver backgrounds are documented through Background Information Disclosure (BID) forms, Department of Justice, and DHFS response letters, and require updating every four (4) years.

Name	Position Description	Credentials License #	Functions	Qualifications	% FTE Employed=E Contracted =C	BID	Caregiver Misconduct Background Checks (enter Month/Yr)		
							DOJ	DHS IBIS	W/I Last Four Years
Darling, Alicia	MCDHS Behavioral Health Clinician	APSW 129314-121	4	9	70% FTE	8/13	8/13	8/13	Yes
Riley, Vicki	MCDHS Behavioral Health Clinician	LPC-IT 2688-226 SAC-IT 17312-130	4	14	75% FTE	6/14	6/14	6/14	Yes
Krause, Judy	MCDHS Behavioral Health Clinician	LPC-IT 2498-226 SAC-IT 17032-130	4	14	85% FTE	1/13	1/13	1/13	Yes
Bjorklund, Elizabeth	MCDHS Behavioral Health Clinician	LPC: 3997-125	1,4	6	90% FTE	6/15	6/15	6/15	6/15
Lovelace, Anne	MCDHS Behavioral Health Clinician	LPC-IT 2683-226 SAC-IT 17515-130	4	14	85% fTE	5/15	5/15	5/15	5/15
Nolte, Emily	MCDHS Behavioral Health Professional	CSW 11924-120 SAC 15841-131	4	9	10% FTE	4/15	4/15	4/15	4/15

CCS Staff Listing (continued)

Program Name: **WRIC CCS Program**

Complete for each staff member who provides psychosocial rehabilitation services including clinical student and volunteers. Staff functions are found in 36.16(2) (e). Minimum staff qualifications are in 36.10(2) (g) (1-22). Please record whether the staff are employed or contracted and their %FTE. The caregiver backgrounds are documented through Background Information Disclosure (BID) forms, Department of Justice, and DHFS response letters, and require updating every four (4) years.

<u>Staff Functions</u>	<u>Minimum Qualifications</u>	<u>Employment</u>
MHP		
Administrator	1 - 8	Full Time Employee or Part Time Employee % or Contracted Employee %
Service Director	1 - 14	
Service Facilitator	1 - 8	
Services Array	1 - 21	
	Any qualification	

Caregiver Misconduct Background Checks (enter Month/Yr)

Name	Position Description	Credentials License #	Functions	Qualifications	% FTE Employed=E Contracted =C	BID	DOJ	DHS IBIS	W/I Last Four Years
Rachel Ell	Service Facilitator	12043-120	4	9	10% FTE				Yes
Cherish Myers	Service Facilitator	12028-120	4	9	10% FTE				Yes

APPENDIX III

**WESTERN REGION INTEGRATED SERVICES-CCS PROGRAM
POLICY AND PROCEDURES**

SECTION: WRIC-CCS PROGRAM	POLICY #:	PAGE:	<u>Review Date</u> 9-1-12 2-28-14 6-14-14 4-27-15	<u>Date Revised</u> 6-14-14 4-27-15
SUBJECT: CCS Quality Assurance Process		DATE ISSUED: 9-1-11		
PREPARED BY: Christin Skolnik	MANAGER APPROVAL: (Signature required)	REVIEW CYCLE: Annual		

POLICY TITLE: WRIC-CCS Program QA Process

PURPOSE: The CCS program is required by certification to have a comprehensive quality assurance and quality improvement process in place to monitor program compliance and success

POLICY/PROCEDURE:

The WRIC-CCS program will have a unified QA process. A multilayered system that strives to become a part of the culture and fabric of the team and the services we provide. There are four main areas that we have built in to the system to address ongoing quality assurance and improvement in our program. Each of those being built to support the one before, with the hope that all of them working together assist us in assuring we are providing a solid clinical product. In addition to the service provision we hope to accurately documenting the great clinical work that is being provided. In an attempt to show the programs dedication to the recovery model we strive towards producing clinical records where this can be easily spotted. We want to show that there is a golden thread of treatment woven through the assessment, recovery plan, progress notes, and finally the discharge summary. That each of these, while being separate documents with in the chart, are all linked together in a way that we can document and track the cohesive and outcome oriented services being provided. Below are the 4 main levels of the CCS QA process that helps us achieve this.

Level One- The Service Facilitators

- Local Service Facilitators (SF’s) within the WRIC-CCS Program are regularly provided with training through the below listed venues to keep the team updated and fresh on several issues.
 - TLC (La Crosse), local supervisors hold training information for Jackson & Monroe
 - Team meetings (local county specific teams weekly, bi-annual WRIC CCS Program team meetings with all county staff present, twice monthly local meetings with CCS Administrator)
 - Special scheduled times with the CCS team
 - Internal trainings offered by the individual counties and lead county
 - External trainings
- The topics of the trainings include but are not limited to;
 - Person Centered Planning
 - Motivational Interviewing
 - Ways to improve written documentation of clinical work

- Reviews and refreshers on compliance issues
 - Review of CCS due dates on required paperwork
 - Agency policy and procedures including boundaries, ethics, and HIPAA
 - Traditional and nontraditional services
 - All manner of mental health issues
- The SF's are responsible for the clinical record and for composing a majority of the clinical paperwork that is produced as a part of CCS program. It is a part of their role to ensure that both the clinical and technical requirements are met on all paperwork they produce. It is also the expectation that they will ensure all required paperwork is completed for each participant's case that they work within the required time frames.
 - They also review vendor documentation and look for the same level of adherence to compliance from the vendors. If any issues are identified they share that info with the vendors, the mental health professional, and/or the CCS Administrator.
 - At intake the SF's coordinate with the file room staff to have a CCS chart built for each new participant.
 - At intake and during the yearly update of the records staff use a check list to ensure that all of the required pieces of compliance for the chart are present and updated. See attached checklist.
 - At discharge the SF's review with the participant any current assessed needs they might still have, success and progress they made in the CCS program, how they can access support and services they might need in the future from area resources in the community, and how to re-engage in services from human services if they have any service needs in the future. All of this information is recorded in a discharge summary.
 - The SF's strive to document the golden thread of treatment throughout the clinical documentation they produce as a part of the clinical record.
 - If, at any point in time, the SF feels the QA system is not working well or as efficiently as it could be they can share this info with either the CCS administrator or the section manager.

Level Two- The Mental Health Professional (MHP) and Substance Abuse Professional (SAP)

- It is the role of the local MHP and SAP to ensure that the overall scope of treatment is recovery focused and being provided as assessed and appropriate. It is also the role of the MHP to ensure that the clinical paperwork accurately reflects, in an easy to follow fashion, the rationale for the service, exactly what the service vendor is to provide, and the desired outcome hoped for from the service put in place for the participant.
- Each WRIC partner county will locally have a MHP assigned. The lead county will have one of their MHP traveling between all three counties providing clinical consultation when needed and clinical QA on all charts for the WRIC-CCS Program.
- This is achieved by a variety of means including but not limited to attending recovery planning meetings, reviewing clinical documentation, staffing cases with SF's and vendors, and providing ongoing case consultation.
- All clinical assessments and recovery plans are reviewed and signed off on by the MHP and the SAP (as indicated by current SA dx).
- A Recovery Plan Checklist can be used by the MHP to assist in tracking all the required components of the recovery planning process.
- All yearly updated CCS Determination of Need forms are reviewed and signed by a MHP.
- If in the review of a clinical document the MHP finds some suggestions or areas of focus that might need to be addressed they will review these with the service facilitators and facilitate the needed changes being made before the final signature.

- MHP participate in the recovery planning meetings as able and assist in guiding the overall treatment focus.
- The MHP in reviewing assessments will ensure that all of the strengths, barriers, assessed needs, and relevant historical content are documented.
- The MHP in reviewing plans will ensure that the right services, in the right amount, is being provided at the right time for the participant based on the participant's current state of change. The MHP will guide the SF's to ensure that our treatment interventions are matching the participant's current stage of change.
- Before the MHP or the SA sign off on an assessment or plan they will review it for both technical and clinical compliance and ensure it meets the needs of the participant and the CCS program.
- The MHP will ensure that the "golden thread" of treatment is present in both the assessment and the recovery plans. Documentation is a critical part of overall assessment and outcome based model. Documentation must show what the Service Facilitator/MHP/Vendor is doing with the participant to help them achieve the goal listed on their Recovery Plan. We want to be able to pick up a person's chart, look at the assessment, their recovery plan, and all the progress notes documenting the services provided and see the continuous 'golden thread' that is woven throughout all clinical documents. They all need to match up and be consistent in regards to the services we are providing and the information we are documenting about that service.
- All discharge summaries completed by the SF's are reviewed and signed by a MHP.
- MHP will meet regularly with CCS vendors and address any clinical and systems issues that arise in an attempt to help guide the overall service provision of CCS vendors.
- If, at any point in time, the MHP feels the QA system is not working well or as efficiently as it could be they can share this info with either the CCS administrator or the section manager.

Level Three- Chart review

- A social service specialist (SSS) on the Western Region Integrated Care-CCS team will do a 100% chart review to ensure the charts are in compliance with the CCS guidelines.
- A Mental Health Professional (MHP) on the Western Region Integrated Care-CCS team will conduct a 100% clinical chart review to ensure the charts are clinically sound. The MHP will reach out after each chart review to collaborate with the Service Facilitator on any updates/needs the chart may have.
- SSS tracks and enters all admissions and discharges into our system. When admissions are entered the initial due dates for required admission paperwork are set.
- SSS sends a monthly email to each SF's listing all the CCS due dates for the next 2 months.
- SSS sends a monthly email to the MHPs listing all CCS RP's due for the next 2 months.
- SSS sends the CCS administrator, MHPs and the Peer Support Specialist a listing of RP's due in 6 weeks as discussed at the CCS unit meeting.
- SSS sets a regular review schedule so every CCS chart is reviewed 3 times a year for initial cases and 2 times a year for ongoing cases after the recovery plans are due. See attached review sheet for details about what is looked at during this chart review.
- SSS maintains an ongoing dialogue with SF's and MHP's pertaining to audit compliance.
- If after a predetermined amount of time SSS notifies the CCS administrator if the items have not been addressed so the review can be completed.
- Once the review has been completed, the SSS enters the new due dates into the system to trigger a due date for the next round of reviews.
- SSS sends completed copies of the CCS chart review form to the SF's for their review once completed internally and completed in its final form.
- SSS stores QA data on a shared drive the SSS, CCS Administrator and section manager have access to. The hard copies of the reviews are also stored in the SSS's office. These hard copies of reviews are kept for 7 years.

- SSS conducts 100% notes reviews on vendors as identified by CCS Administrator to ensure all vendor notes are in the chart as billed to the CCS program.
- The MHP will random conduct clinical content note reviews for vendors as identified by CCS Administrator to ensure all vendor notes are in the chart as billed to the CCS program.
- SSS coordinates tracking of the yearly vendor report (CCS Provider Tracking Background Checks and Training) which documents back ground check completion and trainings attended.
- SSS tracks quarterly data on all chart reviews completed and records the information on the shared drive the SSS, CCS Administrator and Section Manger have access.
- If, at any point in time, the SSS and/or MHP feels the QA system or clinical QA system is not working well or as efficiently as it could be the SSS and/or MHP can share this info with either the CCS Administrator or the Section Manager.

Level Four- CCS Administrator and Service Director (CCSA and CCSD)

- The CCS Administrator's and Service Director's role are to ensure that the systems and processes in place are working and effective in catching the issues that need to be addressed. CCSA and CCSD will be from the lead county (La Crosse).
- CCSA will be on site at Jackson and Monroe counties no less that twice a month to work directly with SF's, MHP's and partner county supervisors regarding any needs of the CCS program.
- The CCSA is also responsible for fostering a culture that promotes change, feedback, improvement, and effective competition of the required components of the CCS program.
- CCSA ensures the entire WRIC CCS team (SFs, MHP, SAP, and SSS) receive the above listed training and they understand the required components of the CCS program.
- CCSA reviews the RP due out in 6 weeks at the weekly team meeting to encourage timely completion. During weeks when the CCSA is not present at staff meetings, the local MHP will assume this responsibility.
- CCSA works directly with local SF's or MHP's on any issues the SSS and/or MHP brings forward regarding challenges in getting the completed paperwork needed for a chart audit.
- In screening new referrals to the CCS program the CCSA and CCSD complete the CCS referral form, the initial determination of need, and obtains the initial CCS script before assigning the case to a local SF.
- Intake review meetings will be held weekly at La Crosse, Jackson and Monroe Counties.
- CCSA gathers quarterly data on the chart reviews completed and reviews that for any system issues or concerns.
- In tracking these quarterly reports CCSA develops and implements actions plans to address any assessed issues or areas of risk.
- CCSD conducts yearly participant satisfaction surveys using the ROSI scale for adults and the MHSIP for youth and families. Using the data collected from the ROSI and MHSIP trends or issues are tracked and quality improvement processes are initiated as needed.
- CCSA tracks and monitors a variety of program markers and measures to ensure program and process improvements are implemented as needed on a variety of topics.
- CCSA and CCSD review and addresses as needed any issues that are identified by the SF's, MHP's, or the SSS while conducting their duties towards the CCS QA process.
- CCSA reports information at least quarterly, if not monthly to the WRIC ISRS Advisory Committee and address any issues they might identify as areas of improvement.
- CCSD will meet monthly with CCS vendors as a way to collaborate, maintain/review quality documentation of services rendered, and review clinical items as needed.

APPENDIX IV

Western Region Integrated Care- Comprehensive Community Services (CCS) Program Advisory Council

The WRIC Advisory Council will serve in an advisory role to the Western Region Integrated Care (WRIC) CCS program. Committee functions include input and review of Quality Improvement, policies, program practices and direction, and to protect consumer rights. The committee will review and make recommendations regarding the initial and revised CCS plans, and the CCS Quality Improvement Plan.

Membership: The following meets CCS program requirements regarding membership and percentage of representation from consumer vs. county staff:

- 1/3 consumer or consumer advocate representatives that include:
 - At least two current recipients of mental health services
 - Other populations that must be represented by consumers or consumer advocate members include frail elder, children, physical disability, developmental disability, mental health, chemical dependence)
- Representative of consumer operated Mental Health Advisory Council
- Representative of La Crosse National Alliance for the Mentally Ill (NAMI)
- Three to four private providers of longer term mental health services (WRIC vendors)
- Representatives from WRIC including but not limited to: Administrator, Service Director, Regional Supervisors, Mental Health Professionals, and Service Facilitators.

Currently the Council is made up of a majority of WRIC consumers, community partners and employees. The members will receive orientation and training related to the role of the committee, understanding mental health and substance use issues, learning the benefits of psychosocial rehabilitation, special concerns of child, adult and elderly populations, and an overview of the system that serve. Orientation and training will be provided in the form of written information or in-service presentations at each meeting. The Council convenes monthly, rotating meeting locations once quarterly between Monroe and Jackson counties. Written minutes of the meetings and a membership list will be maintained at La Crosse County Human Services.

Term: The members shall serve 2 year terms with no term limits.

The following is offered as further clarification:

- **Information:** The WRIC-CCS Program will keep committee members up to date with CCS related information in a timely manner. Due to volume, the format will be via email, with committee members requesting paper copies of items when desired.
- **Power and Role:** The committee is advisory in nature. The county will use the committee primarily in the “larger” issues relating to program quality, mission, policies, standards, etc. While this is not a “working” committee, opportunities will arise to discuss topics prior to decisions being made. The committee will provide guidance in implementation of Evidence Based Practices, as well as offer a level of insight and feedback regarding compliance and direction of WRIC services.

Membership

There 18 official CCS Advisory Council members. The committee is comprised of Consumers, Consumer Advocates, WRIC staff, vendors and other community representatives.

CONSUMER OR CONSUMER ADVOCATE REPRESENTATIVE

- Amy Atchison
- Sue Anderson
- Jane Latshaw
- Kris Hoffman
- Monroe County Consumer
- Jackson County Consumer

REPRESENTATIVE OF THE NATIONAL ALLIANCE FOR THE MENTALLY ILL (NAMI)

- Erica Falk-Hauzar

PROVIDER OF LONG-TERM MENTAL HEALTH SERVICES

- Katie Kress-Independent Living Resources
- Kathy Rohr-Family and Children's Center
- Steve Burnett/James Townsend-Catholic Charities
- Kim Johnson/Douglas Flock-Flocks Guardians
- Jen Steinke-Northwest Counseling & Guidance

REPRESENTATIVES FROM WRIC COUNTY STAFF

- Christin Skolnik
- Emily Engling
- Emily McGonigle
- Tracy Thorsen
- Heather Hainz

REPRESENTATIVE FROM MENTAL HEALTH ADVISORY COUNCIL

- Pam Bendel

Western Wisconsin Cares/ Care Wisconsin
Western Region Integrated Care-CCS Program Talking Point



Dual Enrollment in CCS/Western Wisconsin Cares/Care Wisconsin

Point of System Overlap

Comprehensive Community Services (CCS) is a mental health case management program not considered part of the benefit package of WWC or CW (unlike TCM and CSP). Individuals have the ability to enroll in WWC, CW, and CCS simultaneously. This results in a consumer being involved in two separate programs that both form teams to work with consumers to design plans of support that draw upon services from vendor networks.

System Philosophies

WRIC-CCS Program, WWC and CW are committed to utilizing team based and person centered processes to promote consumer independence and achievement of recovery goals.

System Overlap Tension Dynamics

Three separate systems both addressing mental health.
Who is supposed to pay a vendor to meet the mental health need?
What are the roles of the two different case managers?
Who pays for what when it comes to mental health services?
Why does CCS sometimes discharge a person who still has needs?
Multiple clinicians from different systems.
Potential for alternative perspectives on appropriate level of care.
Requires high level of communication.
Potential legal status complications (Ch. 51, 55, etc.).

(Over)

Helpful Information to Guide Collaboration

ISRS philosophy on dual enrollment:

- Both systems work within similar philosophies and have an array of services to offer. Dual enrollment in CCS and WWC or CW only makes sense when CCS has something in the service array that can more effectively meet a consumer's needs than services that are available within the WWC or CW provider network.

When ISRS is working with a consumer that appears to be eligible for WWC or CW:

- WWC and CW are designed to address a wider array of disabling conditions than CCS. CCS will refer individuals that appear to be eligible for WWC or CW to the ADRC for screening and referral.

If a CCS consumer becomes eligible for WWC or CW

- CCS will assist eligible consumers in getting enrolled in WWC or CW.
- CCS will work collaboratively with the WWC or CW to assess needs and identify needed services. With signed authorization from the consumer CCS will provide clinical and historical information about mental health issues.
- During the transition period CCS will continue to fund all services as out lined on the CCS plan.

Dually enrolled consumers

- The state of Wisconsin has directed CCS programs to not fund services for a consumer if the need can be appropriately met by the WWC or CW provider network.
- CCS has strong direction from the state to offer time and goal specific services. Maintenance and/or ongoing support services are not viewed as appropriate to fund within CCS for most consumers.
- CCS will authorize and coordinate a mental health service if the identified need cannot be met by a WWC provider and CCS has an alternative vendor or service to try. An example would be CCS authorizing a Peer Specialist to work with a dually enrolled consumer if WWC or CW provider services weren't effective or were ruled out. (Peer Specialists not currently in WWC or CW provider network).
- Collaboration and active communication between systems is a basic expectation. Best practice would include coordinating treatment planning to avoid duplicative processes. Plan due dates could/should be lined up to allow for one assembled team meeting that can develop both plans at the same time.

When/Why would CCS discharge a consumer?

- A consumer may choose to request discharge from CCS.
- CCS has basic stance of discharging consumers that do not have CCS funded services as part of their overall plan of support. CCS case management alone is viewed by the state as a service that can/should be covered within the WWC or CW benefit package. The WRIC CCS Program may consider factors such as commitment status, complexity, etc. as rationale to continue to offer CCS case management.
- Any discharge from CCS would be part of a planned and coordinated effort with WWC or CW.

