Western Region Integrated Care
Comprehensive Community Services

Program Manual

LA CROSSE COUNTY (Lead County)
HUMAN SERVICES DEPARTMENT
300 4TH Street N
La Crosse, WI 54601

JACKSON COUNTY
420 Highway 54 W
Black River Falls, WI 54615

MONROE COUNTY
112 S Court Street, Ste 3000
Sparta, WI 54656

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INTRODUCTION:

Through collaboration between La Crosse, Jackson and Monroe counties and recommendations from DCTS, the Western Region Integrated Care Consortium (WRIC) provides a comprehensive array of clinical services. These clinical services are provided by county employees and rich network of contracted providers to consumers in our three-county consortium. La Crosse County certified in 2005 to provide Comprehensive Community Services (CCS) and is the lead county in a three-partner consortium that regionalized in 2014. The CCS program continues to strive towards providing an extensive service array to assist consumers in their ongoing progress towards recovery. These supports assist in the reduction of their mental health and substance use disorder symptoms that are impacting their ability to function independently in the least restrictive setting possible. A three-county regionalization program offering CCS services is more effective than three counties standing alone to provide CCS services.

ORGANIZATIONAL PLAN - DHS 36.07 (1)

The WRIC CCS program has been incorporated within the behavioral health/integrated supports sections of La Crosse, Jackson, and Monroe County Human Services Departments. *(See Appendix I for WRIC Organizational Charts)*

La Crosse County is the lead agency in the regional WRIC model. There is a single Administrator and two Service Directors for the region led by La Crosse County employees. Consistent policy and clinical documents have been implemented and are currently utilized between all three counties, honoring that each county has slightly different system needs. WRIC leadership meets at least monthly to include WRIC administrator, WRIC services directors, and program supervisors of each county. WRIC clinical team, to include Mental Health Professionals and Substance Use Professionals, meet at least quarterly to align on clinical practices and service authorization methods.

The majority of fiscal, billing, expense, tracking, contracting, and quality assurance reviews are centralized and performed by La Crosse county staff, with the exception of a couple Monroe County staff assisting with some fiscal/billing pieces directly related to Monroe County. Each county manages non-CCS program expenses separately, to include residential room and board costs for each county's residents.

The WRIC CCS program recognizes collaboration as a key for successful program implementation. Coordinated Services Teams (CST)/wraparound approach is used as a philosophy among the WRIC CCS program. Wraparound values include: consumer and family voice and ownership, team based supports, natural supports, collaboration, community based, cultural humility, individualized support plans, strengths-based, persistent care, outcome focused. Some examples of collaborative partners include schools, hospitals, Family Care

entities, community agencies, and other county sections. Additionally, WRIC CCS works with Crisis and Outpatient Clinic programs as needed to provide the CCS service to consumers of all ages and needs.

Staff Functions & Responsibilities - 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(s) is provided by administrative staff from within the WRIC lead county. Two additional back-up Service Directors are available regionally if needed. Each administrator from partner counties have been designated as a back-up Service Director. Consistent communication will occur between regional partner teams to ensure that program values are maintained. The lead Service Director(s) will meet monthly with the regional Mental Health Professionals in order to empower them to assist in the day-to-day consultation of CCS service facilitation 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.

Substance Abuse Professional: When co-occurring substance use needs exist, a therapist/substance use counselor, or qualified designee, will be consulted and/or participate in the assessment process, recovery team, service planning, and discharge planning. This individual will work with both youth and adults. A therapist/substance use counselor, or qualified designee, will be stationed and/or made available in all counties within the consortium. The therapist/substance use counselors that are a part of the WRIC consortium will meet regularly as a team to ensure 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, and service delivery for each consumer. Service facilitation is designed to support the consumer in a manner that is clinically appropriate and empowers the consumers to achieve the highest possible level of independent functioning. The WRIC CCS program will develop service facilitators with specific areas of expertise to provide appropriate case management based on consumer stage of life and mental health/substance use needs.

Please refer to the WRIC Program Staff Directory in Appendix I. Additional CCS staff may be added to fulfill the growing mental health and substance use needs.

Quality Improvement - DHS 36.07 (1) (b)

The WRIC CCS program continues to work with consumers to explore how to improve our clinical services. WRIC CCS program uses the following Quality Improvement plan to monitor how effectively the service provision is meeting consumers' clinical needs and to direct how changes may be implemented when consumers' clinical needs are not being met.