APPENDIX VI

Western Region Integrated Care - DHS 36 - CCS Psychosocial Rehabilitation Service Array
(All Providers must act within their scope of practice)

Allowable Provider/Billing Types	Service Category	Allowable Services
Providers described in DHS 36.10(2)(g)1-22	Screening & Assessment	<p>Screening & assessment services include: completion of initial & annual functional screens, & completing of the initial comprehensive assessment & ongoing assessments as needed. The assessment must cover all the domains, including substance abuse. Medicine Criteria. The assessment must address strengths, needs, recovery goals, priorities, preferences, values, & lifestyle of the member & identify how to evaluate progress toward the member’s desired outcomes.</p> <p>Assessments for minors must address the minor’s & families strengths, needs recovery and/or resilience goals, priorities, preferences, values & lifestyle of the member including an assessment of the relationships between the minor & his or her family. Assessments for minors should be age (developmentally) appropriate.</p>
Providers described in DHS 36.10 (2)(g) 1-22	Service Planning	<p>Service planning includes the development of a written plan of the psychosocial rehabilitation services that will be provided or arranged for the member. All services must be authorized by a mental health professional & a substance abuse professional if substance abuse services will be provided. The service plan is based on the assessed needs of the member. It must include measurable goals & the type & frequency of data that will be used to measure progress toward the desired outcomes. It must be completed within 30 days of the member’s application for CCS services. The completed services plan must be signed by the member, a mental health or substance abuse professional & the service facilitator.</p> <p>The service plan must be reviewed & updated based on the needs of the member or at least every six months. The review must include an assessment of the progress toward goals and member satisfaction with the services. The service plan review must be facilitated by the service facilitator in collaboration with the member and the recovery team.</p>

<p>Providers described in DHS 36.10(2)(g) 1-21</p>	<p>Service Facilitation</p>	<p>Service facilitation includes activities that ensure the member receives: assessment services, service planning, service delivery and supportive activities in an appropriate and timely manner. It also includes ensuring the service plan and service delivery for each member is coordinated, monitored, and designed to support the member in a manner that helps the member achieve the highest possible level of independent functioning. Service facilitation includes assisting the member in self-advocacy and helping the member obtain other necessary services such as medical, dental, legal, financial and housing services.</p> <p>Service facilitation for minors includes advocating, and assisting the minor’s family in advocating, for the minor to obtain necessary services. When working with a minor, service facilitation that is designed to support the family must be directly related to the assessed needs of the minor.</p> <p>Service facilitation includes coordinating a person’s crisis services, but not actually providing crisis services. Crisis services are provided by DHS 34 certified programs.</p> <p>All services should be culturally, linguistically, and age (developmentally) appropriate.</p>
<p>Providers described in DHS 36.10(2)(g) 1-14</p>	<p>Diagnostic Evaluations</p>	<p>Diagnostic evaluations include specialized evaluations needed by the member including, but not limited to neuropsychological, geropsychiatric, specialized trauma, and eating disorder evaluations. For minors, diagnostic evaluations can also include functional behavioral evaluations and adolescent alcohol/drug assessment intervention program.</p> <p>The CCS program does not cover evaluations for autism, developmental disabilities, or learning disabilities.</p>

Providers described in DHS 36.10(2)(g) 1-3, 7-8 & 11	Medication Management	Medication management services for prescribers include: diagnosing and specifying target symptoms; prescribing medication to alleviate the identified symptoms; monitoring changes in the member's symptoms and tolerability of side effects; and reviewing data, including other medications, used to make medication decisions. Prescribers may also provide all services the non-prescribers can provide as noted below.
Providers described in DHS 36.10(2)(g) 1-22	Medication Management for Non-prescribers	Medication management services for non-prescribers include: supporting the member in taking his or her medications; increasing the member's understanding of the benefits of medication and the symptoms it is treating; and monitoring changes in the member's symptoms and tolerability of side effects.
Providers described in DHS 36.10(2)(g) 1-21	Physical Health & Monitoring	Physical health monitoring services focus on how the member's mental health and/or substance abuse issues impact his or her ability to monitor and manage physical health and health risks. Physical health monitoring services include activities related to the monitoring and management of a member's physical health. Services may include assisting and training the member and the member's family to: identify symptoms of physical health conditions, monitor physical health medications and treatments, and develop health monitoring and management skills.
Providers described in DHS 36.10(2)(g) 20 (Providers must be WI certified)	Peer Support	Peer support services include a wide range of supports to assist the member and the member's family with mental health and/or substance abuse issues in the recovery process. These services promote wellness, self-direction, and recovery by enhancing the skills and abilities of members to meet their chosen goals. The services also help members negotiate the mental health and/or substance abuse systems with dignity, and without trauma. Through a mutually empowering relationship, Certified Peer Specialists and members work as equals toward living in recovery.

<p>Providers described in DHS 36.10(2)(g) 1-22</p>	<p>Individual Skill Development & Enhancement</p>	<p>Individual skill development and enhancement services include training in communication, interpersonal skills, problem solving, decision making, self-regulation, conflict resolution, and other specific needs identified I the member’s service plan. Services also include training in daily living skills related to personal care, household tasks, financial management, transportation, shopping, parenting, accessing and connecting to community resources and services (including health care services) and other specific daily living needs identified in the member’s services plan. Services provided to minors should also focus on improving integration into and interaction with the minor’s family, school, community, and other social networks. Services include assisting the minor’s family in gaining skills to assist the minor with individual skill development and enhancement. Services that are designed to support the family must be directly related to the assessed needs of the minor.</p> <p>Skill training may be provided by various methods, including but not limited to modeling, monitoring, mentoring, supervision, assistance, and cuing. Skill training may be provided individually or in a group setting.</p>
<p>Providers described in DHS 36.10(2)(g) 1-22</p>	<p>Employment-Related Skill Training</p>	<p>Services that address the person’s illness or symptom-related problems in order to secure and keep a job. Services may include but are not limited to: Employment and education assessments; assistance in accessing or participating in educational and employment related services; education about appropriate job-related behaviors; assistance with job preparation activities such as personal hygiene, clothing, and transportation; on-site employment evaluation and feedback sessions to identify and manage work-related symptoms; assistance with work-related crises; and individual therapeutic support.</p> <p>The CCS program does not cover time spent by the member working in a clubhouse. The CCS program covers time spent by clubhouse staff in providing psychosocial rehabilitation services, as defined in the service array, for the member if those services are identified in the member’s service plan.</p>

<p>Providers described in DHS 36.10(2)(g) 1-22</p>	<p>Individual and/or Family Psycho education</p>	<p>Psycho education services include: Providing education and information resources about the member’s mental health and/or substance abuse issues, skills training, problem solving, and ongoing guidance about managing and coping with mental health and/or substance abuse issues; and social and emotional support for dealing with mental health and/or substance abuse issues. Psycho education may be provided individually or in group setting to the member of the member’s family and natural supports (ie: anyone the member identifies as being supportive in his or her recovery and/or resilience process). Psycho education is not psychotherapy.</p> <p>Family psycho education must be provided for the direct benefit of the member. Consultation to family members for treatment of their issues not related to the member is not included as part of family psycho education. Family psycho education may include anticipatory guidance with the member is a minor.</p> <p>If psycho education is provided without the other components of the wellness management and recovery service array category (#11) it should be billed under this service array.</p>
<p>Providers described in DHS 36.10(2)(g) 1-22</p>	<p>Wellness Management & Recovery Services</p>	<p>Wellness management and recovery services, which are generally provided as mental health services, include empowering members to manage their mental health and/or substance abuse issues, helping them develop their own goals, and teaching them the knowledge and skills necessary to help them make informed treatment decisions. These services include: psycho education; behavioral tailoring; relapse prevention; development of a recovery action plan; recovery and/or resilience training; treatment strategies; social support building; and coping skills. Services can be taught using motivational, educational, and cognitive-behavioral strategies.</p> <p>If psycho education is provided without the other components of wellness management and recovery it should be billed under the individual and/or family psycho education service array category (#10).</p> <p>Recovery support services, which are generally provided as substance abuse services, include emotional, informational, instrumental, and affiliated support. Services include assisting the member in increasing engagement in treatment, developing appropriate coping strategies, and providing aftercare and assertive continuing care. Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery.</p>

<p>Providers described in DHS 36.10(2)(g) 1-10, 14, 22</p>	<p>Psychotherapy</p>	<p>Psychotherapy includes the diagnosis and treatment of mental, emotional, or behavioral disorders, conditions, or addictions through the application of methods derived from established psychological or systemic principals for the purpose of assisting people in modifying their behaviors, cognitions, emotions, and other personal characteristics, which may include the purpose understanding unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics.</p> <p>Psychotherapy may be provided in an individual or group setting.</p>
<p>Providers described in DHS 36.10(2)(g) 1, 2 (w/ knowledge of addiction treatment), 4 (w/ knowledge of psychopharmacology & addiction treatment) and 16. Substance abuse professionals include: *Certified Substance Abuse Counselors *Substance Abuse Counselor *Substance Abuse Counselor in Training *MPSW 1.09 specialty</p>	<p>Substance Abuse Treatment</p>	<p>Substance abuse treatment services include day treatment (WI Administrative Code DHS 75.12) and outpatient substance abuse counseling (DHS 75.13). Substance abuse treatment services can be in an individual or group setting.</p> <p>The other categories in the service array also include psychosocial rehabilitation substance abuse services that support members in their recovery.</p> <p>The CCS program does not cover Operating While Intoxicated assessments, urine analysis and drug screening, detoxification services, medically managed inpatient treatment services, or narcotic treatment services (opioid treatment programs). Some of these services may be covered under Medicaid outside of the CCS program.</p>

<p>Provider types as requested and approved by WI Medicaid</p>	<p>Non-Traditional or Other Approved Services</p>	<p>Non-Traditional services or other approved services are identified for specific members and are expected to accomplish treatment ends that traditional behavioral health services have not. Non-traditional services billed to the CCS program must: have a psychosocial rehabilitative purpose, not be merely recreational activities, and not otherwise be available to the member.</p> <p>The medical necessity of non-traditional services must be documented in the member's records and through assessed needs in the member's service plan. Documentation must include the psychosocial rehabilitative benefits. The services plan must document the corresponding measurable goals of the non-traditional service.</p> <p>Non-traditional or other approved services must have specified, reasonable time frames and successful outcomes that are reviewed regularly by the service facilitator. Non-traditional services will be discontinued if measurable goals are not met in a reasonable time frame.</p>
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WESTERN REGION INTEGRATED CARE – CCS PROGRAM POLICY AND PROCEDURES

SECTION: Western Region Integrated Care- CCS Program	POLICY #:	PAGE:	<u>Review Date</u> 2/28/14 6-14-14 4/27/15 5/20/16	<u>Date Revised</u> 2/28/14 6-14-14
SUBJECT: Program Assessment Policy	DATE ISSUED: 2005-			
PREPARED BY: Carol Schilling, Christin Skolnik	MANAGER APPROVAL: (Signature required)			
REVIEW CYCLE: Annual	BOARD APPROVAL DATE: (If Applicable)			

PURPOSE

To ensure within all three WRIC partner counties that assessments, recovery plans and services provided to consumers are based on assessed needs and complete evaluations of individual strengths, barriers and goals of each participant. A unified functional screen, assessment, recovery plan will be used.

POLICY/PROCEDURE

An accurate comprehensive assessment shall be conducted for each functionally screened as eligible for Comprehensive Community Services in order to identify assessed needs, individual strengths, desired goals and objectives of the consumer, and to evaluate progress towards those goals and objectives.

PROCEDURE

1) FACILITATION

- a) The Mental Health Professional shall carry out the initial assessment process in collaboration with the CCS Supervisor and Service Facilitator on the Determination of Need document.
- b) After determined as needing CCS services, the assessment process shall be explained to the consumer and, if appropriate, a legal representative or family member.
- c) The assessment process shall be completed by the Service Facilitator along with the consumer and their chosen Recovery Team.
- d) In circumstances where there may be a substance use issue, a qualified Substance Abuse Professional shall:
 - i) Determine if a substance abuse diagnosis exists; and
 - ii) Conduct an assessment of the participant's substance use, strengths and treatment needs.
- e) The assessment shall be completed within 30 days of the participant's application for services.

2) ASSESSMENT CRITERIA.

- a) The Assessment shall be comprehensive and accurate and conducted within the context of the domains listed with this policy. The assessment must cover all the domains, including substance abuse. Medicine Criteria. The assessment must address strengths, needs, recovery goals, priorities, preferences, values, & lifestyle of the member & identify how to evaluate progress toward the member's desired outcomes. Assessments for minors must address the minor's & families strengths,

needs recovery and/or resilience goals, priorities, preferences, values & lifestyle of the member including an assessment of the relationships between the minor & his or her family. Assessments for minors should be age (developmentally) appropriate.

- b) The Assessment shall be consistent with all of the following:
- i) Be based upon known facts, recent information, assessed needs, evaluations, and include must documentation regarding co-existing mental health disorders, substance-use disorders, physical or mental impairments and medical problems.
 - ii) Be updated as new information becomes available.
 - iii) Address the strengths, needs, recovery goals, priorities, preferences, values and lifestyle of the participant.
 - iv) Address age and developmental factors that influence appropriate outcomes, goals and methods for addressing them.
 - v) Identify the cultural and environmental supports as they affect identified goals and desired outcomes and preferred methods for achieving the identified goals.
 - vi) Identify the participant's recovery goals and understanding of options for treatment, psychosocial rehabilitation services and self-help programs to address those goals.

3) ASSESSMENT DOMAINS. The assessment process shall address all of the following domains of functioning:

- a) Life satisfaction.
- b) Basic needs.
- c) Social network and family involvement.
 - i) "Family involvement" means the activities of a family member to support a participant receiving psychosocial rehabilitation services. Except where rights of visitation have been terminated, the family of a minor shall always be included. The family of an adult participant may be involved only when the adult has given written permission.
- d) Community living skills.
- e) Housing issues.
- f) Employment.
- g) Education.
- h) Finances and benefits.
- i) Mental health.
- j) Physical health.
- k) Substance use.
- l) Trauma and significant life stressors.
- m) Medications.
- n) Crisis prevention and management.
- o) Legal status.

4) ABBREVIATED ASSESSMENT.

- a) The assessment may be abbreviated if the participant has signed an admission agreement and one of the following circumstances applies:
- i) The participant's health or symptoms are such that only limited information can be obtained immediately; or
 - ii) The participant chooses not to provide information necessary to complete a comprehensive assessment at the time of application; or
 - iii) The participant is immediately interested in receiving only specific services that require limited information.

- b) An Abbreviated Assessment shall meet the requirements of the Assessment Criteria to the extent possible within the context that precluded a comprehensive assessment.
- c) The Assessment Summary shall include the specific reason for abbreviating the assessment.
- d) An Abbreviated Assessment shall be valid for up to 3 months from the date of the application.
 - i) Upon the expiration date, a comprehensive assessment shall be conducted to continue psychosocial rehabilitation services.
 - ii) If a comprehensive assessment is not conducted when the abbreviated assessment expires, the applicant shall be given written notice of a determination that the participant does not need psychosocial rehabilitation services.

5) ASSESSMENT SUMMARY. The assessment shall be documented as an assessment summary.

- a) The Assessment Summary shall be prepared by a service facilitator in collaboration with the CCS Supervisor or designated mental health or substance abuse professional shall include all of the following:
 - i. The period of time within which the assessment was conducted. Each meeting date shall be included.
 - ii. The information on which outcomes and service recommendations are based.
 - iii. Desired outcomes and measurable goals desired by the participant.
 - iv. The names and relationship to the participant of all individuals who participated in the assessment process.
 - v. Significant differences of opinion, if any, which are not resolved among members of the recovery team.
 - vi. Signatures of persons present at meetings will be secured.

APPENDIX VIII

WRIC PROGRAM SERVICE PLANNING POLICY		
Section: WRIC	Date of Approval: 2005	Date Policy is Effective: 2005-updated 5/2016
Responsible Person: WRIC-CCS Program Administrator	Author: Matt Strittmater Revised by: Christin Skolnik	
Statutory/Administrative Reference: DHS 36.17	Approved by: LCHS-WRIC Human Service's Director	

PURPOSE

To ensure that within all three WRIC partner counties a written plan is developed that identifies the psychosocial services to be provided or arranged for a consumer based upon the individualized assessment, recovery team input, and the expressed goals of the consumer. A unified functional screen, assessment, recovery plan will be used.

POLICY

The development of a written plan of the psychosocial rehabilitation services that will be provided or arranged for the consumer will be based upon and completed in concert with the assessment.

PROCEDURE

1. RECOVERY PLAN PROCESS:

- a. The recovery planning process will be explained to the consumer and, if the consumer chooses, a legal representative or family member.
- b. The Service Facilitator in collaboration with the Mental Health Professional, consumer, and recovery team will carry out the recovery planning process. The process may consist of collaborative meetings with the consumer and the recovery team.
- c. In development of the Recovery Plan, the Service Facilitator will provide the consumer with choices of services we have available in the service array. Service Facilitators may advise as to what they think would be appropriate, but the decision will remain with the consumer. Services will be offered according to the in depth assessment which will point out the particular needs of the consumer. We certainly see this as ever evolving with and anticipated changes over time in response to the increased or decreased levels of independence reached by the consumer.
- d. Recovery planning will address the assessed needs and recovery goal identified in the assessment.
- e. The recovery plan shall be completed within 30 days of the consumer's application for services.

2. RECOVERY PLAN DOCUMENTATION

- a. The recovery plan will include a description of all of the following:
 - i. Consumer strengths, assessed needs, and barriers.
 - ii. Goals – Measurable goals and type and frequency of data collection that will be used to measure progress toward desired outcomes.
 - iii. Service facilitation – The service facilitation activities that will be provided for the participant or on the consumer’s behalf.
 - iv. Psychosocial Rehabilitation and Treatment Services – The psychosocial rehabilitation and treatment services, to be provided or arranged for the consumer, including the schedules and frequency of services provided.
 - v. Service Providers and Natural Supports – The service providers and natural supports who are or will be responsible for providing the consumer’s treatment rehabilitation, or support services and the payment source for each.
 - vi. Crisis Plan– A strategic plan of the mobilization of services and supports in times of increased difficulty.
- b. Attendance Roster – An attendance roster will be signed by each person, including recovery team members in attendance at each service-planning meeting.
 - i. The roster will include:
 1. The date of the meeting.
 2. The name, address, and telephone number of each person attending the meeting.
 3. Each original, updated, and partially completed service plan will be maintained in the consumer treatment record.
- c. The completed recovery plan will be signed by the consumer, Mental Health Professional, substance abuse professional (if applicable), guardian (if applicable), and the Service Facilitator.
- d. Documentation of the recovery plan will be available to all members of the recovery team.
 - i. The Service Facilitator will obtain appropriate authorizations to release information to the recovery team members who are not members of La Crosse County Human Services.
 - ii. The recovery plan document will be maintained in the consumer’s treatment record.

3. RECOVERY PLAN REVIEW

- a. The recovery plan for each consumer will be reviewed and updated as the needs of the consumer change or at least every 6 months.
- b. A recovery plan that is based on an abbreviated assessment will be reviewed and updated upon the expiration of the abbreviated assessment or before that time if the needs of the consumer change.
- c. The review will include an assessment of the progress toward goals and consumer satisfaction with services.

APPENDIX IX

WRIC ORIENTATION AND ONGOING TRAINING POLICY		
Section: WRIC	Date of Approval: 2005	Date Policy is Effective: 2005-updated 5/2016
Responsible Person: WRIC- CCS Program Administrator	Author: Carol Schilling Revised by: Christin Skolnik	
Statutory/Administrative Reference:	Approved by: LCHS-WRIC Human Service's Director	

PURPOSE:

To ensure that WIC Comprehensive Community Services staff maintain knowledge and training in order to provide competent quality services to participant.

POLICY:

WRIC Comprehensive Community Services shall provide orientation and ongoing training to staff members providing psychosocial rehabilitation services.

PROCEDURE:

1. Orientation Program

a. Required hours of orientation for staff members:

With less than six months experience providing psychosocial rehabilitation services to children, adults or elders with mental disorders or substance-use disorder shall complete at least 40 hours of documented orientation training within three months of beginning work within the CCS.

With six months or more experience providing psychosocial rehabilitation services to children, adults or elders with mental disorders or substance-use disorder shall complete at least 20 hours of documented orientation training within three months of beginning work with the CCS.

b. Required hours of orientation for volunteers:

At least 40 hours of documented orientation training for each regularly scheduled volunteer before allowing the volunteer to work independently with participant of family members.

c. Orientation Training shall include and staff members shall be able to apply all of the following:

- i. Parts of DHS 36 pertinent to the services they provide.
- ii. Policies and procedures pertinent to the services they provide.
- iii. Job responsibilities for staff members and volunteers.
- iv. Applicable parts of chs. 48, 51 and 55, Stats. and any related administrative rules.

- v. The basic provision of civil rights laws including the Americans with disabilities act of 1990 and the civil rights act of 1964 as the laws apply to staff providing services to individuals with disabilities.
- vi. Current standards regarding documentation and the provisions of HIPAA, s. 51.30, Stats. ch. DHS 92 and, if applicable, 42 CFR Part 2 regarding confidentiality of treatment records.
- vii. The provisions of s.51.61, Stats. and ch. DHS 94 regarding patient rights.
- viii. Current knowledge about mental disorders, substance-use disorders and co-occurring disabilities and treatment methods.
- ix. Recovery concepts and principles which ensure that services and supports promote consumer hope, healing, empowerment and connection to others and to the community; and are provided in a manner that is respectful, culturally appropriate, collaborative between consumer and service providers, based on consumer choice and goals and protective of consumer rights.
- x. Current principles and procedures for providing services to children and adults with mental disorder, substance-use disorders and co-occurring disorder. Areas addressed shall include recovery-oriented assessment and services, principles of relapse prevention, psychosocial rehabilitation services, age-appropriate assessments and services for individuals across the lifespan, the relationship between trauma and mental and substance abuse disorder, and culturally and linguistically appropriate services.
- xi. Techniques and procedures for providing non-violent crisis management for participants, including verbal de-escalation, methods for obtaining backup, and acceptable methods for self-protection and protection of the participant and other in emergency situations, suicide assessment, prevention and management.
- xii. Training that is specific to the position for which each employee is hired:
 - Service Facilitators, for example, need to have a thorough understanding of facilitation and conflict resolution techniques, resources for meeting basic needs, any eligibility requirements of potential resource providers and procedures for accessing these resources.
 - Mental Health Professionals and Substance Abuse Professionals must have will training regarding the scope of their authority to authorize services and procedures to be followed in the authorization process.

2. Ongoing Training Program:

- a. Each staff member shall complete at least 8 hours of in-service training a year.
- b. In-service training shall be designed to increase the knowledge and skills received by staff members in the Orientation Training Program of this policy.
- c. Staff shared with other program may apply documented in-service hours received in those programs toward this requirement if that training meets the requirements in this policy.
- d. Ongoing in-service training shall include one or more of the following:
 - Time sets aside for in-service training, including discussion and presentation of current principles and methods of providing psychosocial rehabilitation services.
 - Presentations by community resource staff from other agencies, including participant operated services.
 - Conferences and workshops.

3. Training records:

Updated, written copies of the orientation and ongoing training programs and documentation of the orientation and ongoing training received by staff members and volunteers shall be maintained in the Health and Human Services Staff personnel file and as part of the central administrative records of the agency.

APPENDIX IX (continued)

ORIENTATION PLAN FOR SERVICE FACILITATORS/MENTAL HEALTH PROFESSIONAL POSITIONS WITHIN THE WRIC CCS (COMPREHENSIVE COMMUNITY SERVICES) PROGRAM

Employee Name: _____ Start Date: _____

Supervisor: _____

(Complete this form within the 1st month of employment & return completed form with EDR after first month of work.)

I. Pre-Employment Preparation:

- A. Send memo to appropriate staff announcing the name, appropriate background information and starting date of the person.
- B. Have name added to County Specific time tracker and routing slips. Inform county of access needs.
- C. Order WRIC business cards.
- D. Prepare desk and other needed equipment.
- E. County specific supervisors prepare a two week schedule (minimum) for employee, identifying supervisory conferences, meetings, and other appointments. (Copy for employee and supervisor).
- F. Alert county specific receptionist of employee's start date.
- G. Prepare orientation material about the community for those new to the city.

II. Orientation to County Employment:

- A. Meeting with Personnel to fill out general personnel paperwork and discuss various personnel policies, salary schedules, fringe benefits, etc, as outlined on new employee checklist. This will be set up during the first week by county specific supervisors.

III. Orientation to Work Place:

- A. Welcome new employee
- B. Show employee to his or her work area.
- C. Introduce to WRIC Administrator, Service Director, county specific supervisors and schedule a time when staff will discuss the County specific Human Services Department as a whole, services offered and the role of Long Term Support Services within in the treatment of WRIC CCS participants.
- D. County specific agency-wide orientation program, when available.
- E. Introduce employee to county specific CCS staff at meeting, as well as:
 - 1. WRIC Directors
 - 2. WRIC Manager, CCS Administrator & Service Director (s)
 - 3. Nurse Prescribers and collaborators
 - 4. Support Staff
 - 5. Short Term Teams
 - 6. Outpatient Mental Health Team

___F. Meet with county specific supervisor to discuss:

- ___1. Orientation plan.
- ___2. Employee work hours/alternative work schedule options.
- ___3. Individual employee work area.
- ___4. Location of mail box. Explain message system and mail delivery.
- ___5. Location and operation of copy machine.
- ___6. Explain services located on each floor.
- ___7. Location of break room.

___G. County specific supervisor will present employee with copy of job description and discuss the evaluation procedure for probationary and other employees.

___H. County specific supervisor will develop and communicate supervisory expectations and employee's progress within two weeks of starting time.

___I. County specific supervisor will complete an employee development review (EDR) within the first six months of work, for county employees.

___J. Meet with lead County fiscal staff to discuss:

- ___1. Method of reimbursement for client direct services.
- ___2. Access to client's own funds.

___K. Meet with county specific representative to receive office orientation.

___L. Coordinate with county specific supervisor and Personnel/HR Department for picture ID.

___M. Coordinate training on ISP process.

___N. County specific supervisor Coordinate training for Functional Screen.

___O. County specific supervisor coordinate training for Person Centered Planning

___P. County specific supervisor provide county with copy of license and proof of auto insurance.

IV. Orientation to CCS: (This will be set up by CCS Administrator and/or Service Director)

___A. Policies/procedures of CCS to include DHS 36, DHS 94, patient rights, grievance procedure, Chapters 48, 51, 55, American Disabilities Act of 1990, Civil Rights Act of 1964, current laws of HIPPA, 51.30 stats, DHS 92 and 42CFR Part 2 regarding confidentiality of treatment materials, Employee Code of Conduct (forward copy of this to Linda K).

___B. Review orientation materials.

___C. Explain various CCS meetings, times and places.

___D. Tour RAVE (if La Crosse County employee) and attend open time with staff.

___E. Attend WRIC Advisory Council Meeting.

___F. View videos and/or audio tapes as assigned.

- ___G. WRIC RN will orient employee to services they provide to both the entire section and the CCS program.
- ___H. Current knowledge about mental disorders, substance use disorders and co-occurring disabilities and treatment methods.
- ___I. Recovery concepts and principles which ensure that services and supports promote consumer hope, healing empowerment and connection to others and to the community.
- ___J. Current principles and procedures for providing services to children and adults with mental disorders substance use disorders and co-occurring disorders.
 - Recovery oriented assessment
 - Principles of relapse prevention
 - Psychosocial rehabilitation services
 - Age appropriate assessments
 - Trauma assessment and treatment approaches
 - Symptom self-management
 - Relationship between trauma and mental and substance abuse disorders
 - Culturally and linguistically appropriate services
- ___K. Techniques and procedures for providing nonviolent crisis management
 - Verbal de-escalation
 - Methods for obtaining backup
 - Acceptable methods for self-protection and protection of the consumer
 - Suicide assessment, prevention management
- ___L. County specific supervisor Supervisor will discuss charting format and what goes into the progress notes, as well as charts set up.
- ___M. County specific supervisor will assign employee to accompany staff on client contacts to observe staff interaction with clients. Senior staff will teach through example and discussion of the role of CCS staff and working with clients.
- ___N. County specific supervisor will explain role and duties of position and assign caseload when employee is sufficiently oriented. Explanation of MA record keeping.
- ___O. County specific supervisor will orient to responsibilities of crisis on-call service.
- ___P. Meet with regional Consumer Affairs Coordinators and review the role of peer support specialist in the CCS program and participants availability to that service.
- ___Q. Meet with county specific or regional mental health professional professionals and review the role of that position within the CCS team.
- ___R. (La Crosse Only) Explain weekly UR meetings and attend.
- ___S. Review the CCS service array and familiarize self with specific CCS services provided and the various vendors currently contract to provide those services.
- ___T. Meet with Substance Abuse Professionals within in specific County of employment and review their role on the CCS team.

___U. (La Crosse Only) Meet with staff from court and intervention services and learn the commitment process and SF's responsibilities when someone is on a commitment to the county.

___V. Meet with Lead County fiscal staff to learn the rep payee system and outline the SF's role and responsibilities in that process.

___W. Meet with county specific ADRC staff and learn full scope of ADRC services.

___X. Meet with staff from Independent Living Resources and learn the full scope of the services they provide.

V. Orientation of Inpatient Psychiatric Units (La Crosse Only):

___A. Employee will meet with CCS Supervisor discuss the utilization of local inpatient psychiatric unit (La Crosse County) and management of CCS clients. Emphasis on the role of the on-call psychiatrist.

___B. La Crosse County Employee will meet with Hospital Liaison to discuss role in facilitating communication between the inpatient setting and CCS.

___C. La Crosse County Employee will accompany Hospital Liaison to the inpatient units to meet with their staff for orientation to the unit and program.

MCHS Date: _____ Meet with: _____

GHS Date: _____ Meet with: _____

VI. Orientation to Crisis Intervention (La Crosse Only):

___A. Meet with the CCS Supervisor to discuss the role of the Crisis Intervention Program.

___B. Meet with Crisis Supervisor to understand crisis role, responsibility and interaction with CCS.

___C Meet with crisis responder or other staff and tour the CARE center

___D. Explain weekly crisis stabilization staffing and attend same

Signatures upon completion:

Employee: _____ Date: _____

CCS Administrator _____ Date: _____

5/16 CS

APPENDIX X

WRIC PROGRAM OUTREACH POLICY		
Section: WRIC	Date of Approval: 2005	Date Policy is Effective: 2005-updated 5/2016
Responsible Person: WRIC-CCS Program Administrator		Author: Carol Schilling Revised By: Christin Skolnik
Statutory/Administrative Reference: DHS 36.07		Approved by: LCHS-WRIC Human Service's Director

PURPOSE

To increase awareness of Comprehensive Community Services and facilitate appropriate referrals in order to serve the needs of individuals with mental health or substance abuse issues.

POLICY

Comprehensive Community Services shall conduct outreach activities to potential participants and encourage referrals from community service providers, family members of the public, and internal referrals within the WRIC consortium (La Crosse, Jackson and Monroe County Human Services).

PROCEDURE

1) OUTREACH

- a. Comprehensive Community Services shall seek referral from potential sources such as psychiatric hospitals, law enforcement and correctional agencies, other community agencies, departments with Western Region Integrated Care programs (La Crosse, Jackson and Monroe counties), other Health and Human Service Departments within La Crosse, Jackson and Monroe counties, family members, significant others and potential participants.
- b. Comprehensive Community Services shall provide updated information including pamphlets and referral forms regarding services and admission criteria/procedures to the referral sources. Information on Comprehensive Community Services will be available through the Resource Centers of La Crosse, Jackson, and Monroe Counties, the Community Link, and Great Rivers 211 taxonomy of services and La Crosse County's Single Point of Entry. As a regional CCS program is implemented outreach and access will be local to each county. It is anticipated that La Crosse County's Service Options Assessment Team access team/phone line will be made available to our partner counties in 2016-2017 as other programs within the WRIC regionalization begin.
- c. Comprehensive Community Services shall provide service information and consultation regarding potential Comprehensive Community Services participants, including:
 - i. In-services and presentations
 - ii. Written articles in monthly newsletters
 - iii. Participation in ongoing education to the public about services including presentations on local radio stations, and presentations to the local NAMI organization and local support groups.
 - iv. Case specific consultation to community agencies and service providers.
 - v. Outreach conducted through the Resource Center of La Crosse, Jackson and Monroe

Counties.

- vi. Outreach conducted locally through each WRIC partner county until 2016-2017 when it is anticipated that La Crosse County's Service Options Assessment Team/24 hours phone line will be made available to our partner counties

2) Referral

- a. The WRIC Intake Review Team, CCS Administrator and/or Service Director shall receive referrals from WRIC partner ADRC's and La Crosse County's SOAT team. The ADRC's and SOAT shall refer individuals for determination of the most available service, taking into consideration the participant's service preferences if the Mental Health Functional Screen indicates eligibility for admission to CCS. The WRIC Intake Review Team, Crisis Services Supervisor, CCS Administrator, and CCS Service Director will follow the CS2.1.3.8 Application for Services and CS2.1.3.8.1 program to determine their appropriateness and eligibility for Comprehensive Community Services. It is anticipated that the Single Point of Entry approach will be utilized within all three WRIC partner counties in 2016-2017 as WRIC implementation will be complete.

- b. La Crosse County's CCS Administrator and/or Service Director shall receive referrals from the Single Point of Entry approach within La Crosse County, and through the WRIC Intake Review Teams at Jackson and Monroe counties. Both intake processes will refer individuals for determination of the most available service, taking into consideration the participant's service preference if the Children's Long Term Functional Screen indicates eligibility for admission to CCS. The CCS Administrator and/or Service Director will allow the CS 2.1.3.8 application for Services and CS 2.1.3.8.1 program to determine their appropriateness and eligibility for CCS.
 - i. Referral sources and the referred individual shall be provided with service information and consultation regarding available services and emergency procedures.

APPENDIX XI

Narrative for Single Point of Entry-Service Integration Project **La Crosse County (anticipated approach for all three WRIC** **counties in 2016-2017)**

La Crosse County Human Services Department along with partner WRIC collaborative counties Jackson and Monroe, have a vision to transform and implement a systems change by having a strength-based integrative system of care. One area of focus will be through a single point of entry and measured by the way we interact with and deliver supports and services for families who require mental health, substance abuse and child welfare services.

The principles of the integrative system of care we aspire to, include the following: family centered approach; participant involvement throughout the process; building resources through natural and community supports; strength based approach; providing unconditional care; integration across systems; being gender/age/and culturally responsive; promoting self-sufficiency; ensure safety; focus on education and employment where appropriate; a belief in growth learning and procovery and being oriented toward outcomes.

A Family Resource Liaison will provide direct service and linkage to families through a single point of entry. This position will assist families with children who have mental health or significant behavioral challenges. All families referred to the single point of entry will receive one of three levels of service. The first level includes immediate linkage to supports and services in the community. The second level is short term support and service coordination which will assist families with linkage or transition out of formal support and services. The third level of service will be a referral to one of the following: CCS Administrator, Service Director and/or Adult/Children's Mental Health Services Supervisor (Jackson/Monroe) for formal support and service coordination which may include CCS, and when assessed as needed, the Coordinated Services Team approach (CST).

The supports and services the Family Resource Liaison will assist all families with include basic needs, informal and formal supports. Basic needs may include linkage to housing assistance, employment, food, clothing, medical and dental care. Informal supports and services may include linkage to support groups, religious community, advocacy group, tribal community, relatives and community members. Formal services and supports linkage may include a referral to the WRIC CCS Program and/or programs within the local Health and Human Services Department that meet the individual or families assessed needs. These would include but are not limited to: mental health services (CCS), therapist, psychiatrist, economic support, employment specialists, vocational-rehabilitation specialist, nurse, crisis or emergency response programming, resource center for adults with disabilities, and educational institutions.

The outcomes that will occur as a result of the Family Resource Liaison offering this service will be an increase in the number of families receiving access to service delivery in the greater La Crosse area, move families to their highest level of self-determination without having to enter formal supports and when formal supports are necessary to assist families toward community integration.

Finally, the WRIC CCS Program, believes that children are best served within their community. Therefore, we desire to expand our crisis programming to include stabilization services. This will allow us to divert children from hospital or institutional care. We are working with community partners in the greater La Crosse area and anticipate having respite or group homes or residential facilities available that are willing to provide stabilization programming.

APPENDIX XII

WRIC PROGRAM APPLICATION FOR SERVICES AND SCREENING POLICY		
Section: WRIC	Date of Approval: 2005	Date Policy is Effective: 2005
Responsible Person: WRIC-CCS Program Administrator	Author: Matt Strittmater Revised by: Christin Skolnik	
Statutory/Administrative Reference: DHS 36.13; DHS 36.19	Approved by: LCHS-WRIC Human Service's Director	

PURPOSE

To provide a process for application and screening for Comprehensive Community Services.

POLICY:

An individual may apply for the WRIC Comprehensive Community Services Program for him or herself or on behalf of another individual.

PROCEDURE:

Any person seeking Comprehensive Community Services shall complete the WRIC CCS Application for Services Form.

1. Any person seeking Comprehensive Community Services shall complete the WRIC CCS Application for Services Form.
 - a) The WRIC CCS application form shall be made available at all WRIC Human Services agency locations and provided upon request. The application will also be available on all WRIC Human Services web-sites.
- 2) Upon receipt of a referral and /or application, a county specific Mental Health Professional along with the WRIC CCS Administrator and Service Director shall determine the applicant's need for psychosocial rehabilitation services as outlined in the CS2.1.3.8.1 Admission Criteria and Determination of Need Policy.
 - a) The WRIC CCS Administrator along with the WRIC Intake Team and, and county specific Mental Health Professional shall review and attest to the applicant's need for psychosocial rehabilitation services and medical and supportive activities. Eligibility and assessed need for Coordinated Services Teams (CST) approach will also be determined at this time.
 - b) If an applicant is found eligible through a functional screen process, and determined to have assessed needs for psychosocial rehabilitation services, a Comprehensive Assessment shall be conducted unless the following conditions are present:
 - i) A comprehensive assessment was already conducted and completed; or
 - ii) The participant qualifies for an abbreviated assessment.

c) If an applicant is determined to not need psychosocial rehabilitation services, no additional psychosocial rehabilitation services may be provided to the applicant.

i) The applicant shall be given written notice of the determination and referred to a non-CCS program.

ii) The applicant shall be informed that he/she may submit a written request for a review of the determination to the DHFS Bureau of Mental Health and Substance Abuse Services.

Note: A written request for a review of the determination of need for Psychosocial rehabilitation services should be addressed to the Bureau of Mental Health and Substance Abuse Services, 1 W. Wilson Street, Room 433, PO Box 7851, Madison, WI 53707-7851.

3) **ADMISSION AGREEMENT.** An admission agreement shall be signed by applicant (and/or parent or guardian if applicable) at the time of application to CCS:

a) The Admission Agreement shall include:

i) The nature of Comprehensive Community Services in which the participant will be participating, including the hours of operation and how to obtain crisis services during hours in which the CCS does not operate, and staff member's titles and responsibilities.

ii) Rights of CCS Participants listed in CS2.1.3.2 Program Description and Required Program Components Policy.

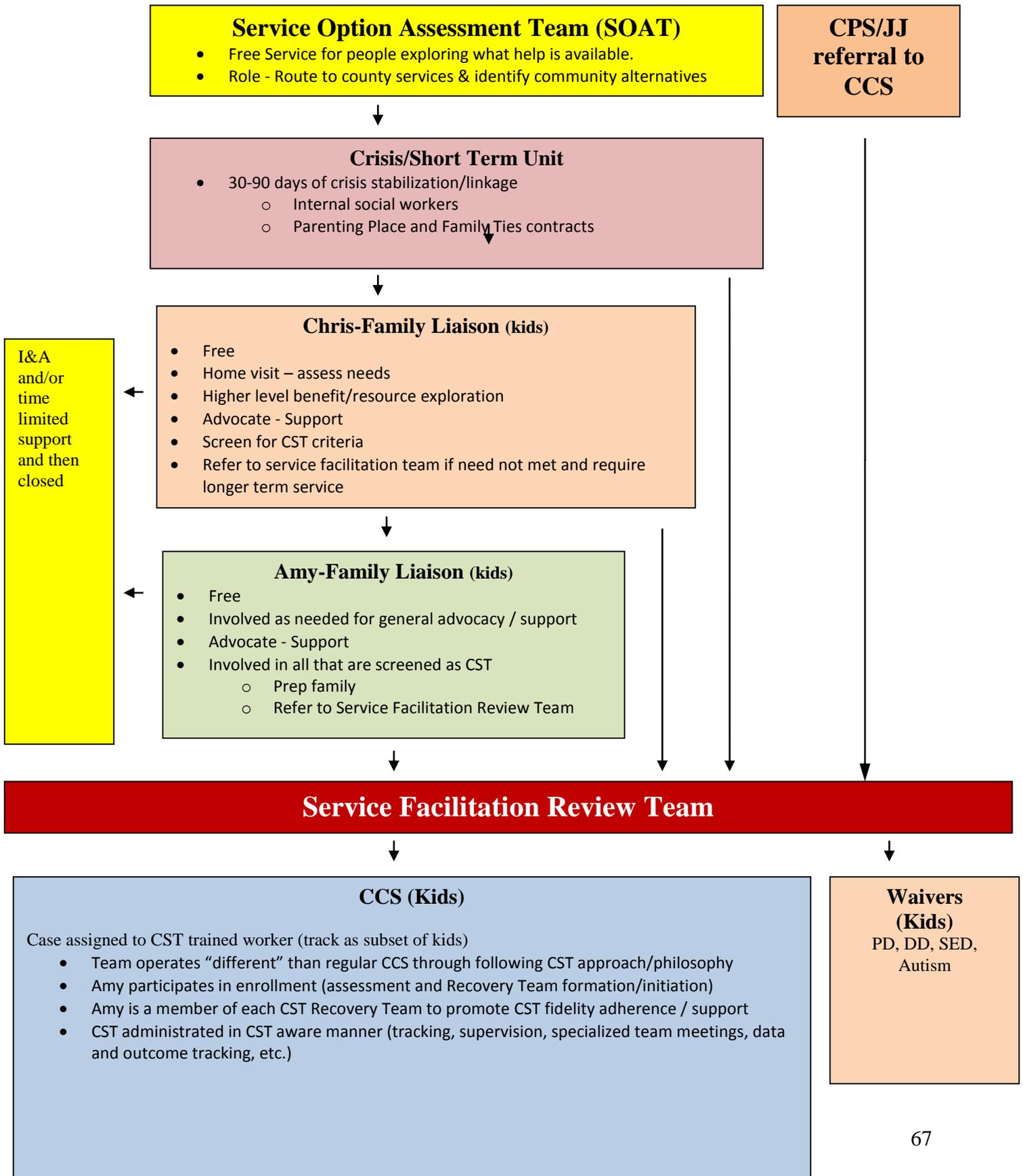
b) The CCS Admission Agreement form shall serve as an informed consent document and an acknowledgement of receipt and understanding of the information received related to the services and to participants' rights.

i) The signed CCS Admission Agreement shall be maintained in the participant treatment record.

ii) A copy of the CCS Admission Agreement and the Participant Rights and Grievance Procedure Brochure shall be provided to the participant (and/or parent or guardian if applicable).

iii) An updated CCS Admission Agreement shall be signed by the participant (and/or parent or guardian if applicable) at least every fifteen (15) months.