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<tr><td colspan="2">SECTION: Western Region Integrated Care – WRIC CCS Program</td><td colspan="2">POLICY</td><td>PAGE</td><td>Review Date</td><td>Revised Date</td></tr>
<tr><td colspan="2">SUBJECT: WRIC CCS Quality Improvement</td><td colspan="2">DATE ISSUED:
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<tr><td>PREPARED BY:
Matt Strittmater</td><td>APPROVAL:
Jason Witt</td><td colspan="2">REVIEW CYCLE:
Annual</td></tr>
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POLICY:

The WRIC CCS Quality Improvement Plan is as follows:

1. WRIC CCS will collect data on consumer satisfaction with services, involvement in recovery planning, and progress toward desired outcomes. Participation satisfaction will also be collected on overall satisfaction with the CCS program, consumer voice, development of goals and objectives, and teaming process. 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 an ongoing basis.

2. A yearly MHSIP survey 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. The WRIC CCS Coordination Committee 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

Refer to Quality Improvement Project Summary in Appendix I for more information

Coordination Committee - DHS 36.07 (1) (c)

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 strive to meet the specified ratio of no more than 1/3 county staff and at least 1/3 consumer membership, as well as have representation of a variety of other groups. WRIC CCS Coordination Committee has vendor and consumer representation from all WRIC partner counties. This committee strives to meet the above listed criteria and is continually recruiting consumer representation.

The committee meets at least quarterly or more often as desired by group consumers. Written minutes of the meetings and a membership list will be maintained at the lead WRIC County. Per the ordinances of the lead WRIC County, official committee meetings can only occur if at least 51% of official committee members are present.

The WRIC CCS Coordination Committee consumers receive education related to the role of the committee, understanding mental health and substance use issues, and learning the benefits of psychosocial rehabilitation. Other educational opportunities will be provided as deemed necessary by the committee.

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.

The WRIC CCS Coordination Committee 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 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 consumer 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 virtually and/or rotate meeting locations among La Crosse, Monroe, and Jackson counties.

Refer to Appendix I for the WRIC Committee Membership Listing
Refer to Appendix I for the WRIC Coordination Committee Recommendations
Meeting Minutes can be found publicly posted on La Crosse County's website:
WRIC Comprehensive Community Services (CCS) Coordinating Committee

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

The WRIC CCS Program has a network of options to meet the clinical needs of CCS consumers. This network will include both supports and services that are available via the CCS benefit as well as community and informal supports. CCS consumers will be provided information on vendors based on the identified service array to meet their clinical need. We continue to add to our vendor service array based on the clinical needs of the consumers. In addition, ongoing meetings occur between WRIC CCS administration and vendors to ensure services are aligned with the CCS vision of independence, community integration, and movement toward informal supports while striving to utilize evidence base practice.

Within the WRIC CCS program, 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 services. Refer to Appendix II for Standard Contract Language for the CCS Program

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

Amendments or revisions to the WRIC CCS plan will be made when there are substantive changes to WRIC CCS which may include changes to the policies and procedures that guide implementation of the WRIC CCS program. The CCS Coordination Committee will review all amendments and revisions of the WRIC CCS Plan. The feedback of the Coordination Committee will be documented and maintained with the updated plan.

Recommendations of Coordinating Committee - DHS 36.07 (2)

The WRIC CCS program values the input of the WRIC CCS Coordination Committee and community members. At least annually, the WRIC CCS Coordination Committee members will review the CCS Plan document and formulate questions, recommendations, and feedback. The WRIC CCS Plan is accessible on the WRIC lead county's website for public review and can be emailed/mailed out to any individual when asked.

A summary of the annual recommendations and changes will be documented in Appendix I WRIC Coordination Committee Recommendations

SERVICES SYSTEM DESCRIPTION - DHS 36.07 (3)

There are a variety of community services available to La Crosse, Jackson and Monroe County residents for their mental health/substance use service needs. The WRIC CCS Program will continue to educate staff surrounding the amount of community services available to consumers in our three-county consortium as consumer needs demand.

- See WRIC Vendor Listing in Appendix I for listing of contracted agencies
- See Community Partnerships in Appendix I for an introductory list of community partnerships

The WRIC CCS Program administration and staff will conduct a variety of outreach activities in order to educate other service 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, and various CCS staff will provide presentations to groups, community partners, and consumers as needed/requested. 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 other Services and Systems - DHS 36.07(3) (a-d)

Care coordination is essential to the effectiveness of CCS and other integrated services delivered by the county. When CCS services are provided in conjunction with other systems or departments, WRIC CCS program implements wraparound philosophy to work collaboratively with those service systems and ensure there is not a duplication of services.

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 consumers to obtain the required authorizations to ensure communication and collaboration. 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 consumers to develop positive working relationships with community providers and partners in an attempt to broaden their resources beyond the county systems.

SECTION: Western Region Integrated Care – WRIC CCS Program		**POLICY**	**PAGE**	**Review Date**	**Revised Date**
SUBJECT: WRIC Service Coordination		**DATE ISSUED:** 2005		04/2019 EE 04/2020 EE 04/2021 EE 04/2022 EE 04/2023 RR	05/2016 CS 04/2024 RR
PREPARED BY: Carol Schilling Christin Skolnik	**APPROVAL:** LCHS Human Services Director	**REVIEW CYCLE:** Annual			

PURPOSE

To ensure 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.

STATUTORY/ADMINISTRATIVE REFERENCE: DHS 36.07(3)

POLICY

WRIC Comprehensive Community Services shall develop and implement collaborative arrangements and interagency agreements within the Human Services agency and with community organizations and agencies to outline roles and responsibilities when working with consumers 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 collaborate with crisis services within the county of the person's residence to ensure identification and referral for CCS, as well as when consumers are in need of crisis intervention/support.

b. Each CCS consumer's assessment and plan will include the development of a consumer driven comprehensive crisis plan when indicated, which will identify strengths and needs related to potential crisis situations.
c. For CCS consumers that have a crisis plan, the local crisis responders will be contacted and will have access to the consumer's crisis plan in order to better resolve a crisis.

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 collaboratively within the Human Services agency

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 to ensure the individuals needs are being met and a duplication of services does not occur.
    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 consumer.
    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 consumer.

8. Chapter 51 Commitments
    a. When WRIC Comprehensive Community Services is providing services to a civil commitment consumer, 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 on a voluntary basis so that they can live in the least restrictive setting possible to ensure treatment and safety concerns.

c. WRIC Comprehensive Community Services staff will strive to continue to remain person-centered and strength-based while assisting the individual with the requirements of the civil commitment plan and process.

Coordination with Crisis Intervention Services - DHS 36.07 (3) (g)

La Crosse, Jackson and Monroe County Human Services are DHS 34 Emergency Mental Health certified. WRIC CCS consumers utilize their 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, crisis stabilization placements for adults (CARE center) and teens (Western Region Adolescent Shelter), and hospitalization. Each consumer's assessment and plan will include the development of a consumer 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 consumer's crisis plan in order to resolve the crisis. As a part of the crisis programs response to a crisis situation, the consumer's service facilitator is informed of all crisis contacts, so linkage and follow-up can occur. Consumer crisis plans are available to staff in each partner county in electronic and/or paper form.

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

WRIC CCS establishes contracts with vendors based on the definitions in the service array. WRIC CCS contracting is completed by the lead county. Contracts will include the provider's agreement to implement the CCS service plan objectives and interventions, participate 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. The WRIC CCS engages in gap identification and recruitment of clinically sound programming to add to the WRIC service array.

La Crosse County contracting department facilitates the contracting process and work with CCS administrator to renew them each year as clinically appropriate. Ongoing monitoring of program effectiveness and compliance with the contracting and program requirements will be a joint process with the CCS administrator and the contracting unit. All vendors are subject to the requirements of the signed contract. WRIC CCS administration and staff recruit potential vendors based on program and client needs. WRIC CCS administration establish relationships with community agencies and determine if contracting with CCS is appropriate. Additionally, WRIC CCS outreaches to agencies outside of the consortium to help meet the needs of individuals living in other counties.

The WRIC CCS Service Array has a variety of vendors available to provide services for adults and children. The intent is to have a consistent pool of vendors available to serve across the region. Psychosocial rehabilitative services are available to all consumers and follow the definitions of services listed on the current service array.

The La Crosse County (Lead County) Contracting Department has a separate policy and procedures manual that may be available upon request.
See Appendix II for WRIC CCS Program Contract Language for the Vendor Service Array

PSYCHOSOCIAL REHABILITATION ARRAY OF SERVICES DESCRIPTION - DHS 36.07 (4)

The current array of psychosocial rehabilitation services is described below and listed in *Appendix I – WRIC CCS Service Array*. WRIC CCS will offer additional services to its service array based on ongoing assessment of clinical needs. Our services continue to evolve based on current research and best practice implementation. WRIC CCS makes available the CCS Service Array to all WRIC CCS consumers who struggle with mental health and/or substance use needs and in need of psychosocial rehabilitative services.