**Comprehensive Community Services/Coordinated Services Team Intake / Screening Process
(Anticipated to expand to partner WRIC counties in 2016-2017)**



Appendix XIII

Western Region Integrated Care Comprehensive Community Services (CCS) Program Program Description and Application Form

General Description:

The Comprehensive Community Services (CCS) program is a community-based psychosocial rehabilitation service that provides or arranges for medical and remedial services and supportive activities that can assist a consumer to achieve his or her highest possible level of independent functioning, stability, and to facilitate recovery. This program may be an attractive alternative to Community Support Program or Targeted Case Management services.

Who is Eligible?

The program is an entitlement for individuals on Medical Assistance. The consumer could be a person of any age with either a mental disorder or a substance use disorder (or both), AND be in need of on-going, comprehensive services to minimize the effects of your disorder and maximize their independent functioning.

Program Components:

The consumer will identify members of a Recovery Team. The Recovery Team will consist of professionals and individuals from the consumer's natural support system. The team will utilize the expertise of all members to determine the psychosocial supports and services required to assist the consumer in meeting the goals the consumer has identified that will assist them in moving forward in their journey of recovery.

Consumers of CCS continue to utilize their Medical Assistance card for most purposes. Through CCS, WRIC-CCS Program is able to develop a network of unique and innovative psychosocial rehabilitation services that will be available meet their needs. These types of services were not previously covered by Medical Assistance.

Recovery Principles: Services are provided in a manner that is respectful, culturally appropriate, and collaborative between consumer and providers, based on consumer choice and protective of consumer rights.

When Will CCS be Available?

WRIC offers CCS to individuals that have applied based first upon eligibility through a functional screen, assessed need, and then by date of application.

Program Application:

If you currently receive services from an existing WRIC program, please complete the application for services form and ask your assigned worker to contact the CCS Program.

If you are not already enrolled in an existing WRIC program, please complete the application for services form and schedule an appointment with the lead WRIC County (La Crosse County SOAT unit) at 300 North 4th Street North PO Box 4002, La Crosse, WI 54602-4002, 608-784-4357.

**Western Region Integrated Care
Comprehensive Community Services (CCS) Program
Application (or referral) for Services**

Name _____ Date of Application _____

Date of Birth _____ Gender Female Male

Address _____ City _____ Zip _____

Home Phone _____ Other Phone _____ Referral Source
 Self HS

Medical Assistance: Yes No Other Insurance: _____ Medical School

Reason for application _____

if applicable:

Do you currently receive services from La Crosse, Jackson or Monroe County Human Services?
(such as case management, therapy, Representative Payee, psychiatry, nursing, Adult Family
Home services)

-

-

Guardian or Parent _____ Phone _____

Address (*If different*) _____ City _____ Zip _____

If you are making this referral on behalf of an individual, please provide your contact information:

Name _____ Relationship to person referred _____

Address _____ City _____ Zip _____

Home Phone _____ Other Phone _____

Reason for referral _____

COMPREHENSIVE COMMUNITY SERVICES ADMISSION AGREEMENT

Western Region Integrated Care-CCS Program

Name _____ Date _____

Comprehensive Community Services

The Comprehensive Community Services (CCS) program is a community-based psychosocial rehabilitation service that provides or arranges for psychosocial rehabilitation services for eligible adult or child participants.

Psychosocial rehabilitation services are medical and remedial services and supportive activities that assist the participant to achieve his or her highest possible level of independent functioning, stability, and to facilitate recovery.

Services are provided during the agency operational hours (Monday through Friday from 8:30 a.m. to 5:00 p.m.), but may be provided after-hours by arrangement when a need is determined.

Crisis Intervention Services are available during and after-hours. For La Crosse County: crisis services may be accessed during agency operational hours by calling 608-785-6101 and requesting them. After-hours crisis services can be accessed by calling 608-784-4357 (784-HELP). For Jackson County: Daytime face-to-face and after hours phone crisis services can be accessed by calling 888-552-6642. For Monroe County: Daytime face-to-face and after hours phone crisis services can be accessed by calling 800-362-8255. It is anticipated in early 2015 La Crosse, Jackson and Monroe counties crisis program will be regionalized and all three counties consumers will be able to utilize the same services.

Participant Rights

All rights outlined in the *Your Rights and the Grievance Procedure* brochure apply to Comprehensive Community Services. In addition, Participants of CCS have the right to:

1. Choice in the selection of recovery team members, services, and service providers.
2. The right to specific, complete and accurate information about proposed services.
3. The fair hearing process under s. HFS 104.01 (5) for Medical Assistance Participants, for all other participant the right to request a review of a CCS determination by the Department of Health and Family Services.

Acknowledgement

I acknowledge that I have read this agreement and understand the nature and purpose of the Comprehensive Community Services program.

I received a copy of *Your rights and the Grievance Procedure*, and it has been explained to me.

I have been provided with information on the cost of services as well as my financial responsibility for the services I receive.

I HEREBY CONSENT TO COMPREHENSIVE COMMUNITY SERVICES

- If the participant is a competent adult, then only his or her signature is required.
- If the participant is 14 years old or older but not yet eighteen, then **BOTH** the participant and a parent or guardian must sign.
- If the participant is under the age of 14 years old, then only the parent or guardian must sign.
- If the participant had been adjudged to be incompetent the appointed guardian must sign.

Signature _____ Date: _____

Signature of Parent or Guardian _____ Date: _____

APPENDIX XIII

WRIC ADMISSION CRITERIA AND DETERMINATION OF PROGRAM NEED POLICY		
Section: WRIC	Date of Approval: 2005	Date Policy is Effective: 2005
Responsible Person: WRIC-CCS Program Administrators	Author: Matt Strittmater Revised by Christin Skolnik	
Statutory/Administrative Reference: DHS 36.14	Approved by: LCHS-WRIC Human Service's Director	

PURPOSE

To ensure that appropriate applicants are admitted to the WRIC Comprehensive Community Services Program.

POLICY

Admission to the WRIC Comprehensive Community Services Program shall be limited to individuals who have been determined to need psychosocial rehabilitation and found eligible for the services.

PROCEDURE

1. Eligibility

- a. In addition to the eligibility requirements outlined in the general Integrated Support and Recovery Service Section, Admission Eligibility for Services Policy, applicants shall
 - i. Meet the criteria outlined in this policy; and
 - ii. Qualify for and hold Medicaid benefits
 - iii. An applicant who does not qualify for Medicaid may be determined to be eligible for Comprehensive Community Services if the following conditions are determined to exist:
 1. The individual is at risk of institutionalization or out of home placement and;
 2. Other services to address the individual's needs are either unavailable or have been unsuccessful.

2. Determination of need for psychosocial rehabilitation services.

- a. The MH/AODA Functional Screen and Children's Long Term Functional Screen shall be used to determine that an individual requires more than outpatient counseling but less than the services provided by a community support program, and;
- b. The individual shall also meet all of the following criteria:
 - i. Have a diagnosis of a mental disorder or a substance use disorder (or both).

ii. Have a functional impairment that interferes with or limits one or more major life activities and results in needs for services that are described as ongoing, comprehensive and either high-intensity or low-intensity.

1. Determination of a qualifying functional impairment is dependent upon whether the applicant meets one of the following descriptions:

- a. "Group 1". Persons in this group include children, and adults and elders in need of ongoing, high intensity, comprehensive services who have diagnoses of a major mental disorder or substance use disorder, and substantial needs for psychiatric, substance abuse, or addiction treatment.
- b. "Group 2". Persons in this group include children, and adults and elders in need of ongoing, low intensity comprehensive services who have a diagnosed mental or substance-use disorder. These individuals generally function in a fairly independent and stable manner but may occasionally experience acute psychiatric crises.

Note: Appropriate identification of mental health or substance-use related problems for this group is critical, especially because they are often first seen in non-mental health or substance-use treatment settings, e.g., primary care sector, school system, law enforcement, child welfare, aging services, domestic violence shelters, etc.

c. If the MH/AODA Functional Screen or Children's Long Term Functional Screen cannot be completed at the time of the participant's application, Comprehensive Community Services shall conduct an assessment of the applicant's needs as outlined in the CCS Assessment Process Policy.

3. The WRIC CCS Administrator and/or Service Director shall review and attest to the applicant's need for psychosocial rehabilitation services and medical and supportive activities.

Western Region Integrated Care
Comprehensive Community Services Program
Determination of Need Statement

Name: _____ SSN: _____	Functional Screen Eligibility Date: _____ Mental Health Professional Screening Date: _____ Date of Birth: _____ Insurance: <input type="checkbox"/> MA: <input type="checkbox"/> Other: _____
---	--

There is an existing diagnosis of mental disorder or substance use disorder:

- Yes DSM Diagnosis: _____
- No

There is an existing functional impairment:

- Yes Meets "Group 1" Criteria: Persons in this group include children and adults in need of ongoing, high-intensity, comprehensive services who have a diagnosed major mental disorder or substance-use disorder, and substantial needs for psychiatric, substance abuse, or addiction treatment.
- No Meets "Group 2" Criteria: Persons in this group include children and adults in need of ongoing, low-intensity comprehensive services who have a diagnosed mental or substance-use disorder. These individuals generally function in a fairly independent and stable manner but may occasionally experience acute psychiatric crises.

- The applicant meets the CCS eligibility requirements and is determined to need psychosocial Rehabilitation services. **See details below.**
- The applicant is not eligible for CCS because: **See details below.**
 - The applicant is determined to NOT need psychosocial rehabilitation services.
 - The applicant is not eligible for MA and/or does not qualify under the program exceptions.

Western Region Integrated Care ensures that no participant is denied benefits or services or is subjected to discrimination on the basis of age, race or ethnicity, religion, marital status, arrest or conviction record, ancestry, national origin, disability, gender, sexual orientation or physical condition.

I have reviewed the applicant's need for psychosocial rehabilitation services and attest to this determination.

Mental Health Professional: _____
OR designee qualified under s. HFS 36.10(2) (g) 1.to 8.
Date: _____

APPENDIX XIV

WRIC PROGRAM RECOVERY TEAM POLICY		
Section: WRIC	Date of Approval: 2005	Date Policy is Effective: 2005-Updated 5/2016
Responsible Person: WRIC Service Facilitator	Author: Matt Strittmater Revised by: Christin Skolnik	
Statutory/Administrative Reference:	Approved by: LCHS-WRIC Human Service's Director	

PURPOSE

To ensure a fully integrated single system of care that includes the equal participation of the participant in collaboration with his/her formal and natural supports.

POLICY

During the initial assessment, a collaborative, multi-system team shall be formed for each participant admitted to the WRIC Comprehensive Community Services Program and when accessed as needed the Coordinated Services Teams approach, which includes the participant and those identified by the participant as natural supports.

PROCEDURE

1. The participant will identify members of his/her recovery team.
2. The participant will be an equal participant on his/her team.
 - a. WRIC Comprehensive Community Services Program will make necessary efforts to reduce barriers to successful engagement and participation, including providing practical supports to enable the participant to fully participate in CCS and when applicable CST approach, and in their recovery.
 - i. Successful engagement and participation is more likely to occur when consumers are considered equal partner, treated with dignity and respect, and have a voice and ownership regarding their care and life.
 - b. The partnership of the team will acknowledge the cultural beliefs and practices of the consumer, and will provide the best culturally competent services it can. If this is not occurring, the participant will be encouraged to bring additional members to the team who will be able to provide improved culturally competent services.
3. The CST Service Coordinator and/or CCS Service Facilitator shall convene the Recovery Team and/or Coordinated Services Team.

3. RECOVERY TEAM MEMBERS. The recovery team shall include:
 - a. The consumer.
 - b. A WRIC CCS Service Facilitator and CST Service Coordinator.
 - c. A WRIC CCS Mental Health Professional and/or Substance Abuse Professional.
 - i. If the consumer has or is believed to have a co-occurring condition, the recovery team shall either:
 1. Consult with a Mental Health Professional and Substance Abuse Professional; or
 2. Include on the recovery team both a Mental Health Professional and Substance Abuse Professional or a person who has the qualifications of both.
 - d. Parent or legal representative (as applicable) if the participant is a minor or is incompetent or incapacitated.
 - e. Services Providers, family members, natural supports, school system/IEP team, and advocates shall be included on the recovery team when applicable, with the participant's consent, unless their participation is unobtainable or inappropriate.

5. TEAM MEMBER ROLES AND RESPONSIBILITIES

- a. Participate in the assessment and service planning process.
- b. The role of each team member shall be guided by the nature of the team member's relationship to the participant and the scope of the team member's practice. The consumer will be viewed and valued as an "expert" regarding his/her personal experience.
- c. Team members shall have a clear understanding of and respect for each other's roles, limitations and strengths.
- d. Team members shall provide information, evaluate input from various sources, and make collaborative recommendations regarding outcomes, psychosocial rehabilitation services and supportive activities.

1. COORDINATED SERVICES TEAMS APPROACH

- a. CST process centers decision-making by the family team. The team supports the child, family, and each other throughout the process. Both planning and interventions rest on the combined skills and flexible resources of this diversified, committed group of individuals. The strengths and resources of the child, family, natural supports and providers are the key to selecting interventions and supports most likely to meet the identified needs.
- b. The team selects the top three priorities from the Assessment Summary domains – these are then the areas of focus in the Plan of Care.
- c. Implementation of the Plan of Care. When the plan is completed, it will be reviewed, approved, and signed by all team members – once this occurs, the plan will be implemented.
- d. Team provides on-going support and monitoring; meeting when necessary to review the plan, progress toward goals, and need for plan modification. Teams typically meet every 3 to 6 weeks, depending on individual team's needs (the statutory minimum is at least every 6 months). This phase typically lasts 6 – 9 months.

APPENDIX XV

WRIC PROGRAM SERVICE DELIVERY POLICY		
Section: WRIC	Date of Approval: 2005	Date Policy is Effective: 2005-Updated 5/2016
Responsible Person: WRIC-CCS Program Administrator		Author: Matt Strittmater, revised by Christin Skolnik
Statutory/Administrative Reference: DHS 36.17		Approved by: LCHS-WRIC Human Service's Director

PURPOSE

To ensure that services are provided to consumers in the most effective and coordinated manner using both the WRIC Comprehensive Community Services (CCS) Program and when assessed as appropriate for children in multiple systems of care, the Coordinated Services Teams (CST) approach.

POLICY

Psychosocial rehabilitation and treatment services will be provided in the most natural, least restrictive, and most integrated settings practicable consistent with legal standards, be delivered with reasonable promptness, and build upon the natural supports available in the community.

PROCEDURE

1. Provision of Services

- a) Services provided will be reflected in the Recovery Plan.
- b) Services will be provided with sufficient frequency to support achievement of goals identified in the Recovery Plan.
- c) Documentation of the services will be included in the participant treatment record as outlined in the Documentation of Services Policy.
- d) Service Facilitators will collaborate and communicate with community vendors regarding assessed needs, delivery of authorized services, treatment planning, and discharge.

2. Coordination of Service Delivery

- a) Services will be delivered in coordination with other involved services, agencies and systems including, but not limited to: Adult protective services, Child welfare services, School systems, Crisis systems, and Legal systems.

3. Consumer Support and Mentoring

- a) The WRIC Comprehensive Community Services Program will make diligent efforts to reduce barriers to successful engagement and participation; this will include providing practical supports to enable the consumer to fully

participate in Comprehensive Community Services and in their recovery process.

- b) The WRIC Comprehensive Community Services Program will support consumer' requests to include advocates and natural supports in the service planning and delivery process.
- c) The WRIC Comprehensive Community Services Program will support participants by providing the following education and training:
 - a. Development of self-advocacy skills.
 - b. How to exercise consumer rights and civil rights.
 - c. Development of skills to exercise control and responsibility in their services and their lives.
- d) The WRIC Comprehensive Community Services Program shall assure that consumers an legal guardians receive necessary information and assistance in advocating for their rights and service needs.

4. **Coordinated Services Teams Approach** within the WRIC Comprehensive Community Services Program. The CST process centers decision-making by the family team. The team supports the child, family, and each other throughout the process. Both planning and interventions rest on the combined skills and flexible resources of this diversified, committed group of individuals. The strengths and resources of the child, family, natural supports and providers are the key to selecting interventions and supports most likely to meet the identified needs.

Flexible Funding will be made available for children enrolled in the CST approach within the CCS program to assist families with purchasing services and/or items not eligible for purchase within the WRIC CCS program. Funding will be set aside within each county's annual budget and accessed only by the county specific Manager. Service Facilitators must have documented a non-CCS fundable assessed need on the child's assessment prior to requesting flexible funding.

The Team

- 1. The goal for team membership is to have a balance of natural support people such as relatives, friends and neighbors and service providers such as a therapist, teacher, and social worker. To qualify for team involvement, individuals should:
 - a) Have a role in the lives of the child and/or family
 - b) Be supportive of the child and family
 - c) Be approved for membership by the parent
 - d) Be committed to the process (includes regular attendance at meetings, participation in decisions, and involvement in the plan of care

2. Service Principles for Family Teams
 - a) Services are child/family-centered, strength-based and oriented to the least restrictive options.
 - b) Decisions are reached by consensus whenever possible. All members have input into the plan and all members have ownership of the plan.
 - c) Teams meet regularly not just around crises.
 - d) Teams address a full range of life needs that could impact on the child/family.
 - e) Teams stay focused on reaching attainable goals and regularly measure progress.
 - f) Teams celebrate success.
 - g) Care is unconditional - services change if something doesn't work.

3. Phases of Team Involvement
 - a) Assessment & Planning (**Completed during CCS intake**)
 - a. Intensive team involvement consisting of team meetings at least once every two weeks, lasting no longer than 60 minutes each (for approximately 2 months)
 - b. Determine strengths and needs of the child, family, and team
 - c. Complete Assessment Summary, which assesses the 12 areas (domains) of the child and family's life, including: Living Situation; Basic Needs/Financial; Family; Mental Health; Social; Community; Cultural; Spiritual; Educational; Legal; Medical; and AODA.
 - d. Develop Plan of Care. The team selects the top three priorities from the Assessment Summary domains – these are then the areas of focus in the Plan of Care.
 - e. Develop Crisis Response Plans for home and school. In developing crisis response plans, teams preplan crisis intervention with the people and/or agencies who may be involved in the crisis resolution – outlining responsibilities and communication procedures.

 - b) Ongoing Monitoring
 - a. Implementation of the Plan of Care. When the plan is completed, it will be reviewed, approved, and signed by all team members – once this occurs, the plan will be implemented.
 - b. Team provides on-going support and monitoring; meeting when necessary to review the plan, progress toward goals, and need for plan modification. Teams typically meet every 3 to 6 weeks, depending on individual team's needs (the statutory minimum is at least every 6 months). This phase typically lasts 6 – 9 months.

 - c) Transition & Closure
 - a. The family has knowledge of and access to services and a voice in decisions that are made about their child and family.
 - b. Team develops a Transition Plan, which focuses on planning around long-term services the family will continue to use or will need to access after the formal team process has ended.
 - c. Team provides minimum contact and monitoring, typically meeting every 2 to 3 months (the statutory minimum is at least every 6 months).
 - d. Formal team participation is ended. Once families feel they know how to plan for the future (they have ownership of their plan) and no longer need the support of the team, the formal team process should end.