Moreover, families and their children who are enrolled in the WRIC CCS Program are offered a continuum of clinical supports and services that will empower the consumer to gain the skills needed to independently remain in the home or community. WRIC CCS establishes MOUs with community partners to effectively provide seamless services. Some includes school districts, tribes, and community vendors. The CST/wraparound approach has been implemented for youth & adults in all three counties.

WRIC CCS administration recruit vendors based on program/client needs. As the lead county, La Crosse completes all the contracting for CCS services. WRIC CCS administration and MHPs provide both administrative and clinical support and education to contracted vendors. CCS personnel and clinical requirements are outlined to potential vendors during the contracting process. The WRIC CCS consortium implements regular vendor/community partner meetings to ensure consistent clinical implementation of CCS services and philosophy. The goal of the meetings are to strengthen and enhance the clinical focus of the CCS program while allowing for opportunities to address needs and strengths.

Screening & Assessment:

A functional screen will be completed initially and annually to determine functional eligibility for CCS. Additionally, a comprehensive assessment is completed at minimum during admission & annually. The assessment must cover all the domains, including substance abuse. The assessment addresses the strengths, needs, recovery goals, priorities, preferences, values, and lifestyle of the consumer. Assessment for minor also addresses the minor's and the family's strengths, needs, preferences, values, and relationships between the minor and family.

A recovery team that includes the consumer, identified community/informal supports, and other service providers as appropriate may be involved 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 consumer. *(See 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 substance abuse professional involvement will occur when applicable. The service plan is based on the assessed clinical needs of the consumer. All services are authorized by a mental health professional and substance abuse professional if substance abuse services are provided. Service planning is facilitated by the service facilitator in collaboration with the consumer and the recovery team. *(See Program Service Planning Policy)*

Service Facilitation

WRIC county staff will provide service facilitation within all three counties to ensure the consumer is linked with appropriate services based on clinical need. A wraparound approach is utilized to deliver the clinically appropriate interventions. During the service planning process, the consumer may choose to have a family consumer 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 includes responsibility for locating; managing, coordinating, monitoring, and ensuring the effectiveness of all implemented CCS services. (See Service Coordination Policy)

Individual Skill Development and Enhancement

Contracted vendors within the WRIC CCS program's service array will provide 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.

Services include training in communication, interpersonal skills, problem solving, decision making, self-regulation, conflict resolution, and other specific needs identified in the consumer'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 consumer'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 WRIC CCS program's service array will provide psychiatric evaluations and specialized assessments including, but not limited to neuropsychological, geropsychiatric, behavioral, 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. 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 WRIC CCS program's service array will provide services that address the consumer's illness or symptom-related problems in order to finding, securing, and keeping 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 consumer 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 consumer if those services are identified in the consumer's service plan.

Physical Health and Monitoring

Vendors within the WRIC CCS program focus on how the consumer's mental health and/or substance abuse concerns impact his or her ability to monitor and manage physical health needs.

Physical health monitoring services include activities related to the monitoring and management of a consumer's physical health. Services may include assisting and training the consumer and the consumer'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 consumer's symptoms and tolerability of side effects; and reviewing data, including other medications, used to made 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 consumer in taking his or her medications; increasing the consumer's understanding of the benefits of medication and the symptoms it is treating; and monitoring changes in the consumer's symptoms and tolerability of side effects.

Individual and/or Family Psycho education

Contracted vendors within the WRIC CCS program's service array may provide the following: education and information resources about the consumer's mental health and/or substance abuse issues; skills training; problem solving; 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 consumer of the consumer's family and natural supports (ie: anyone the consumer 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 consumer. Consultation to family members for treatment of their issues not related to the consumer is not included as part of family psycho education. Family psycho education may include anticipatory guidance when the consumer is a minor.

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

Psychotherapy

Both county & contracted vendors within the WRIC CCS program's service array may provide the following: 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 individual's need. The location of psychotherapy provided may vary as determined by individual's need, (ex in the home, community, school, or office.)

Peer Support

Peer support services include a wide range of supports to assist the consumer and the consumer'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 consumers to meet their chosen goals. The services also help consumers 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 consumers work as equals toward living in recovery.

Substance Abuse Treatment

Substance abuse treatment services include day treatment and outpatient substance abuse counseling. 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 consumers 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 WRIC CCS program's service array may provide wellness management and recovery services, which are generally provided as mental health services, include empowering consumers 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.

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.

Recovery support services, which are generally provided as substance abuse services, include emotional, informational, instrumental, and affiliated support. Services include assisting the consumer 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 consumer progresses in recovery.

CCS Program Policies and Procedures - DHS 36.07(5)

Consumer Records - DHS 36.07 (5) (a)

SECTION: Western Region Integrated Care – WRIC CCS		**POLICY**	**PAGE**	**Review Date**	**Revised Date**
SUBJECT: WRIC Monitoring and Documentation Policy		**DATE ISSUED:** 2005		04/2023 02/2024	04/2018 EE
PREPARED BY: Carol Schilling	**APPROVAL:** HS Director	**REVIEW CYCLE:** Annual			

PURPOSE:
To ensure there is adequate monitoring of documentation by the service array providers

STATUTORY/ADMINISTRATIVE REFERENCE: DHS Chapter 36.18

POLICY:
It is the responsibility of the WRIC service facilitator/mental health professional to monitor the services provided to a consumer. Service providers shall submit invoices, along with progress note documentation on a monthly basis. Documentation is stored in the consumer's electronic health record. More frequent documentation may be necessary as determined by the service facilitator and indicated in the service plan, at the request of the consumer or recovery team consensus. Documentation from the service provider will also be included in the chart following discussions with service providers.

PROCEDURE:
1. Services provided will be reflected in the service plan.
2. Each provider will be identified in the service plan
3. 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.

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 utilizes an electronic health record that is accessible across the WRIC consortium.
3. Each consumer record shall be organized in a consistent format. 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
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:
    i. Service facilitation notes and progress notes.
    ii. Records of referrals of the consumer to outside resources.
    iii. 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.
    iv. Evidence of the consumer's progress, including response to services, changes in condition and changes in services provided.
    v. Observation of changes in activity level or in physical, cognitive or emotional status and details of any related referrals.
    vi. Team meeting and consultation notes.
    vii. Service provider notes in accordance with standard professional documentation practices.
    viii. Reports of treatment or other activities from other resources or partners 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:
    ii. Name of medication and dosage
    iii. Route of administration
    iv. Frequency
    v. Duration, including the date the medication is to be stopped.
    vi. Intended purpose
    vii. Name of the prescriber. The signature of prescriber is also required if the CCS prescribes medication as a service
    viii. Activities related to the monitoring of medication if an assessed need on the CCS service plan including monitoring of symptoms and side effects and supporting member in taking medication (as well as an assessment of the consumer's ability to self-administer medication)
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

Confidentiality - DHS 36.07 (5) (b)

SECTION: Western Region Integrated Care –WRIC CCS Program		**POLICY**	**PAGE**	**Review Date**	**Revised Date**
SUBJECT: Confidentiality		**DATE ISSUED:** 2005		04/2020 EE 04/2021 EE 04/2022 EE 04/2023 RR 02/2024 RR	03/2008 RW
PREPARED BY: Renee Weston	**APPROVAL:** Jason Witt	**REVIEW CYCLE:** Annual			

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 County as well as for the records of La Crosse 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 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 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.

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 County 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 County confidentiality policies and must agree to fitting penalties if they fail to follow the La Crosse County 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 County 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 (Hillview, Lakeview, Human Services, Health Dept)
- 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.

SECTION: Western Region Integrated Care –WRIC CCS Program		**POLICY**	**PAGE**	**Review Date**		**Revised Date**
SUBJECT: Exchange of Confidential Information within Human Services		**DATE ISSUED:** 08/2015		03/2016 KS 06/2017 KS 04/2019 EE 04/2020 EE 04/2021 EE 04/2022 EE	04/2023 RR 02/2024 RR	12/2018 RW
PREPARED BY: Kathy Serres	**APPROVAL:** Jason Witt	**REVIEW CYCLE:** Annual				

PURPOSE: Provide instruction on exchange of confidential information between Human Services sections and among partner counties of operating consortiums (WREA 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.

See Appendix III for the Privacy Notice reviewed with consumers.
See Appendix III for a Release of Information example

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 facilitator/mental health professional to communicate and document on a regular basis the services that a consumer is receiving. Communication shall occur among all team members regarding needs, barriers, strengths, objectives, and interventions. The frequency will be determined by clinical need. Services will be authorized on the service plan by the mental health professional and assessed as needed during team meetings.