- e. Family utilizes community support network. The family knows who to contact and how to get their needs met without the ongoing support of a formal team.
- f. Family members become part of an alumni effort. Family members may choose to participate in alumni efforts which could include advocating for other families, helping coordinate a support group, and participating on a Coordinating Committee

APPENDIX XVI

WRIC PROGRAM SERVICE COORDINATION POLICY		
Section: WRIC	Date of Approval: 2005	Date Policy is Effective: 2005-Updated 5/2016
Responsible Person: WRIC-CCS Program Administrator	Author: Christin Skolnik	
Statutory/Administrative Reference: DHS 36.07	Approved by: LCHS-WRIC Human Service's Director	

PURPOSE

To ensure cooperative coordination of services for consumers of the WRIC Comprehensive Community Services Program and Coordinated Services Team approach within La Crosse, Jackson and Monroe County Human Services.

POLICY

WRIC Comprehensive Community Services shall develop and implement collaborative arrangements and interagency agreements within in the Human Services agency and with community organizations and agencies to outline roles and responsibilities when working with participants who are involved in multiple services.

PROCEDURE

- 1.) WRIC Comprehensive Community Services shall work collaboratively with other programs or units of Human Services and other agencies or services to coordinate when consumers' receive services in more than one area.
- 2) Contracts and Agreements
 - a) WRIC Comprehensive Community Services shall establish contracts, agreements memoranda of understanding (MOU) with internal agency departments and outside service providers in order to define clear roles and responsibilities, and ensure collaboration and quality of service.
 - b) Agreements to incorporate CCS service plan goals, participate as necessary on teams and adopt the "Building Blocks" of mental health redesign shall be a part of every contract, agreement and MOU.
 - c) Contracts, agreements or MOU's shall include the CCS agreement to incorporate court requirements and other legal mandates into consumer recovery plans, when applicable.
- 3) WRIC Comprehensive Community Services shall establish contracts to provide services when a needed service is not available in the existing array of services. When the county identifies a service for a consumer that is not currently in the service array, this will be discussed with the CCS team and county administration if appropriate and that service will be developed in the community if at all available in our area. We are intending to be very flexible in the responsiveness to consumers needs in as much as our community can develop what is needed.
- 4) Crisis Services
 - a) WRIC Comprehensive Community" Services shall arrange with county specific Crisis Services, which includes the children on-call system, to ensure identification and

- referral of CCS consumers who are in crisis so that appropriate follow-up can be conducted.
- 5) Protective Services or Elder Abuse Investigations.
 - a) WRIC Comprehensive Community Services shall work collaboratively with Adult Protective Services when a CCS consumer is the subject of an emergency protective placement or involved in protective services or elder abuse investigations.
 - b) The consumer's protective service needs shall be incorporated into the CCS service plan.
 - c) The Adult Protective Services system and WRIC Comprehensive Community Services shall work side-by-side as a fully integrated services system within the Human Services agency as part of the Clinical Section of the department.
 - 6) Child Welfare Services or Child Abuse Investigations
 - a) WRIC Comprehensive Community Services shall work collaboratively with child welfare services when a CCS consumer is the subject of a child protective services order or involved in placement services or child abuse investigations.
 - b) The consumer's protective service needs shall be incorporated into the CCS service plan.
 - c) County specific Children and Families Services and WRIC Comprehensive Community Services shall work side-by-side as a fully integrated services system within the Human Services agency.
 - 7) Other Care Coordination Services
 - a) When WRIC Comprehensive Community Services are provided in conjunction with other care coordination services, Comprehensive Community Services shall work collaboratively with that services system.
 - b) When the care coordination service is provided within the county specific Human Services agency, WRIC Comprehensive Community Services shall join with other existing teams or services to work as a fully integrated service system.
 - i) WRIC Comprehensive Community Services shall work with other agency departments under a memorandum of understanding that defines roles and responsibilities and outlines how the systems will work together for the benefit of the participant.
 - c) When a care coordination service is provided outside of the agency, as with school systems, WRIC Comprehensive Community Services shall pursue agreements or memoranda of understanding in order to ensure coordination of services with that system.
 - i) Agreements shall define roles and responsibilities and outline how the systems will work together for the benefit of the participant.
 - 8) Chapter 51 Commitments
 - a) When WRIC Comprehensive Community Services is providing services to a civil commitment participant, the treatment requirements of the commitment shall be incorporated into the CCS Service Plan.
 - b) WRIC Comprehensive Community Services shall be responsible for providing appropriate treatment services to the consumer so that he or she can live in the least restrictive setting possible to ensure treatment and safety concerns.

APPENDIX XVII

WRIC PROGRAM STAFF QUALIFICATIONS AND CREDENTIALS POLICY		
Section: WRIC	Date of Approval: 2005	Date Policy is Effective: 2005-Updated 5/2016
Responsible Person: WRIC-CCS Program Administrator	Author: Carol Schilling, Revised by Christin Skolnik	
Statutory/Administrative Reference: DHS 12; DHS 34; DHS 36; DHS 61; DHS 63; DHS 75	Approved by: LCHS-WRIC Human Service’s Director	

PURPOSE

To ensure that all staff for WRIC Comprehensive Community Services and the Coordinated Services Teams approach are qualified for the positions in which they are providing services.

POLICY

The WRIC CCS Program will verify that all individuals hired possess the required degrees, licenses, certifications, qualifications and training required for each particular position.

PROCEDURE

I) Minimum Qualifications

a) Each staff member shall have the emotional stability, interpersonal skills, training, experience, and the ability needed to perform the assigned functions of the position as outlined in the position description.

2) Staff Credentials

a) Staff members providing services within WRIC-CCS Program shall have the professional certification, training, experience and ability needed to carry out prescribed duties as outlined in the position description and DHS 36.

b) Each staff will also be required to adhere to state and county standards for professional codes of conduct.

3) Documentation of Staff Qualifications

a) Copies of staff degrees, licenses, certifications and completed training will be maintained in the personnel file for employees and the contract file for contracted staff.

b) Credentials of each WRIC-CCS Program staff person will also maintain a Credential Binder and shall be available for review by participants and parents or legal representatives of participants if parental or legal representative consent to treatment is required.

4) Hiring Qualified Staff

- a) An applicant for employment shall provide references regarding professional abilities from at least 2 people and if requested by the program, references or transcripts from any post secondary educational institution attended and employment history reports or recommendations from prior employers.
- b) References and recommendations shall be documented either by letter or in a signed and dated record of a verbal contact and kept in the staff's personnel file.
- c) WRIC-CCS Program or designee shall review and investigate application information carefully to determine whether employment of the individual is in the best interests of the program's participants. This shall include a check of relevant and available conviction records. Subject to ss. 111.322 and 111.335, Stats., an individual may not have a conviction record. This shall be done in collaboration with the Personnel Department of the county.
- d) WRIC-CCS Program or designee shall confirm an applicant's current professional licensure or certification if that licensure or certification is a condition of employment. This shall be in accordance with the Department of Human Services Administrative section of the county's Personnel Department.
- e) Consideration will be given to each applicant's competence, responsiveness and sensitivity toward and training in serving the characteristics of the service's participant population, including gender, age, cultural background, and sexual orientation, developmental, cognitive or communication barriers and physical or sensory disabilities.

5) Specific CCS Staff Functions

- 1) ADMINISTRATOR FUNCTIONS shall be fulfilled by a Supervisor from the WRIC-CCS Program Lead County who shall hold one of qualifications listed in this policy under (3)(e) (2) (g) 1 to 14.
- 2) SERVICE DIRECTOR FUNCTIONS shall be fulfilled by an individual from within the WRIC-CCS Program Lead County who meets the minimum qualifications listed in this policy under (3)(e)(g)(1) through (8).
- 3) MENTAL HEALTH PROFESSIONAL FUNCTIONS shall be fulfilled locally within each WRIC partner county by the Clinical Services Psychologist, CCS Supervisor, or qualified designee meeting the minimum qualifications listed in this policy under (3)(e)(1).
- 4) SUBSTANCE ABUSE PROFESSIONAL duties shall be fulfilled locally within each WRIC partner county by the Clinical Services AODA counselor or other qualified designee meeting the minimum qualifications listed in this policy under (3)(e)(1).
- 5) SERVICE FACILITATION FUNCTIONS shall be conducted locally within each WRIC partner county by various Human Services and contracted staff who are assigned to CCS and meet one of the minimum qualifications listed in this policy under (3)(e)(4).
- 6) CST COORDINATOR role shall be fulfilled by the CCS Service Director and/or designated staff member.

6) Staff Records

- a) Records of staff members who provide services within the WRIC- CCS Program shall be maintained in the Human Services personnel file of the county of hire, and shall include:

- i) References for job applicants obtained from at least 2 people, including previous employers, educators or postsecondary educational institutions attended if available, and documented either by letter or verification of verbal contact with the reference, dates of contact, person making the contact, individuals contacted and nature and content of the contact.
- ii) Confirmation of an applicant's current professional license or certification, if that license or certification is necessary for the staff member's prescribed duties or position.
- iii) The results of the caregiver background check including a complete background information disclosure form for every background check conducted, and results of any subsequent investigation related to the information obtained from the background check.

APPENDIX XVIII

WRIC DISCHARGE POLICY		
Section:WRIC	Date of Approval: 2005	Date Policy is Effective: 2005-Updated 5/2016
Responsible Person: WRIC-CCS Program Administrator		Author: Christin Skolnik, Supervisor
Statutory/Administrative Reference:		Approved by: LCHS-WRIC Human Service’s Director

PURPOSE:
To provide meaningful discharge and referral of community services for persons who have successfully (or otherwise) been discharged from the CCS and when applicable, CST program.

POLICY:

Discharge from the Western Region Integrated Care-Comprehensive Community Services Program and/or Coordinated Services Teams approach will occur based on any identified individualized criteria listed on the recovery plan as well as the following:

1. The voluntary consumer no longer wants psychosocial rehabilitation services.
2. The whereabouts of the consumer are unknown for at least 3 months despite diligent efforts to locate the consumer.
3. The consumer refused services from CCS or CST for at least 3 months despite diligent outreach efforts to engage the consumer.
4. The consumer enters a long-term care facility for medical reasons and is unlikely to return to community living.
5. The consumer is deceased.
6. Psychosocial rehabilitation services are no longer needed, according to recovery team.
7. In addition, on the Recovery plan, there is sufficient space allotted for the recovery team to add any additional individualized discharge criteria.
8. If there is disagreement among the Recovery team as to the appropriateness of discharge from the program, the mental health professional may try to advise that it would be in the best interest to remain in the program but, for voluntary participants, it is again ultimately the consumer’s choice.
9. When a consumer is discharged from the CCS program or the CST approach ends, the participant will be given written notice of the discharge, to include:

1. A copy of the discharge summary,
2. Written procedures on how to re-apply for CCS services,
3. If a consumer is discharged from the CCS program involuntarily, and the consumer received Medical Assistance, the fair hearing procedures prescribed in

DHS 104.01 (5). For all other consumer's, information on how the consumer can submit a written request for a review of the discharge to the department.

10. A WRIC CCS Mental Health Professional shall develop a written discharge summary for each consumer discharged from psychosocial rehabilitation services, to include the following:

1. Reasons for discharge.
2. Consumer status and condition at discharge including the consumer 's progress toward the outcomes specified in the service plan.
3. Documentation of the circumstances as determined by the consumer and recovery team, that would suggest a renewed need for psychosocial rehabilitation services.
4. Or a planned discharge, the signature of the consumer , the Service Facilitator and Mental Health Professional or Substance Abuse Professional with the consumer s consent, the summary shall be shared with providers who will be providing subsequent services.

APPENDIX XIX

WRIC Monitoring and Documentation Policy		
Section: WRIC	Date of Approval: 2005	Date Policy is Effective: 2005-updated 5/2016
Responsible Person: WRIC-CCS Program Administrator	Author: Carol Schilling, revised by Christin Skolnik	
Statutory/Administrative Reference:	Approved by: LCHS-WRIC Human Service's Director	

PURPOSE:

To ensure there is adequate monitoring of documentation by the potentially wide array of providers.

POLICY:

It is the responsibility of the WRIC Service Facilitator/Mental Health Professional to monitor the services provided to a participant and gather documentation on at least a monthly basis from the service providers for inclusion in the chart. More frequent documentation may be necessary as determined by the service facilitator and indicated in the service plan, at the request of the participant or recovery team consensus. Documentation from the service provider will also be included in the chart following discussions with service providers.

PROCEDURE:

- a. Services provided will be reflected in the service plan.
- b. Each provider will be identified in the service plan, indicating a contact person.
- c. Each provider will document services provided monthly and submit to the Fiscal Department who in turn delivers documentation to the CCS Social Service Specialist. If more frequent documentation is requested, the service facilitator or social service specialist will make these requests known to the service provider.
- d. The service facilitator and mental health professional will document all recovery team meetings and any other contacts provided to the participant within 48 hours.

COMPLIANCE TO DHS 36: 36.18 Consumer service Records. This is the standard by which the records will be maintained.

(1) Each consumer service record shall be maintained pursuant to the confidentiality requirements under HIPAA, s.51.30, Stats., ch. DHS 92 and, if applicable, 42 CFR Part 2. Electronic records and electronic signatures shall meet the HIPAA requirements in 45 CFR 164, Subpart C.

(2) The WRIC CCS Program shall maintain in a central location a service record for each consumer on site at each regional county. Each record shall include sufficient information to demonstrate that the CCS has an accurate understanding of the consumer, the consumer's needs, desired outcomes and progress toward goals. Entries shall be legible, dated and signed.

(3) Each consumer record shall be organized in a consistent format and include a legend to explain any symbol or abbreviation use. All of the following information shall be included in the consumer's record:

(a.) Results of the assessment completed under s. DHS 36.16, including the assessment summary.

(b.) Initial and updated service plans, including attendance rosters from service planning sessions.

(c.) Authorization of services statements.

(d.) Any request by the consumer for a change in services or services provider and the response by the CCS to such a request.

(e.) Service delivery information, including all of the following:

1. Service facilitation notes and progress notes.
2. Records of referrals of the consumer to outside resources.
3. Description of significant events that are related to the consumer's service plan and contribute to an overall understanding of the consumer's ongoing level and quality of functioning.
4. Evidence of the consumer's progress, including response to services, changes in condition and changes in services provided.
5. Observation of changes in activity level or in physical, cognitive or emotional status and details of any related referrals.
6. Case conference and consultation notes.
7. Service provider notes in accordance with standard professional documentation practices.
8. Reports of treatment or other activities from outside resources that may be influential in the CCS's service planning.

(f.) A list of current prescription medication and regularly taken over the counter medications. Documentation of each prescribed medication shall include all of the following.

1. Name of medication and dosage.
2. Route of administration.
3. Frequency.
4. Duration, including the date the medication is to be stopped.
5. Intended purpose.
6. Name of the prescriber. The signature of prescriber is also required if the CCS prescribes medication as a service.
7. Activities related to the monitoring of medication including monitoring for desired responses and possible adverse drug reactions, as well as an assessment of the consumer's ability to self-administer medication.
8. Medications may be administered only by a physician, nurse, a practitioner, or a person who has completed training in a drug administration course approved by the department, or by the consumer.

9. If a CCS staff member administers medications, each medication administered shall be documented on the consumer's individual medication administration record (MAR) including, the time the medication was administered and by whom and observation of adverse drug reactions, including a description of the adverse drug reaction, the time of the observation and the date and time the prescriber of the medication was notified. If a medication was missed or refused by the consumer, the record shall explicitly state the time that it was scheduled and the reason it was missed or refused.

(g.) Signed consent forms for disclosure of information and for medication administration and treatment.

(h.) Legal documents addressing commitment, guardianship, and advance directives.

(i.) Discharge summary and any related information.

(j.) Any other information that is appropriate for the consumer service record.

APPENDIX XX

WRIC PROGRAM CRIMINAL BACKGROUND CHECKS		
Section: WRIC	Date of Approval: 2005	Date Policy is Effective: 2005-updated 5/2016
Responsible Person: WRIC Supervisors		Author: Carol Schilling, Revised by Christin Skolnik
Statutory/Administrative Reference: DHS 12 Caregiver Background Checks		Approved by: LCHS-WRIC Human Service's Director

PURPOSE:

To protect participants from harm by requiring uniform background information screening of persons who are employees of or under contract to Western Regional Integrated Care Human Service Departments (La Crosse, Jackson, Monroe counties).

POLICY:

Western Region Integrated Care shall comply with chapters. DHS 12 and 13. Chapter DHS 12 which directs it to perform background information checks on applicants for employment and person with who the service contracts and who have direct, regular contact with participants and, periodically, on existing employees, and not hire or retain persons who because of specified past actions are prohibited from working with participants.

PROCEDURE:

WRIC partner counties will comply with county specific Human Services and county personnel policy on conducting Criminal Background Checks - AA3.2.1.3 Criminal Background Checks Policy.

APPENDIX XXI

WRIC PROGRAM INVESTIGATION AND REPORTING OF CAREGIVER MISCONDUCT POLICY		
Section: WRIC	Date of Approval: 2005	Date Policy is Effective: 2005-updated 5/2016
Responsible Person: Human Services Director		Author: Carol Schilling, revised by Christin Skolnik
Statutory/Administrative Reference: DHS 13: Reporting and Investigation of Caregiver Misconduct		Approved by: LCHS-WRIC Human Service’s Director

POLICY STATEMENT:

It is the policy of collaborative WRIC partner counties to protect individuals who receive services from any type of caregiver misconduct.

1) Compliance Assurance & Training

- a) The Human Services Directors will ensure that all staff and caregivers who are under the control of the agency and have access to participants are aware of the requirements of DHF 13 and that failure to report caregiver misconduct can result in disciplinary action, up to and including termination of employment. ,
- b) All staff and caregivers under the control of WRIC will be trained to know and understand the rights of the participants they serve and staff person’s responsibilities in reporting and documenting caregiver misconduct. This training will occur as part of each new employee's orientation. Training will include education on the Human Services policy on Investigation and Reporting of Caregiver Misconduct upon orientation to the agency.

2) Penalty for Failure to Report Incidents of Caregiver Misconduct

- a) An entity that intentionally fails to report an allegation of caregiver misconduct by any person employed by or under contract with the entity may be required to forfeit not more than \$1,(XX) and may be subject to any of the following sanctions:
 - i) Submission by the entity of a plan of correction for approval by the Department of Human Services, and implementation of the plan of correction.
 - ii)Implementation by the entity of a department-imposed plan of correction.
 - iii) Any regulatory limitations or conditions, as appropriate, imposed by the Department of Human Services on the entity.
 - iv) Suspension or revocation of licensure, certification or other approval of a period of not more than 5 years.

3) Participant Notification

- a) As part of the notification of rights required under DHS 94.04, Human Services will inform participants (and their parents or guardians, if consent by a parent or guardian is required for treatment) about the procedures of investigating

and reporting caregiver misconduct. An overview of the procedures will be included as an insert in the Participants Rights and the Grievance Procedure Brochure.

b) The Program Coordinator responsible for the participant's service area will inform a participant who is a victim of caregiver misconduct of the process of investigation and reporting.

4) Reporting Caregiver Misconduct

a) Any person may report caregiver misconduct if she/he has information that leads her/him to reasonably suspect or believe caregiver misconduct or an injury occurred, or she/he has information that would lead a reasonable person to believe an incident occurred. [DHS 13.05 (4)]

b) Upon learning of an incident of alleged misconduct, a staff person will ensure the immediate safety of the participant(s) involved and take any necessary steps to assure that participants are protected from risk of continued misconduct. [DHS 13.05(2)]

c) The term, "learns of an incident," refers to the date the incident is reported or when any Human Services supervisor or manager learns of the alleged incident.

d) The staff person will determine if any participant has injuries requiring attention or care and take immediate action to provide care. This may include emergency care or other medical care. The staff person is responsible for documenting any observed or reported injuries and the actions taken to address them.

e) If there is an immediate need that extends beyond the staff person's authority or capability, the staff person will contact her/his supervisor or program coordinator to address them.

f) The staff person will notify her/his immediate supervisor of the incident immediately whenever possible or by the end of her/his shift. In the absence of the supervisor's availability, the staff person will notify the next supervisor in the organizational structure.

5) Child Abuse Reporting [DHS 13.05(3)(c)]

a) Whenever a child is thought to be the recipient of the alleged caregiver misconduct, the staff person who becomes aware of the incident, in accordance with s. 48.981, Stats., will immediately report, by telephone or personally, to the county department of social services or human services or the sheriff or city, village or town police department the facts and circumstances contributing to a suspicion that child abuse or neglect has occurred or to a belief that it will occur.

b) The Program Coordinator or the Program Director will notify the Department of Human Services in writing or by phone within 7 calendar days that the child abuse report has been made. The report will be made to: Caregiver Registry and, investigation Unit, Bureau of Quality Assurance. P.O. Box 2969, Madison, Wisconsin 53701-2969 or phone: 608-261-7650.