Consumer Rights - DHS 36.07 (5) (d)

SECTION: Western Region Integrated Care – WRIC CCS Program		**POLICY**	**PAGE**	**Review Date**	**Revised Date**
SUBJECT: WRIC CCS Complaint & Grievance Process		**DATE ISSUED:** 05/2016		04/2017 MS 04/2018 MS 04/2019 EE 04/2020 EE 04/2021 EE 04/2022 EE 04/2023 EE	04/2017 MS 04/2019 EE 04/2020 EE 04/2021 EE 04/2022 EE
PREPARED BY: Renee Weston	**APPROVAL:** Matt Strittmater	**REVIEW CYCLE:** Annual			

PURPOSE: To define the process for addressing complaints and grievances

STATUTORY/ADMINISTRATIVE REFERENCE: DHS 36.19, DHS 51.61, DHS 94

POLICY/PROCEDURE:
Program participants are informed of their rights to file a complaint or grievance by reviewing the Client Rights & Grievance information brochure at time of admission and reviewed annually

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 the program administrator.
- All complaints/grievances are covered under rights guaranteed in DHS 94/WI Statute 51.61, HIPAA or civil rights)
- Immediately upon receipt, the program administrator will follow La Crosse County's formal grievance process which is:
    - Notification of La Crosse County Client Rights Grievance Coordinator (CRGC)
    - Assignment of a Client Rights Specialist (CRS)
        1. La Crosse County Client Rights Specialist (CRS) for La Crosse County residents.
        2. Assignment of a Monroe County Client Rights Specialist (CRS) for Monroe County residents.
        3. Assignment of a Jackson County Client Rights Specialist (CRS) for Jackson County residents.
    - Attempting informal resolution if possible
    - CRS Investigation and Determination Report if informal resolution cannot be reached
    - Client appeals will be directed to program administrator for county level review and decision
    - WRIC Leadership Team will provide oversight to this process
    - WRIC CCS Administrator, 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.

Compliance Monitoring - DHS 36.07 (5) (e)

SECTION: Western Region Integrated Care – WRIC CCS Program		**POLICY**	**PAGE**	**Review Date**	**Revised Date**
SUBJECT: CCS Quality Assurance Process		**DATE ISSUED:** 06/2016		02/2017 JN 04/2018 JN 12/2019 JN 02/2020 JN 04/2021 KH 04/2022 KH 04/2023 KH 03/2024 KH	02/2017 JN 04/2018 JN 02/2020 JN 04/2023 KH 03/2024 KH
PREPARED BY: Julie Nuttleman Kristi Herold (rev.)	**APPROVAL:** Christin Skolnik	**REVIEW CYCLE:** Annual			

PURPOSE: Paperwork compliance to be completed for each case by the Service Facilitator (SF) in accordance with the WRIC CCS program's requirements (as is appropriate to the specific case).

STATUTORY/ADMINISTRATIVE REFERENCE: DHS 36.07(5)(e)

POLICY/PROCEDURE:

1. Paperwork is to be completed by the assigned Service Facilitator (SF) for each person enrolled in the WRIC CCS Program in accordance with DHS 36, and the WRIC Consortium's QA policy and/or procedures. QA details will be tracked by a QA Social Service Specialist (SSS) for each enrolled CCS consumer. Service Facilitator may use the Service Plan Admission Report to monitor when CCS paperwork is due for 6 month and annuals.

2. QA SSS will review WRIC CCS documents in a timely manner.
    a. QA Reviews will be completed every 6 months for each enrolled CCS consumer.
        i. QA SSS will use the QA Program Checklist forms found in Appendix III

3. If the QA review for said WRIC CCS case is in compliance, QA SSS will send an email to the assigned SF, MHP, and supervisor informing them of the compliance of said case review.
    a. QA SSS will attach QA checklist tool to the email.

4. If the QA review indicates the case is **OUT OF COMPLIANCE in one of the following areas that do not meet the expectations of DHS Chapter 34 (CCS), MA requirements, MH/Substance Abuse functional screen.**
    Admission:
    - Prior to enrollment: CCS Prescription, Determination of Need (DON),
    - Date of admission: application for services, consent for treatment
    a. Within 30 days from enrollment: CCS assessment, Service Plan

    Annually:
    b. Consent for treatment, CCS prescription, DON, Service plan, assessment.

    Six Month updates:
    c. Service Plan

    Non-billable time:
    d. Admission: Assessment and Service plan not completed by day 30. The first 30 days are billable under assessment but anything after the 30 days is non billable until assessment and service plan are completed with appropriate signatures.

e. Annually: If service plan is not completed within 6 months of the previous service plan, assessment not completed within 365 days of previous assessment.
f. 6 months: If the service plan is not completed within 6 months of the previous service plan.

The following will occur:

g. Direct Supervisor, CCS Administration, assigned MHP, and SF will be emailed the QA form indicating the non-compliant areas. Expectation is completion **IMMEDIATELY**.
    i. Direct Supervisor will ensure the above documents are completed by the SF ASAP. Service facilitator will notify CCS QA and supervisor when the documents are in the record.
h. If the assigned SF is not available, their direct supervisor will assign QA review to another SF to complete as this has a significant fiscal and audit impact on the WRIC CCS program.
i. During the QA process when the missing compliance areas are completed, direct Supervisors, CCS Administration, SF and MHP will all receive an email addressing the number of days of unbillable time.
    i. CCS QA staff will update service authorizations for the non-reimbursable days.
    ii. These non-reimbursable days will be recorded on a non-billable tracking spreadsheet for fiscal purposes.

5. If the QA review indicates the case is **OUT OF COMPLIANCE in one of the following areas** Admission:
    - Functional screen not completed within 90 days prior to admission and/or not realigned with admission, team roster, medication list, HIPPA.

    Annually:
    - Functional screen completed within the month of the previous due date, assessment (CCS and AODA as needed), Service Plan 6 months on/or before previous service plan, HIPPA

6. If said QA compliances areas above are not completed on the QA sheet the following will occur.
    a. MHP, SF, supervisor, and SAP (if needed) will be emailed the QA form indicating the outstanding areas. The expectation is **to correct in 5 working days.**
    b. CCS QA SSS will re-evaluate QA **10 working days** after MHP, SF, supervisor, and SAP have been notified. If documents stated above are still missing CCS QA staff will proceed to the following steps.
        i. CCS QA staff will notify SF, MHP, direct supervisor, CCS WRIC CCS Director, and Administrator's, outstanding areas.
        ii. CCS QA staff will move the QA document to the Sharepoint QA site under the SF's named folder (La Crosse only). Monroe and Jackson County QA's will be moved to the (Outstanding QA's) QA folder W: HS ISRS QA /CCS QA documents/Outstanding QA folder. QA Supervisor will communicate these items on a quarterly basis.
        iii. Direct supervisor should address with SF to complete the documents. It will be the direct supervisor's responsibility to review and work with SF to ensure there are no outstanding QA forms.
        iv. Once the supervisor ensures the QA document is in compliance they will mark the Sharepoint folder as DONE. In a timely manner QA Staff will delete these DONE files from Sharepoint and complete any QA forms on the W drive.

7. If the QA review indicates the case is **OUT OF COMPLIANCE in one of the following areas:**
   Admission:
   - PPS completed, ROI for medical provider and schools if youth, Consent for Telehealth, Diagnosis with on/or before admission date as the start date, ANSA/CANS (La Crosse),crisis plan updated, routed to crisis director and signed (La Crosse)

   Annually:
   - PPS updated, ROI for medical providers and schools if youth, ANSA/CANS and crisis plans updated, routed to crisis director and signed (La Crosse)

   Six Months:
   - PPS updated, ANSA/CANS and crisis plan updated, routed to crisis director and signed (La Crosse)

8. If said QA compliances areas above are not completed on the QA sheet the following will occur.
   a. MHP, and SF, supervisor, and SAP (if needed)will be emailed the QA form indicating the outstanding areas. The expectation is **to correct in 5 working days.**
   b. CCS QA SSS will re-evaluate QA **10 working days** after MHP, SF and SAP have been notified. If documents stated above are still missing CCS QA staff will proceed to the following steps.
      i. CCS QA staff will notify SF, MHP, direct supervisor, CCS WRIC CCS Director, and Administrator's, outstanding areas.
      ii. CCS QA staff will move the QA document to the Sharepoint QA site under the SF's named folder.(La Crosse only) Monroe and Jackson County QA's will be moved to the (Outstanding QA's) QA folder W: HS ISRS QA /CCS QA documents/Outstanding QA folder. QA Supervisor will communicate these items on a quarterly basis.
      iii. Direct supervisor should address with SF to complete the documents. It will be the direct Supervisor's responsibility to review and work staff to ensure there are no outstanding QA forms.
      iv. Once the supervisor ensures the QA document is in compliance they will mark the Sharepoint folder as DONE. QA Staff will delete these DONE files from Sharepoint and complete any QA forms on the W drive.

Referrals - DHS 36.07 (5) (f)

Partner WRIC counties will continue to utilize their individual county intake/referral systems. La Crosse County utilizes a central intake line for all service referral requests. Any referrals to other services will be the primary function of the service facilitator in accordance with their role as the service facilitator.