6) Completion of the Health and Human Services Incident Summary

a) After any necessary steps have been taken to assure that participants are protected, the reporter, someone on his/her behalf or a staff person will complete a Human Services Incident Summary.

- b) The staff person who becomes aware of an incident of alleged caregiver misconduct is responsible for ensuring that the Incident Summary is completed.
 - c) Incident Summary are available within Human Services Department.
 - d) The staff person who becomes aware of an incident of alleged caregiver misconduct is responsible for ensuring that the Incident Summary is given to the Program Manager/Supervisor (or her/his designee) who has responsibility for the service area by the end of the day in which the incident is discovered.
 - e) In the event that a Program Coordinator is the alleged person responsible for the caregiver misconduct, the staff person who becomes aware of the misconduct will ensure that the Incident Summary is given to the Program Director by the end of the day in which the incident is discovered.
 - f) In the event that the Health and Human Services Director is the alleged person responsible for the caregiver misconduct, the staff person who becomes aware of the misconduct will ensure that the Incident Summary is given to one of the Program Coordinators by the end of the day in which the incident is discovered.
- 7) Program Coordinator Review and Action
- a) Participant Protection
 - i) Upon receiving the Incident Summary, the Program Coordinator Manager/Supervisor (or Director if the circumstances dictate) will review the steps taken to protect participant and assess further immediate and long-term safety needs. The Program Coordinator will take any other necessary steps to assure that participants are protected from subsequent episodes of misconduct while a determination on the matter is ending. [HFS 13.05(2)]
 - b) Investigation of the Incident
 - i) The Program Coordinator in consultation with at least one other program coordinator or the Human Services Director will review the Incident Summary, conduct a thorough investigation, document the course and results of their investigation and determine what steps are necessary to determine the complete factual circumstances surrounding the alleged incident.
 - ii) A thorough investigation can include several elements, such as the following:
 - (1) Collecting physical and documentary evidence including photographs and diagrams
 - (2) Conducting interviews of victims, witnesses and other who may have knowledge of the allegation
 - (3) Finding other evidence that corroborates or disproves any evidence initially collected
 - (4) Involving other regulatory authorities who could assist in the investigation such as law enforcement as applicable.
 - (5) Documenting each step taken during the investigation and the results of the investigation.
 - iii) In the event that a Program Coordinator is the subject of the Incident Summary, the Human Services Director will review the Incident Summary

and determine what steps are necessary to determine the complete factual circumstances surrounding the alleged incident.

iv) In the event that the Human Services Director is the subject of the Incident Summary, a minimum of two Program Manager or Program Supervisors will review the Incident Summary and determine what steps are necessary to determine the complete factual circumstances surrounding the alleged incident.

v) If it is determined that a more thorough investigation must be conducted, the Program Manager will identify an appropriate and independent investigating agent such as a state or regional staff person, a law enforcement agency, a representative of an outside county, or adult or child protective services.

c) Reports to Law Enforcement.

i) Whenever allegations that are the subject of a report involve the possible commission of a crime, Program Manager or Human Services Director will also separately notify law enforcement authorities having jurisdiction in the case. [DHS 13.05(3)(a)note]

d) Elder Abuse Reporting [DHS 13.05(4)(c)]

i) If the caregiver who is the subject of the report is believed to have abused or neglected or misappropriated the property of a participant who is aged 60 or older or subject to the infirmities of aging and who either does not reside in a nursing home or community-based residential facility licensed under ch. 50. Stats.. or receive services from a home health agency licensed under ch. 50. Stats.. then the Program Manager or the Health and Human Services Director may file a report with Adult Protective Services as the lead agency for elder abuse in accordance with s. 46.90. Stats.

ii) The lead elder abuse agency designated under s. 46.90 (2). Stats.. will be responsible for notifying the Department of Health and Family Services that it has received the report. For La Crosse County the lead agency is La Crosse County Human Services Department.

e) Decision to Report to the Bureau of Quality Assurance [DHS 13.05(3)(a) & DHS 13.05(3)(b)].I

i) The Program Manager in consultation with Human Services Director will review the Incident Summary and other investigatory information to determine if:

(1) Health and Human Services can name the person(s) that the agency has reasonable cause to believe committed the incident or Human Services has reasonable cause to believe that with some further degree of investigation, another regulatory authority could name the person(s).

(2) Human Services has reasonable cause to believe the agency has, or that with some further degree of investigation, another regulator authority could obtain sufficient evidence to show the incident occurred.

(3) Human Services has reasonable cause to believe the incident meets one or more of the definitions of abuse, neglect, or misappropriation in DHS 13, Wisconsin Administrative Code.

ii) If the three elements listed above are present, the Program Manger or Human Services Director will complete the state Incident Report £0 (DSL-2447) and submit it to Bureau of Quality Assurance via mail or fax within calendar days from the date Health and Human Services knew or should have own about the misconduct. The report will be submitted to: Bureau of Quality Assurance, Caregiver Regulation and Investigation Section, PO Box 2969, Madison, WI 3701-2969, or Phone 608-261-7650, or FAX 608-267-1.445.

iii) If the alleged caregiver misconduct involves staff credentialed by the Department of Regulation and Licensing, the Program Manager or the Human Services Director will instead send the Incident Report form SL-2447) to; Department of Regulation and Licensing, PO Box 8935, Madison, WI 3708-8935

f) When Reporting to BQA is NOT Required

i) The Program Manger/ Supervisor or the Human Services Director will make a determination if the agency is not required to submit the Incident Report Form (DSL- 2447) relative to the incident to the Bureau of Quality Assurance based on whether either of the following is true:

(1) Health and Human Services can affirmatively determine that the incident does not meet the definition of caregiver misconduct; or

(2) Health and Human Services cannot affirmatively rule out the incident as one that would meet the definition of caregiver misconduct, but the effects of the incident on the participant are minor.

(a) "Minor" effects on a participant of alleged misconduct are, for purposes of complaint reporting requirements only, those that do not use apparent physical, emotional, or mental pain or suffering, to a participant. For example, missing candy or snacks, food missing from a participant's tray after the participant is finished eating; little or no negative response to mild profanity used in a participant's presence or directed at a participant can be considered minor effects on the participant. A skin tear that allegedly occurs due to rough handling, however, where the participant expressed discomfort at the time the tear occurs is not considered a minor effect. Verbal or physical threats to a participant at agitate the participant or make the participant cower or cry are not considered minor effects. Taking a participant's only spending money for the week is not considered a minor effect.

g) Notifying the Subject of the Report

i) The Program Manager or the Services Director will notify the subject of a report that an allegation of abuse or neglect of a participant or misappropriation of a participant's property has been made and that the ,report is being forwarded to the appropriate authority. Notice to the

subject of the report will be given as soon as practicable, but within 7 calendar days of Human Services' reporting to the appropriate authority. [DHS 13.05(3)(d)]

h) BQA's Response to Reports of Misconduct Filed by Entities

i) When Health and Human Services sends a caregiver misconduct report to the Bureau of Quality Assurance, BQA will notify the accused person, Human Services and complainant by letter regarding whether or not an investigation will be conducted.

ii) BQA may conduct further investigation by conducting on-site visits, in-person interviews and/or telephone interviews. Both state investigators and contracted private investigators, as authorized by s. 146.40, Wis. Stats., complete caregiver misconduct investigations. Human Services staff will cooperate with the investigation process. After the investigation is complete, BQA determines whether there is sufficient evidence to substantiate the complaint. (DHS 13.005 (6))

iii) BQA will notify the accused person, Human Services or staffing agency (if known), the complainant and other appropriate agencies of the outcome of the investigation, i.e., whether or not the complaint was substantiated.

iv) The accused person has 30 days to appeal the BQA decision to substantiate a finding. If there is no appeal filed or if the Department's position is upheld after a hearing, a finding of misconduct is placed on the Wisconsin Caregiver Registry in that caregiver's name.

i) Continued Employment of a Caregiver Against Whom an Allegation is Reported

i) In order for the Department of Health and Family Services to substantiate misconduct against a caregiver, the incident must meet the definition of "abuse, "neglect," or "misappropriation" as set forth in ch. DHS 13, Wisconsin Administrative Code. An incident may violate the work roles or procedures of Health and Human Services but at the same time not meet the definitions or the evidentiary standards in the administrative role. Therefore, it is possible that Human Services may appropriately discipline or terminate a caregiver for a particular incident, but BQA may determine that it is unable to substantiate caregiver misconduct.

ii) Any employment action taken against the caregiver while a complaint is pending is an internal decision on the part of Human Services and county personnel department. Human Services is not required to suspend or terminate a caregiver against, whom an allegation has been made and reported. During this period, options available to the Human Services include increased supervision, an alternate work assignment, training, as well as employment sanctions such as a verbal or written reprimand, administrative leave, suspension or termination. Until a final determination is made, it is Human Services decision whether to choose interim options.

j) Continued Employment When an Allegation of Misconduct is Substantiated.

- i) Health and Human Services will not employ or contract with a person who has direct, regular contact with a participant if the person has a finding of misconduct on the Wisconsin Caregiver Registry unless the person has received a Rehabilitation Review approval as provided in chapter DHS 12 of the Wisconsin Administrative Code. [DHS 12.10]
- k) Filing and Storage of Caregiver Misconduct Reports
 - i) Human Services will maintain on file for inspection by BQA staff documentation of the 30 most recent incidents that Human Services has learned of, information obtained during the Community Program's investigations of these alleged incidents and injuries, and its findings.
 - ii) Health and Human Services will use its internal Incident Summary Form and/or the state forms (DSL-2447) to maintain documentation of the investigations. The requirement to maintain documentation of its investigation ensures that both Human Services and BQA has done everything possible to identify the persons who may have harmed a participant, and the misconduct reporting requirement is thereby deemed to have been met.
- l) Internal Administrative Review
 - i) Health and Human Services will conduct an internal administrative review after the investigation of caregiver misconduct is completed and the determination has been made whether or not to file a report with the Bureau of Quality Assurance.
 - ii) The Program Manager involved in the incident or the Human Services Director will convene an internal review of the circumstances involved in the misconduct. This may include evaluating such things as staff training education and current policies and procedures. The purpose of this review is to identify any actions or changes that would eliminate or reduce the likelihood of other similar incidents of caregiver misconduct.

APPENDIX XXII

WRIC PROGRAM DESCRIPTION AND REQUIRED PROGRAM		
Section: WRIC	Date of Approval: 2005	Date Policy is Effective: 2005-Updated 5/2016
Responsible Person: WRIC Supervisors		Author: Christin Skolnik , Supervisor
Statutory/Administrative Reference: DHS 36; DHS 94		Approved by: LCHS-WRIC Human Service’s Director

PURPOSE:

To outline Western Region Integrated Care long-term case management programs and practice approaches, and their eligibility requirements for adults and children.

POLICY:

Program description & required Program Components Policy.

PROCEDURE

- 1) The WRIC Comprehensive Community Services (CCS) program is a community-based psychosocial rehabilitation service that provides or arranges for psychosocial rehabilitation services for eligible adults and children. CCS services shall be organized as a mental health program within the WRIC CCS Program.
- 2) WRIC Comprehensive Community Services shall provide or arrange for psychosocial rehabilitation services.
 - a) Service Facilitation model designed for both children and adults with a mental health disorder or a substance abuse disorder (or both).
 - b) Consumer Centered, multidisciplinary teaming, outcome oriented, recovery/reintegration focused with collaboration across systems.
 - c) Services shall be authorized by the local Service Facilitator, Mental Health Professional, Service Director, and/or CCS Administrator.
 - d) Service shall provide by qualified Human Services and contracted staff.
 - e) Comprehensive Community Services shall maintain a description of the array of psychosocial rehabilitation service and service providers.
- 3) WRIC counties shall implement the Coordinated Services Teams (CST) approach within the CCS program for children who have multiple needs, are involved in multiple systems, and at risk for out of home placement. The child MUST be enrolled in the CCS program.
 - a) Collaborative, strengths based approach driven by a shared set of core values (family centered, outcome oriented, strength based, culturally responsive, community based, individualized planning, builds on natural supports).
 - b) Provides families access to needed support and services as well as ownership of their own plan.
 - c) Team approach within all WRIC partner counties to respond to children with multiple needs.
 - d) Services are supported through collaborative efforts of both formal and informal supports.

1. Eligibility
 - a) In addition to the eligibility requirements outlined in the CS3.1 Admission Eligibility for Services Policy, applicants shall meet the admission criteria outlined in CS2.1.3.8.1 Admission Criteria and Determination of Need Policy.
 - b) Specifically for the CST approach:
 - Child must be enrolled in the WRIC CCS program.
 - Families with a child age 0-17, must be county residents
 - Primary Caregiver must be willing to be involved in the CST process.
 - Families must identify goals for change.
 - The child must be at risk of an out of home placement.
 - Child must be involved in two or more direct services: mental health, substance abuse, juvenile justice, child protective services, special education.

2. Participant Rights
 - a) WRIC CCS and/or CST programs shall comply with patient rights and grievance resolution procedures as outlined in Clinical Services policies Participant Rights and Grievance Resolution.
 - b) The Service Facilitator shall ensure that the consumer understands the options of using the formal and informal grievance resolution process.

3. Right to choice in the selection of recovery team members, services, and service providers.

4. Right to specific, complete and accurate information about proposed services.

5. Right to review of a CCS and/or CST determination.
 - a) For Medical Assistance consumers, this review shall be requested by using the fair hearing process under s. DHS 104.01(5).
 - b) For all other consumers, this request shall be made to the Wisconsin Department of Health and Family Services: A written request for review of the determination of need for psychosocial rehabilitation services should be addressed to the Bureau of Mental Health and Substance Abuse Services, 1 W. Wilson Street, Room 433, P.O. Box 7851, Madison, WI 53707-7851

6. WRIC Comprehensive Community Services shall employ or contract with professionals to fulfill the following required functions:
 - a) **ADMINISTRATOR FUNCTION.** A Supervisor from within the lead WRIC County shall fulfill the administrator function.
 - Responsibilities of the administrator shall include overall responsibility for the CCS and CST programs, including compliance with DHS 36 and other applicable state and federal regulations and developing and implementing policies and procedures.
 - Designate qualified individuals to fulfill required program functions.
 - b) **SERVICE DIRECTOR FUNCTION.** An individual from within the lead WRIC county, or qualified designee shall fulfill the service director function.

- Assist Administrator in maintaining compliance with DHS 36 and other applicable state and federal regulations and developing and implementing policies and procedures.
 - Responsibilities shall include responsibility for the quality of the services provided to participants and day-to day consultation to CCS and/or CST staff.
- c) MENTAL HEALTH PROFESSIONAL FUNCTION.
- i) Local qualified designee shall fulfill the mental health professional function with regard to:
 - Authorization of Services
 - ii) Local qualified individuals from with ISRS shall fulfill the mental health professional function with regard to:
 - Participation in the Assessment Process
 - Participation on the Recovery Team
 - Participation in Discharge Planning
- d) SERVICE FACILITATION FUNCTIONS, Service Facilitator functions shall be fulfilled by various local Human Services staff members who are assigned to CCS and meet the required qualifications.
- i) Responsibilities shall include:
 - Ensuring that the service plan and service delivery for each participant is integrated, coordinated and monitored, and is, designed to support consumer in a manner that helps the consumer to achieve the highest possible level of independent functioning.
 - Ensuring that the consumer understands his/her rights and the options of using the formal and informal grievance resolution process.
 - Facilitation of the Assessment Process.
 - Facilitation of Service Planning.

	Targeted Case Management (TCM) (Adults and Children)	Comprehensive Community Services (CCS) (Adults and Children)	Community Support Program (CSP) (Adults only)
Basic Description of Model	<p>Case Manager assesses needs and develops a plan of support that draws upon natural and formal supports already available to the consumer. Case Manager monitors services and updates plan as needed.</p>	<p>Service facilitators work with the consumer to form a Recovery Team from formal/natural support systems. The consumer identifies their goals, and is a part of the team process of designing a plan of psychosocial rehabilitative support services (traditional and non-traditional) from a wide array of community providers. Evidence Based Coordinated Services Team (CST) approach utilized with children involved in multiple systems of care.</p>	<p>Multi-Disciplinary team coordinates and provides all services to include: in-house psychiatry, nursing, vocational, AODA, case management, and assistance with daily living skills. Daily staff meetings and in-house provision of service facilitates ability of program to respond quickly and with updated information. Evidence Based Practice of Integrated Dual Diagnosis Treatment (IDDT) approach utilized with consumers identified as “high risk” due to high level of mental health and substance abuse needs.</p>
Indicators of Need for Model	<p>Existing supports and services meet majority of consumer’s needs</p> <p>Need for assistance in setting up and coordinating services</p> <p>Not interested in high level of county involvement; prefers to manage recovery process primarily on own and only access Case Manager when needed</p>	<p>Important existing provider relationships that would be lost in CSP model.</p> <p>Existing and/or traditional supports and services do not meet needs</p> <p>Moderate – high level of predictable service need.</p> <p>Need/desire for unique provider characteristics or skill sets</p> <p>Interested in self-directing care</p> <p>Natural support system to draw upon</p> <p>Motivated to try non-traditional services in order to facilitate recovery</p>	<p>Rapidly changing status requiring quick/coordinated response</p> <p>Limited ability or unable to make important decisions</p> <p>Risk factors related to harm to self or others</p> <p>Multiple/complex factors strongly suggest close-knit team approach</p> <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">CSP w/IDDT approach</p> <ol style="list-style-type: none"> 1. Significant level of mental health and AODA challenges 2. At least two of the following indicators of specialized need: <ul style="list-style-type: none"> ○ Multiple or extended hospitalizations in last year. ○ 10 or more emergency contacts in last year ○ Involvement in Criminal Justice system ○ IDDT required to transition out of residential ○ High-risk behavior within past year that would be responsive to IDDT approach ○ Other services failed to stabilize the consumer </div>

APPENDIX XXIII

WRIC CCS QUALITY IMPROVEMENT POLICY		
Section: WRIC	Date of Approval: 2005	Date Policy is Effective: 2005-updated 5/2016
Responsible Person: WRIC Supervisor		Author: Matthew Strittmater Supervisor
Statutory/Administrative Reference:		Approved by: LCHS-WRIC Human Service Director's

PURPOSE:

POLICY:

The WRIC CCS Quality Improvement Plan is as follows:

1. A consistent level of monitoring, and responding as needed to data collected through CCS Service Planning. CCS Service Plans will collect data on participant satisfaction with services, involvement in recovery planning, and progress toward desired outcomes. Participant satisfaction with assessments, service planning, service facilitation, and vendor services will also be collected. The confidentiality of persons providing opinions to CCS will be protected. All data will be summarized and reviewed with the WRIC CCS Coordination Committee and CCS staff on a quarterly basis.
2. A yearly MHSIP (child and family) and ROSI (adult) surveys will be conducted annually so consumer and family input can be given regarding program strengths and weaknesses, and to invite recommendations for improvement. Results will be shared with WRIC CCS Coordination Committee & recommendations for improvement/feedback will be asked for from the committee.
3. The MHSIP (child and family) survey will also be utilized annually for consumers and their families enrolled in the Coordinated Services Teams Approach within the WRIC CCS program.
4. At least one Quality Improvement project will be implemented each year. It is likely that these projects will be designed and implemented with the assistance of the Clinical Services QA/QI committee. The Coulee Coalition for Children of Differing Abilities and the Consumer Advisory Council will be informed or involved on all projects.
5. WRIC CCS-Program Vendor Service Array updated annually or as needed with all regional vendors available listed.

Quality Improvement Plan data and results will be shared with the WRIC CCS Coordination Committee and the Coulee Coalition for Children of Differing Abilities on a basis for discussion and planning.

Western Region Integrated Care CCS Vendor Listing

SERVICE CATEGORY	DESCRIPTION OF ACTIVITY	ADULT ONLY SERVICE	ADULT & KIDS SERVICE	KIDS ONLY SERVICE
<p>Screening and Assessment</p>	<p>Assessments and Activities involved in the process used to identify and evaluate the strengths, needs and desired outcomes of a consumer.</p>	<ul style="list-style-type: none"> • Independent Living Resources <ul style="list-style-type: none"> ○ Consumer Affairs Coordinator 		<ul style="list-style-type: none"> • Stein Counseling and Consulting <ul style="list-style-type: none"> ○ Adolescent sex offender (master degree)
<p>Individual Skill Development & Enhancement</p>	<p>Services include training in communication, interpersonal skills, problem solving, decision making, self-regulation, conflict resolution, and other specific needs identified I the member’s service plan. Services also include training in daily living skills related to personal care, household tasks, financial management, transportation, shopping, parenting, accessing and connecting to community resources and services (including health care</p>	<ul style="list-style-type: none"> • Independent Living Resources <ul style="list-style-type: none"> ○ Individual ○ Group • Innovative Wisconsin <ul style="list-style-type: none"> ○ Individual ○ Group • Catholic Charities-live by <ul style="list-style-type: none"> ○ Individual • Flocks Guardians, Inc. <ul style="list-style-type: none"> ○ Individual 	<ul style="list-style-type: none"> • Innovative Wisconsin <ul style="list-style-type: none"> ○ Individual ○ Group ○ 2:1 (staff to child) • Riverfront <ul style="list-style-type: none"> ○ Individual ○ Group ○ 2:1 (staff to child) • Catholic Charities <ul style="list-style-type: none"> ○ Individual ○ Group ○ 2:1 (staff to child) 	<ul style="list-style-type: none"> • Partners in Excellence <ul style="list-style-type: none"> ○ Individual ○ Group ○ 2:1 (staff to child) • Person First Supportive Services <ul style="list-style-type: none"> ○ Individual ○ Group ○ 2:1 (staff to child) • Family & Children’s Center <ul style="list-style-type: none"> ○ Group • Coulee Connections <ul style="list-style-type: none"> ○ Individual ○ Group ○ 2:1 (staff to child)

SERVICE CATEGORY	DESCRIPTION OF ACTIVITY	ADULT ONLY SERVICE	ADULT & KIDS SERVICE	KIDS ONLY SERVICE
	<p>services) and other specific daily living needs identified in the member's services plan. Services provided to minors should also focus on improving integration into and interaction with the minor's family, school, community, and other social networks. Services include assisting the minor's family in gaining skills to assist the minor with individual skill development and enhancement. Services that are designed to support the family must be directly related to the assessed needs of the minor.</p>		<p>Non-Traditional Services:</p> <ul style="list-style-type: none"> • Life In Harmony <ul style="list-style-type: none"> ○ Individual (1:1) ○ 2:1 ○ Small group ○ Large Group • Flying Horse Stables <ul style="list-style-type: none"> ○ Individual ○ Group • Trinity Equestrian Center <ul style="list-style-type: none"> ○ Individual ○ Group • Viroqua Nutrition Counseling <ul style="list-style-type: none"> ○ Individual 	<ul style="list-style-type: none"> • Lutheran Social Services <ul style="list-style-type: none"> ○ FIP Parent Coach <p>Non-Traditional Services:</p> <ul style="list-style-type: none"> • Nicklaus' Martial Arts America: <ul style="list-style-type: none"> ○ Individual <ul style="list-style-type: none"> ▪ Basic Program ▪ Leadership Program <p>*Monthly rate</p>

SERVICE CATEGORY	DESCRIPTION OF ACTIVITY	ADULT ONLY SERVICE	ADULT & KIDS SERVICE	KIDS ONLY SERVICE
Medication Management for Prescribers and Non-Prescribers	Services for non-prescribers include: supporting the member in taking his or her medications; increasing the member's understanding of the benefits of medication and the symptoms it is treating; and monitoring changes in the member's symptoms and tolerability of side effects.	<ul style="list-style-type: none"> • Catholic Charities-live by: <ul style="list-style-type: none"> ○ Individual 	<ul style="list-style-type: none"> • Catholic Charities • Innovative Wisconsin <ul style="list-style-type: none"> ○ Individual • Flocks Guardians, Inc. <ul style="list-style-type: none"> ○ Individual 	
Employment Related Skill Training	Services that address the person's illness or symptom-related problems in order to secure and keep a job. Services to assist in gaining and utilizing skills necessary to undertake employment may include: employment and education assessments; assistance in accessing or participating in educational and employment related services; education about appropriate job-related behaviors; assistance with	<ul style="list-style-type: none"> • Independent Living Resources 	<ul style="list-style-type: none"> • Family & Children's Center-Supported Employment <ul style="list-style-type: none"> ○ Individual 	

SERVICE CATEGORY	DESCRIPTION OF ACTIVITY	ADULT ONLY SERVICE	ADULT & KIDS SERVICE	KIDS ONLY SERVICE
	<p>job preparation activities such as personal hygiene, clothing, and transportation; on-site employment evaluation and feedback sessions to identify and manage work-related symptoms; assistance with work-related crises; and individual therapeutic support.</p>			

SERVICE CATEGORY	DESCRIPTION OF ACTIVITY	ADULT ONLY SERVICE	ADULT & KIDS SERVICE	KIDS ONLY SERVICE
<p>Physical Health and Monitoring</p>	<p>Focus is on how the member’s mental health and/or substance abuse issues impact his or her ability to monitor and manage physical health and health risks.</p> <p>Physical health monitoring services include activities related to the monitoring and management of a member’s physical health. Services may include assisting and training the member and the member’s family to: identify symptoms of physical health conditions, monitor physical health medications and treatments, and develop health monitoring and management skills.</p>	<ul style="list-style-type: none"> • La Crosse County ISRS Nursing (no need to authorize Avatar – only list on Service Plan) • TCHC-Blair Apartments (Trempealeau County only) 		

SERVICE CATEGORY	DESCRIPTION OF ACTIVITY	ADULT ONLY SERVICE	ADULT & KIDS SERVICE	KIDS ONLY SERVICE
Diagnostic Evaluations and Specialized Assessments	Psychiatric evaluations and specialized assessments including, but not limited to neuropsychological, geropsychiatric, specialized trauma, & eating disorder evaluations. For minors, diagnostic evaluations can also include functional behavioral evaluations and adolescent alcohol/drug assessment intervention program.	<ul style="list-style-type: none"> • Hiawatha Valley Mental Health: <ul style="list-style-type: none"> ○ Assessment for Adult CORE group 	<ul style="list-style-type: none"> • Stein Counseling and Consulting (master) <ul style="list-style-type: none"> ○ Behavioral Modification Evaluation 	<ul style="list-style-type: none"> • Coulee Connections (master level) • Riverfront (master level) <ul style="list-style-type: none"> ○ Behavioral/Assessment/Evaluation • Person First Supportive Services

<p>Individual and/or Family Psycho-Education</p>	<p>Education and information resources provided about the member's mental health and/or substance abuse issues, skills training, problem solving, and ongoing guidance about managing and coping with mental health and/or substance abuse issues; and social and emotional support for dealing with mental health and/or substance abuse issues. May be provided individually or in group setting to the member of the member's family and natural supports (ie: anyone the member identifies as being supportive in his or her recovery and/or resilience process). Psycho education is not psychotherapy.</p> <p>Family psycho education must be provided for the direct benefit of the member. Consultation to family members for treatment of their issues not related to the member is not included as part of</p>	<ul style="list-style-type: none"> • Mayo Clinic Health System <ul style="list-style-type: none"> ○ Group <ul style="list-style-type: none"> ▪ CBT-coping skills ▪ Thinking for a change ▪ Co-occurring disorder 	<ul style="list-style-type: none"> • Riverfront <ul style="list-style-type: none"> ○ Individual ○ Group • Driftless Recovery <ul style="list-style-type: none"> ○ Group <ul style="list-style-type: none"> ○ Women's group ○ Men's group ○ Adolescent Co-occurring <p>*Call to get specific age groups for each group</p> <ul style="list-style-type: none"> • Northwest Counseling & Guidance Clinic <ul style="list-style-type: none"> ○ Group <ul style="list-style-type: none"> - AODA prev/fam issue -Conflict resolution - Coping Skills - Self regulation/anger management -Decision making/problem solving -Diagnosed Medical Issue Symptom Management - Feeling ID & Expression -Healthy Relationships 	<ul style="list-style-type: none"> • Partners In Excellence <ul style="list-style-type: none"> ○ Group • Person First Supportive Services <ul style="list-style-type: none"> ○ Individual
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SERVICE CATEGORY	DESCRIPTION OF ACTIVITY	ADULT ONLY SERVICE	ADULT & KIDS SERVICE	KIDS ONLY SERVICE
	<p>family psycho education. Family psycho education may include anticipatory guidance with the member is a minor.</p>		<p>-Social Skills: Managing Fear/Anxiety</p>	

<p>Psychotherapy</p>	<p>Diagnosis and treatment of mental, emotional, or behavioral disorders, conditions, or addictions through the application of methods derived from established psychological or systemic principals for the purpose of assisting people in modifying their behaviors, cognitions, emotions, and other personal characteristics, which may include the purpose understanding unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics.</p> <p>Psychotherapy may be provided in an individual or group setting.</p>	<ul style="list-style-type: none"> • Hiawatha Valley Mental Health <ul style="list-style-type: none"> ○ CORE group (dual) 	<ul style="list-style-type: none"> • Mayo Clinic Health System <ul style="list-style-type: none"> ○ Individual ○ Group • Gundersen Lutheran Medical Center: <ul style="list-style-type: none"> ○ Individual ○ Group • Hiawatha Valley Mental Health <ul style="list-style-type: none"> ○ Individual ○ Group (age specific) • Center Point Counseling Services Coop <ul style="list-style-type: none"> ○ Individual ○ Group • Garrison Counseling <ul style="list-style-type: none"> ○ Individual ○ Group • Peace of Mind Counseling <ul style="list-style-type: none"> ○ Individual ○ In-home • Driftless Recovery Services: <ul style="list-style-type: none"> ○ Individual • Family Solutions Associates 	<ul style="list-style-type: none"> • Stein Counseling and Consulting <ul style="list-style-type: none"> ○ Individual <ul style="list-style-type: none"> - Adolescent Sex Offender - In-home - Individual ○ Group <ul style="list-style-type: none"> - Adolescent Sex Offender • Juvenile Assessment and Treatment Center LLC <ul style="list-style-type: none"> ○ Individual • Family and Children’s Center <ul style="list-style-type: none"> ○ Individual • Northwest Guidance Clinic-Groups (see attached listing) • Counseling Associates: <ul style="list-style-type: none"> ○ In home ○ Individual
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SERVICE CATEGORY	DESCRIPTION OF ACTIVITY	ADULT ONLY SERVICE	ADULT & KIDS SERVICE	KIDS ONLY SERVICE
			<ul style="list-style-type: none"> ○ Individual • Northwest Guidance <ul style="list-style-type: none"> ○ Individual • Counseling Associates: <ul style="list-style-type: none"> ○ Individual (office) • La Crosse County Human Services (no service authorizations) <ul style="list-style-type: none"> ○ Individual ○ Group **Ask about specific groups and ages 	

<p>Wellness Management and Recovery Services</p>	<p>Wellness management and recovery services, include: empowering members to manage their mental health and/or substance abuse issues, helping them develop their own goals, and teaching them the knowledge and skills necessary to help them make informed treatment decisions. These services include: psycho education; behavioral tailoring; relapse prevention; development of a recovery action plan; recovery and/or resilience training; treatment strategies; social support building; and coping skills. Services can be taught using motivational, educational, and cognitive-behavioral strategies.</p> <p>Recovery support services (provided as substance abuse services) include: emotional, informational, instrumental, and affiliated support. Services include assisting</p>	<ul style="list-style-type: none"> • Independent Living Resources <ul style="list-style-type: none"> ○ Individual ○ Group ○ Consumer Affairs Coordinator • Aurora Services: <ul style="list-style-type: none"> ○ Individual • Discovery Counseling by Ray Pavelko <ul style="list-style-type: none"> ○ Individual • Catholic Charities-live-by: <ul style="list-style-type: none"> ○ Individual • Flocks Guardians, Inc. <ul style="list-style-type: none"> ○ Individual <p>Non-Traditional Services:</p> <ul style="list-style-type: none"> • Tammy Zee Yoga Studio <ul style="list-style-type: none"> ○ Individual ○ Group 	<ul style="list-style-type: none"> • Catholic Charities <ul style="list-style-type: none"> ○ Individual ○ Group • Innovative Wisconsin <ul style="list-style-type: none"> ○ Individual ○ Group • Riverfront <ul style="list-style-type: none"> ○ Individual ○ Group <p>Non-Traditional Services:</p> <ul style="list-style-type: none"> • Life In Harmony <ul style="list-style-type: none"> ○ Individual (1:1) ○ 2:1 ○ Small group ○ Large Group • Flying Horse Stables <ul style="list-style-type: none"> ○ Individual ○ Group • Trinity Equestrian Center <ul style="list-style-type: none"> ○ Individual ○ Group 	<ul style="list-style-type: none"> • Coulee Connections: <ul style="list-style-type: none"> ○ Individual ○ Group • Lutheran Social Services <ul style="list-style-type: none"> ○ FIP Parent Coach • Partners in Excellence • Parenting Place <ul style="list-style-type: none"> ○ Individual • Person First Supportive Services <ul style="list-style-type: none"> ○ Individual ○ Group • YMCA <ul style="list-style-type: none"> ○ Individual ○ Mentor Mate
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SERVICE CATEGORY	DESCRIPTION OF ACTIVITY	ADULT ONLY SERVICE	ADULT & KIDS SERVICE	KIDS ONLY SERVICE
	<p>the member in increasing engagement in treatment, developing appropriate coping strategies, and providing aftercare and assertive continuing care. Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery.</p>			

<p>Substance Abuse Treatment</p>	<p>Substance abuse treatment services include day treatment (Wisconsin Administrative Code DHS 75.12) and outpatient substance abuse counseling (DHS 75.13). Substance abuse treatment services can be in an individual or group setting.</p> <p>The other categories in the service array also include psychosocial rehabilitation substance abuse services that support members in their recovery.</p> <p>The CCS program does not cover Operating While Intoxicated assessments, urine analysis and drug screening, detoxification services, medically managed inpatient treatment services, or narcotic treatment services (opioid treatment programs). Some of these services may be covered under Medicaid outside of the CCS program.</p>	<ul style="list-style-type: none"> • Attic Correctional Services-Group-(Recovery Support Services): <ul style="list-style-type: none"> ○ AODA group ○ CBT group ○ Individual • Driftless Recovery Services: <ul style="list-style-type: none"> ○ Individual ○ Groups <ul style="list-style-type: none"> ○ Substance abuse for men ○ Substance abuse for women ○ Relapse prevention ○ Substance abuse structured outpatient 	<ul style="list-style-type: none"> ○ Driftless Recovery Services: <ul style="list-style-type: none"> ○ Individual ○ Groups <ul style="list-style-type: none"> ▪ Relapse prevention ▪ Substance abuse structured outpatient <p>*call to get specifics regarding age groups for each group</p>	<ul style="list-style-type: none"> • Driftless Recovery Services: <ul style="list-style-type: none"> ○ Adolescent co-occurring (group)
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SERVICE CATEGORY	DESCRIPTION OF ACTIVITY	ADULT ONLY SERVICE	ADULT & KIDS SERVICE	KIDS ONLY SERVICE

SERVICE CATEGORY	DESCRIPTION OF ACTIVITY	ADULT ONLY SERVICE	ADULT & KIDS SERVICE	KIDS ONLY SERVICE
Peer Support	Peer support services include a wide range of supports to assist the member and the member's family with mental health and/or substance abuse issues in the recovery process. These services promote wellness, self-direction, and recovery by enhancing the skills and abilities of members to meet their chosen goals. The services also help members negotiate the mental health and/or substance abuse systems with dignity, and without trauma. Through a mutually empowering relationship, Certified Peer Specialists and members work as equals toward living in recovery.		<ul style="list-style-type: none"> • ILR-Consumer Affairs Coordinator Individual hourly/Group hourly • Family & Children's Center-Supported Employment <ul style="list-style-type: none"> ○ Individual ○ Group 	

WRIC-CCS PROGRAM SOCIAL WORKER/SERVICE FACILITATOR
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DISTINGUISHING FEATURES OF WORK

This is the entry level Social Worker position. Under supervision, this employee assists clients with environmental and supportive services designed to overcome financial, personal health or family problems; conducts individual or family assessment to determine services needed; provides agency services when appropriate; and refers clients for other community services when needed. Services to clients may take the form of protective actions in their behalf or on behalf of the community.

ESSENTIAL JOB FUNCTIONS

May provide any or all of the following:

Provides social services per Wisconsin Statutes, court policies, and/or requirements of the program, state, or federal guidelines; accepts requests and referrals for agency services; conducts thorough assessments through interviews, home visits and collateral investigations, the range of services needed by these individuals and their families for preventative, remedial or rehabilitative services; explains the scope of the agency's services and discusses the client's rights and responsibilities in relation to the use of such services; arranges or provides for appropriate social services for clients based on assessments of needs; conducts regular case evaluations and develops and updates service plans according; maintains case records containing pertinent, accurate and current information; prepares correspondence, reports and other records as required; participates in committees and task forces as assigned; testifies in court as necessary or required; maintains confidentiality of client-related information, maintains respectful treatment clients, and adheres to the La Crosse, Monroe and Jackson County Standards of Conduct in the Administrative Code (3.08); coordinates or participates in care conferences; adheres to approved social worker principles, methods and practices, including the National Association of Social Worker's (NASW) code of ethics; maintains skill and competence levels as policies and regulations change by attending department/staff meetings and by participating in continuing training as required and appropriate; reports to work when scheduled, with minimum use of sick leave. Employee is expected to build up sick leave balance for income protection for unexpected illness.

In this public service position, employee is required to be courteous, cooperative and respectful at all times, with the public and clients. Also establishes and maintains a courteous, cooperative and respectful working relationship with other employees, supervisors, and public officials.

Physical demands: Large percentage of time is spent talking and hearing. Approximately half the time is spent sitting and using near and far vision, low fingering and low (35 lbs.) carrying. A limited amount of time is spent standing, walking, climbing (using feet and legs), reaching, low to medium lifting and carrying. Occasionally transports/carries a child or assists in transferring an adult. Occasionally it is necessary to stoop, kneel, and bend/twist. There is the threat of physical attack or injury from clients in unusual situations. Uses automobile, telephones, copy machines, computer/keyboard, dictating equipment.

RELATED JOB FUNCTIONS

- Assists and provides back up to other Social Workers as necessary or required.
- This job description is not intended to encompass every job duty or responsibility, but is only illustrative. This position is required to perform other duties as may be assigned or required.

KNOWLEDGE, SKILLS AND ABILITIES REQUIREMENTS

- Knowledge of the philosophy, history and development of social welfare programs.
- Basic knowledge and understanding of human growth and behavior.
- Knowledge of current and social economic problems and the way in which these problems affect families and individuals.
- Knowledge of laws, regulations and practices pertaining to federal and state public welfare programs.
- Knowledge of resources for community welfare and health, and ways in which these resources may be used by people in need.
- Ability to work with diverse populations.
- Ability to relate to people in an unprejudiced and understanding manner with concerns for their circumstances and feelings.
- Ability to communicate clearly and effectively.
- Ability to plan and organize work to most effectively achieve program objectives.
- Ability to understand and follow oral and written instructions.
- Ability to participate in, and appropriately use, available supervision.
- Ability to participate meaningfully in training provided by the agency, State Department, the University of Wisconsin Extension, and other resources.

LA CROSSE COUNTY (Lead WRIC County) POLICY ON CONFIDENTIALITY

PURPOSE

This is the policy on confidentiality and is intended to comply with the HIPAA Law and other State and Federal regulations. Any information or records that are very personal in nature should be kept confidential.

WHAT DOES CONFIDENTIAL MEAN?

Keeping information or records confidential means that these things will not intentionally, negligently or carelessly be released to any person who does not have a proper business reason to know such information, or not be released without prior permission given by the person affected. A violation is called a "breach of confidentiality."

EXAMPLES OF RECORDS

Some examples of very personal records are: medical records, medical treatment and billing information, medical condition or leave status, pregnancy information, birth dates and age, disabilities, social security numbers, names of family members, racial or ethnic group, religious beliefs, sexual preference, and other confidential information.

We need to maintain confidentiality for the records of customers, clients and residents of La Crosse, Monroe and Jackson Counties as well as for the records of La Crosse, Monroe and Jackson County employees. Some County business information is confidential as well, like the bids of contractors on a contract.

WHAT INFORMATION IS COVERED?

This confidentiality policy applies to all information and records, whether on paper, electronically recorded, or shared orally, related to the operations of La Crosse, Monroe and Jackson County including, but not limited to:

- client/resident names and other identifying information
- client/resident personal and medical information, inmate medical information
- client/resident financial and billing information
- employee medical information

Employee personnel records and other employee personal information are confidential records, except as defined by the Wisconsin Statutes to be open records.

In addition, any information that has been marked "confidential" by La Crosse, Monroe and Jackson County, or other agencies is covered by this policy.

Reading, use, or release of confidential and medical information without permission is strictly forbidden and may result in immediate disciplinary action up to and including discharge.

PAGE 2 – POLICY ON CONFIDENTIALITY

Keeping protected information confidential is the responsibility of all La Crosse County employees. Employees must comply with County, State, Federal and HIPAA policies for confidentiality. Non-County employees, working at La Crosse, Monroe and Jackson Counties and contractors and vendors providing or having access to confidential information, must comply also. Non-employees working with La Crosse County must be told that they must comply with La Crosse Monroe and Jackson Counties confidentiality policies and must agree to fitting penalties if they fail to follow the La Crosse Monroe and Jackson Counties Confidentiality Policy. Contracts, when appropriate, must refer to the policy and penalties.

Documents agreeing not to disclose confidential information and 'business associate agreements' should be used to make sure there is compliance with La Crosse Monroe and Jackson Counties policy and compliance with the HIPAA law requirements.

WHAT IS THE PROCEDURE IF THERE IS A BREACH?

If you truly believe that a breach of confidentiality has occurred, you should report the incident as soon as possible to the closest supervisor available. If they are not available, report to any of the following:

- your immediate supervisor
- your department head
- your departmental Privacy Officer
- the County Personnel Director
- the County Corporation Counsel
- the County Administrator

Complaints, concerns, or reports of a breach of confidentiality of HIPAA protected Personal Health Information or other personal confidential information under this policy must be reported to the Department Privacy Officer, in addition to your supervisor. Personal Health Information means any "individually identifiable health information" kept or transmitted by electronic or other means.

MUST I REPORT A BREACH?

Yes. Employees who truly believe that a breach of confidentiality has occurred but do not report it are subject to disciplinary action.

WHAT WILL BE DONE AFTER I REPORT A BREACH?

An investigation may be conducted by the person responsible for supervising the person suspected of breaching confidentiality. All information gathered will be reviewed to determine what corrective action is to be taken. Discipline may be recommended to the supervisor of the person who caused a breach. That person may be disciplined up to and including termination of employment, depending on how serious the breach is. If the breach concerns personal confidential information such as social security, driver's license, or financial account information of a person, the County shall make reasonable efforts to

notify each person who is the subject of the breach regarding the unauthorized release as required by state law.

CAN I BE RETALIATED AGAINST?

No. Under no circumstances will the County allow retaliation or intimidation of a person who reports a breach. If there is retaliation by someone, that person may be further disciplined up to and including termination.

For more information regarding specific confidentiality requirements, please contact the Department Head or Privacy Officer.

I have received and read La Crosse, Monroe and Jackson County's Policy on Confidentiality

Date _____ Name _____

Signature _____

LA CROSSE COUNTY DEPARTMENT OF HUMAN SERVICES POLICY AND PROCEDURES

SECTION: ADMINISTRATIVE		POLICY # :	PAGE: 1	<u>Review Date</u>	<u>Date Revised</u>
SUBJECT: Exchange of Confidential Information within HS			DATE ISSUED: 3/2016		
PREPARED BY: Kathy Serres / Matt Strittmater		MANAGER APPROVAL: (Signature required)			
REVIEW CYCLE: Annual		BOARD APPROVAL DATE: (If Applicable)			

POLICY TITLE: EXCHANGE OF CONFIDENTIAL INFORMATION WITHIN HUMAN SERVICES

PURPOSE: Provide instruction on exchange of confidential information between Human Services sections and among partner counties of operating consortiums (ADRC, WREAS, and WRIC)

POLICY/PROCEDURE:

HUMAN SERVICES Under Wis. Stat. Sec. 46.23(3)(e), a **subunit of a county department of human services** may exchange confidential information about a client, *without the informed consent of the client*: with any other subunit of the same county department of human services; with a resource center; with a care management organization; with a long-term care district; with an elder or adult-at-risk agency; and / or with a person providing services to the client under a purchase of services contract with the county department of human services;

Confidential information should only be accessed or shared on a “need to know” basis if **necessary** to enable an employee or service provider to perform his or her duties, or to enable the county department of human services or partner counties to coordinate the delivery of services to the client. State statute also provides further restrictions to client information from EWISACWIS for Child Protection and CARES/CWW for Food Share, MA etc. Staff with access to client information within these programs will follow the confidentiality requirements provided in their state security agreements.

COORDINATED CARE EXPECTATION: County and consortium staff are expected to effectively communicate when a consumer or family is involved in multiple services. Accessible information brings an opportunity for improved care, but only when active communication occurs among service providers. This can be especially important if one service system needs to act upon information they become aware of when viewing progress notes, etc. placed in the consumer file by another service system. *Staff should*

reach out to other service system staff prior to acting upon information that may have an impact on working relations with other service system staff when possible. (i.e. – JSS staff communicates with ISRS social worker to discuss concerning information in ISRS social worker’s progress note about consumer substance abuse before addressing the concern with the consumer).

COMPUTER SYSTEMS Staff utilizing Human Services integrated computer systems, AVATAR, Imaging systems etc, may allow additional access to multiple sections client information within Human Services and partner counties information, based on established security roles. **Confidential information shall only be accessed or shared on a “need to know” basis if necessary to enable an employee or service provider to perform his or her duties, or to enable the county department of human services or partner counties to coordinate the delivery of services to the client.** Staff shall document their need for access to all clients not directly assigned to them within the audit system as requested or within client notation. All systems are subject to audits. Prescriber and Therapist progress notes within Avatar are not visible to non-ISRS staff; please communicate directly with the practitioner for a summary of consumer progress.

ADDITIONAL CONFIDENTIALITY INFORMATION-- for additional information on confidentiality see the CONFIDENTIALITY folder on HS SHAREPOINT for:

Confidentiality Policy---Code of Conduct---Confidentiality Training materials

Violations of this policy can include disciplinary action up to and including termination of employment

WESTERN REGION INTEGRATED CARE

“A La Crosse, Jackson, and Monroe county collaboration to ensure a core set of effective and recovery based mental health and substance abuse services is available across partner counties”

CONSENT TO TREATMENT

Name _____ Date _____

APPLICABLE PROGRAMS/SERVICES (*select applicable*)

<input type="checkbox"/> (check if applies) Targeted Case Management	<input type="checkbox"/> (check if applies) Comprehensive Community Services	<input type="checkbox"/> (check if applies) Outpatient Mental Health / Substance Abuse Clinic
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PROGRAM DESCRIPTION (Agency hours are 8:00 am – 4:30 pm)

Targeted Case Management	Comprehensive Community Services	Outpatient Mental Health / Substance Abuse Clinic
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<p>In the Targeted Case Management program you will work closely with a social worker. The social worker will assist you in assessing your needs and developing a plan of support. The role of the social worker is to assist you in utilizing the community and your insurance to obtain available and needed services. The social worker will coordinate and monitor services and work with you to refine your plan of support as needed. Services by the Targeted Case Manager are provided during the agency operational hours.</p> <p>There are no side effects associated with this treatment/service</p>	<p>The Comprehensive Community Services (CCS) program is a community-based psychosocial rehabilitation service that provides or arranges for psychosocial rehabilitation services for eligible adult or child consumers.</p> <p><i>Psychosocial rehabilitation services are medical and remedial services and supportive activities that assist the consumer to achieve his or her highest possible level of independent functioning, stability, and to facilitate recovery.</i></p> <p>Services are provided during the agency operational hours, but may be provided after-hours by arrangement when a need is determined.</p> <p>There are no side effects associated with this treatment/service</p>	<p>The Outpatient Clinic provides several outpatient treatment programs which customarily involve either one-on-one therapy or group therapy. Therapy is usually highly verbal and participated in on a voluntary basis. The benefits are often an increased ability to function effectively within your environment. Therapy may provide increased self-esteem, and facilitate more responsive or responsible personal behavior. In some instances, with your permission, a referral to a Physician or Advanced Practice Nurse Practitioner might be made to consider medication as an aid for a mental health diagnosis, as appropriate. The Physician or Advanced Practice Nurse Practitioner will outline the possible benefits and side effects of any such medications.</p> <p>Outpatient therapy is an alternative to more restrictive treatments, such as hospitalization or partial hospitalization programs.</p> <p>There are no side effects associated with this treatment/service.</p>
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CRISIS SERVICES: Crisis Intervention services are available during and after-hours by calling

La Crosse County: 784-HELP (4357)
 Jackson County: 1-888-552-6642
 Monroe County 608-269-8600 (daytime); 911 (afterhours)

CONSUMER RIGHTS: All rights outlined in “*Your Rights and the Grievance Procedure*” apply to each program/service listed on this form.

Targeted Case Management	Comprehensive Community Services	Outpatient Mental Health / Substance Abuse Clinic
	<p>In addition, Consumers of CCS have the right to:</p> <ol style="list-style-type: none"> 1. Choice in the selection of recovery team members, services, and service providers. 2. The right to specific, complete and accurate information about proposed services. 3. The fair hearing process under s. DHS 104.01 (5) for Medical Assistance Consumers, for all other consumer the right to request a review of a CCS 	

	determination by the Department of Health and Family Services.	
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ACKNOWLEDGEMENT

Informed consent is valid for no more than fifteen (15) months from this date and may be withdrawn at any time in writing.

I acknowledge that I have read this agreement and understand the nature and purpose of the programs/services I will be offered.

I received a copy of *Your Rights and the Grievance Procedure*, and it has been explained to me.

I have been provided with information on the cost of services as well as my financial responsibility for the services I receive.

I HEREBY CONSENT TO RECEIVE THE INDICATED PROGRAMS/SERVICES

- If the consumer is a competent adult, then only his or her signature is required.
- If the consumer had been adjudged to be incompetent the appointed guardian must sign.

Signature _____ Date _____

Signature of Parent or Guardian _____ Date _____



Release of Information

Client Name:
Client ID#:
Date of Birth:

AUTHORIZES

Authorization Date:

Individuals/Agency/Organization making disclosure:

Street Address:
City:
State:
Zip Code:

Individual(s)/Agency/Organization receiving information:

Street Address:
City:
State:
Zip Code:

For the purpose of:

I further authorize the two-way exchange of information between the above organizations for the duration of this agreement:

The type and amount of information to be used or disclosed is as follows for the below start and end dates:

Start Date for Requested Information:

End Date for Requested Information:

I understand the information in my health record may include information related to sexually transmitted disease, STD, HIV, behavioral or mental health services, drug/alcohol abuse or developmental disabilities. I do not want the following information released:

YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION

Right to Receive a Copy of This Authorization- I understand if I sign this authorization, I will be provided with a copy of this authorization. **Right to Refuse to Sign this Authorization-** I understand that I am under no obligation to sign this form and that the provider may not condition treatment, or payment on my decision to sign this authorization, except WI law does require the resident/legal representatives authorization to disclose 252.15 or 51.30 records for payment purposes **Right to Withdraw to This Authorization-** I understand that I have the right to withdraw this authorization at any time by providing a written statement of withdrawal to La Crosse County departmental Privacy Officer. I understand that my withdrawal will not be effective until received by the Privacy Officer and will not be effective regarding the uses and/or disclosures of my health information that the department has made prior to receipt of my withdrawal statement. I understand if the authorization was obtained as a condition of obtaining insurance coverage, other law gives the insurer with the right to contest a claim under the policy or

the policy itself. **Right to Inspect or Copy the Health Information to Be Used or Disclosed-** I understand that I have the right to inspect or copy (may be provided at a reasonable fee) the health information to obtain copies of my health information by contacting the department Privacy Officer. **HIV TEST RESULTS:** I understand my HIV test results may be released without authorization to persons/organizations that have access under State law and a list of those persons/organizations is available upon request.

REDISCLASURE NOTICE: I understand that information used or disclosed based on this authorization may be subject to redisclosure and no longer protected by Federal privacy standards.

EXPIRATION DATE: This authorization is good until the below listed date or event. This Authorization covers records that were created or existing on or before the date this authorization was signed, as well as records that are created after the date this authorization was signed until the expiration date. By signing this authorization, I am confirming that it accurately reflects my wishes.

Expiration cannot exceed 12 months of Authorization Date.

Expiration Date:

Expiration Event:

Consumer Signature

Date:

BUSINESS ASSOCIATE AGREEMENT **ADDENDUM**

This Addendum dated _____ amends and is made part of the Agreement by and between _____ (County) and _____ (Business Associate) dated _____.

County and Business Associate agree to modify the Agreement in order to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as set forth in Title 45, Parts 160 and 164 of the Code of Federal Regulations (the "CFR").

I. DEFINITIONS.

Capitalized terms used, but not otherwise defined, in this Agreement shall have the meanings given to them in Title 45, Parts 160 and 164 of the CFR and are incorporated herein by reference.

II. OBLIGATIONS & ACTIVITIES OF BUSINESS ASSOCIATE. Business Associate

agrees as follows:

- A. Use and Disclosure of Protected Health Information. To not use or further disclose Protected Health Information (hereinafter referred to as "PHI") other than as permitted or required by the Agreement or as Required By Law.
- B. Protected Health Information Safeguards. To use appropriate safeguards to prevent use or disclosure of PHI other than as provided for by this Agreement.
- C. Mitigation. To mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this Agreement.
- D. Reporting. To report to County any use or disclosure of the PHI not provided for by this Agreement. Business Associates shall make the report to the County's Privacy Official not less than 24 hours after Business Associates learns of such unauthorized use or disclosure.
- E. Subcontractors and Agents. To ensure that any agent, including a subcontractor, to whom it provides PHI received from, or created or received by Business Associate on behalf of the County, agrees with

the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.

- F. Access to Protected Health Information by Individuals. To permit an Individual to inspect and copy the PHI in Business Associate's custody or control that pertains to such Individual and to establish procedures providing for such access that at a minimum comply with 45 CFR. 164.524.
- G. Accounting to County and to Government Agencies. To make internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by Business Associate on behalf of, County available to the County, or at the request of the County to the Secretary, in a time and manner designated by the County or the Secretary, for purposes of the Secretary determining County's compliance with the Privacy Rule.
- H. Documentation of Disclosure of Protected Health Information to Permit County Response. To document such disclosures of PHI and information related to such disclosures as would be required for County to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR 164.528. Further, Business Associate agrees to provide to the County or an Individual, in a time and manner designated by the County, to permit the County to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR 164.528.

III. USES AND DISCLOSURES BY BUSINESS ASSOCIATE.

- A. Except as otherwise limited in this Agreement, Business Associate may use Or disclose PHI to perform functions, activities, or services for, or on behalf of, County as specified in the Agreement, provided that such use or disclosure would not violate the Privacy Rule if performed by the County.
- B. Except as otherwise limited in this Agreement, Business Associate may use PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.
- C. Except as otherwise limited in this Agreement, Business Associate may disclose PHI for the proper management and administration of the Business Associate, provided that disclosures are required by law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

IV. COUNTY OBLIGATIONS.

- A. County shall provide Business Associate with the notice of privacy practices that County produces in accordance with 45 CFR 164.520, as well as any changes to such notice.
- B. County shall provide Business Associate with any changes in, or revocation of, permission by an Individual to use or disclose PHI, if such changes affect Business Associate's permitted or required uses and disclosures.
- C. County shall notify Business Associate of any restriction to the use or disclosure of PHI that County has agreed to in accordance with 45 CFR 164.522.
- D. County shall not request Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if accomplished by County.

V. TERM AND TERMINATION.

- A. Term. The term of this Agreement shall be effective as of, and shall terminate when all of the PHI provided by County to Business Associate, or created or received by Business Associate on behalf of County, is destroyed or returned to County, or, if it is infeasible to return or destroy PHI, protections are extended to such information, in accordance with the termination provisions in this Section.
- B. Termination for Cause. Upon County's knowledge of a material breach by Business Associate, County shall provide an opportunity for Business Associate to cure the breach or end the violation and terminate this Agreement if Business Associate does not cure the breach or end the violation within the time specified by County, or immediately terminate this Agreement if Business Associate has breached a material term of this Agreement and cure is not possible. A material breach may include a breach of any of the above-referenced provisions of this Agreement. In addition, the failure to terminate for a breach in one incidence does not preclude County from terminating the Agreement for that particular breach of contract at some point in the future or for any future material breach.
- C. Effect of Termination. Upon termination, expiration or other conclusion of this Agreement, Business Associate shall return or destroy all PHI received from the County, or created or received by Business Associate on behalf of the County, as soon as possible, but not later than 30 days after the effective date of the termination, cancellation, expiration or other conclusion of this

Agreement. This provision shall apply to protect the PHI that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the PHI. Within such 30 day period, Business Associate shall certify on oath in writing to the County that such return or destruction has been completed or, if return or the destruction is not feasible, written justification explaining why such PHI could not be returned or destroyed and Business Associate shall then extend the protection of this Agreement to such PHI.

VI. INDEMNIFICATION.

If Business Associate should be in violation of this Agreement, Business Associate shall indemnify and hold harmless County, its officers, employees and agents, from any claims, costs, and damages of any kind, including defense, costs, attorneys fees, and any other costs and expenses which County suffers as a result of the breach of the Agreement by Business Associate, its employees, agents or subcontractors. Further, notwithstanding the above, County shall control its own defense of any claim as a result of Business Associate's breach of this Agreement.

VII. MISCELLANEOUS.

- A. Automatic Amendment. Upon the effective date of any amendment to the regulations promulgated by the Department of Health and Human Services, with respect to PHI, the Agreement shall automatically amend such that the obligations imposed on Business Associate as a Business Associate remain in compliance with such regulations.
- B. Survival of Obligations. The respective rights and obligations of Business Associate shall be continuous and shall survive any termination, cancellation, expiration or other conclusion of this Agreement.

LA CROSSE COUNTY:

By: _____
Tara Johnson County Board Chair

And: _____
Ginny Dankmeyer County Clerk

**BUSINESS ASSOCIATE AGREEMENTS
PROCEDURES (effective 4-1-03)**

- All incoming contracts will be reviewed by the Human Services Contract Coordinator and/or Corporation Counsel as to if they are considered a Business Associate under the HIPAA definition.
- Those businesses deemed to be a Business Associate will receive the HIPAA Business Associate Agreement along with their contract for signature of HIPAA compliance.
- The signed Business Associate Agreement will be filed along with the contract.
- The HIPAA Privacy Officer will receive the updated HIPAA Agreement contract listing from the Contract Coordinator upon receipt of any new signed agreement.
- The HIPAA Privacy Officer will maintain a current listing of Human Services Business Associates within the HIPAA binder.



WESTERN REGION INTEGRATED CARE (WRIC) POLICY AND PROCEDURES

WRIC CONSORTIUM	Policy #:	<u>Review Date</u>	<u>Date Revised</u>
SUBJECT: WRIC CCS Complaint/Grievance Process	DATE ISSUED: 5/5/16		
PREPARED BY: Matt Strittmater/Renee Weston	REVIEW CYCLE: Annual		

POLICY TITLE: WRIC CCS Complaint/Grievance Process

PURPOSE: To define the process for addressing complaints and grievances.

POLICY/PROCEDURE:

Effective 7/1/14 and in compliance with CCS Certification, all client grievances for Western Region Integrated Care (CCS only) will go through La Crosse County as the lead county:

- All complaints/grievances received in La Crosse, Monroe and Jackson Counties regarding the CCS Program will be directed to Matt Strittmater
- Immediately upon receipt, Matt Strittmater will determine the basis of the complaint/grievance
 - Complaints (not covered under grievance rights) will be directed to the specific county the complaint applies to, and that county will address the complaint (work it out with the client)
 - Grievances (covered under rights guaranteed in DHS 94/WI Statute 51.61, HIPAA or civil rights) will follow La Crosse County’s formal grievance process which is:
 - Assignment of a La Crosse County Client Rights Specialist (CRS)
 - Attempting informal resolution if possible
 - CRS Investigation and Determination Report if informal resolution cannot be reached
 - Client appeals will be directed to Matt Strittmater for county level review and decision
 - WRIC Leadership Team will provide oversight to this process
 - WRIC CCS Administrator Emily Engling, CCS Coordination Committee, and WRIC Leadership Team will need to learn about the conclusion/resolution for WRIC CCS to implement any recommendation as a result of the grievance outcome, monitor internal service delivery consistency, and ensure quality assurance/improvement purposes.

WRIC Leadership Team Members:

Matt Strittmater, La Crosse County
Integrated
Support & Recovery Services
Manager
Jason Witt, La Crosse County Director
Dean Ruppert, La Crosse County
Deputy Director
Ron Hamilton, Monroe County
Director
Chris Hovell, Jackson County Director
(Interim)

CCS Coordinating Committee Members:

Christin Skolnik (WRIC-LACROSSE)
Emily McGonigle (WRIC-LACROSSE)
Heather Hainz (WRIC-JACKSON)
Tracy Thorsen (WRIC-MONROE)
Kathy Rohr (FCC)
Sue Anderson (LACROSSE COUNTY)
Amy Atchison (LACROSSE COUNTY)
Jane Latshaw (LACROSSE COUNTY)
Kris Hoffman (JACKSON COUNTY)
Pam Bendel (INDEPENDENT LIVING
RESOURCES)
Katie Kress (INDEPENDENT LIVING
RESOURCES)
Steve Burnette & James Townsend (CATHOLIC
CHARITIES)
Kim Johnson & Doug Flock (FLOCKS
GUARDIANS)
Jen Steinke (NORTHWEST GUIDANCE
CLINIC)
Erica Falk-Huzar (DEER PATH ASSISTED
LIVING)