SECTION: Western Region Integrated Care – WRIC CCS Program		**POLICY**	**PAGE**	**Review Date**	**Revised Date**
SUBJECT: WRIC Application for Services		**DATE ISSUED:** 2005		04/2022 RR 02/2024 RR	04/2020 EE
PREPARED BY: Matt Strittmater	**APPROVAL:** Jason Witt	**REVIEW CYCLE:** Annual			

PURPOSE

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

STATUTORY/ADMINISTRATIVE REFERENCE: DHS 36.13; DHS 36.19

POLICY:

Individuals and/or parents/guardians of individual may apply for the WRIC Comprehensive Community Services (CCS) program if eligible for Medicaid and have a mental health and/or substance use diagnosis.

PROCEDURE:

Any person seeking WRIC CCS shall contact their respective county's Human Services agency. Individuals will be assessed for services based on functional eligibility, determination of clinical need, and comprehensive needs assessment. An application and admission agreement (consent to treatment) shall be completed and signed by applicant.

Communication about Policies - DHS 36.07 (5) (g)

Consumers are informed of any costs, rights and responsibilities, grievance procedure, and informed consent for medication and treatment is reviewed at admission and annually. Documentation of this process is recorded in the medical record. See Appendix III WRIC CCS Program Admission Agreement/Consent for Treatment

Cultural Humility - DHS 36.07(5) (h)

All staff, as well as contracted vendors, in the WRIC CCS program and service array shall demonstrate cultural humility 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 culturally responsive 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 trained on how to access this service. 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 Spanish.

Training and Orientation - DHS 36.07 (5) (i)

<table>
<tr><td colspan="2">SECTION: Western Region Integrated Care – WRIC CCS Program</td><td colspan="2">POLICY</td><td>PAGE</td><td colspan="4">Review Dates</td><td>Revised Date</td></tr>
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<tr><td>PREPARED BY:
Carol Schilling
Ryan Ross (revised)</td><td>APPROVAL:
Christin Skolnik</td><td colspan="3">REVIEW CYCLE:
Annual</td></tr>
</table>

PURPOSE: To ensure that WRIC Comprehensive Community Services staff maintain knowledge and training in order to provide competent quality services to consumer.

STATUTORY/ADMINISTRATIVE REFERENCE:

DHS Administrative Statute Chapter 36.12 – CCS Orientation and Training

POLICY/PROCEDURE:

1. Orientation
    a. Required hours of orientation for staff members:
        i. At least 40 hours of documented orientation training within 3 months of beginning employment with CCS for each staff member who has less than 6 months experience providing psychosocial rehabilitation services to children or adults with mental disorders or substance-use disorders.
        ii. At least 20 hours of documented orientation training within 3 months of beginning employment with the CCS for each staff member who has 6 months or more experience providing psychosocial rehabilitation services to children or adults with mental disorders or substance-use disorders.
        iii. At least 40 hours of documented orientation training for each regularly scheduled volunteer before allowing the volunteer to work independently with consumers or family members.

    b. Considerations for staff members with previous training and experience:
        i. Staff members claiming to have at least 6 months of experience shall provide a copy of a resume and/or reference letter from their previous employer attesting to the work and experience that was provided.
        ii. Staff members who maintain a professional license regulated through the Department of Safety and Professional Services (DSPS) that is in alignment with professional qualifications under DHS 36.10(g), may count any training completed from the last 2 years that is required to maintain their license in good standing with the state licensing board towards the relevant initial orientation topics.
        iii. Staff members who have at least a bachelor's degree in a human services related field who also have at least 6 months experience providing psychosocial rehabilitation services, may count any trainings completed in the last 2 years towards the relevant initial orientation required topics.
        iv. Staff members who have experience providing services in another CCS consortium, may have their orientation training transferred to WRIC for administrative review. The staff member must provide a copy of their original CCS orientation log along with copies of the required 8 hours of continuing education for each subsequent year since the completion of the CCS orientation

for review by the WRIC Administration. During the review consideration, staff may be asked to submit additional information.

v. All staff members, regardless of experience and training, will need to complete training topics related to WRIC CCS policies and procedures.

c. Required orientation training topics to be covered:
   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 DHS Chapters 48, 51 and 55, and any related administrative rules.
   v. The basic provisions 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 disorders, substance-use disorders and co-occurring disorders. 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, trauma assessment and treatment approaches, including symptom self-management, the relationship between trauma and mental and substance abuse disorders, and culturally and linguistically appropriate services.
   xi. Techniques and procedures for providing non–violent crisis management for consumers, including verbal de–escalation, methods for obtaining backup, and acceptable methods for self–protection and protection of the consumer and others in emergency situations, suicide assessment, prevention and management.
   xii. Training that is specific to the position for which each employee is hired.
      1. Service facilitators need 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.
      2. Mental health professionals and substance abuse professionals will need training regarding the scope of their authority to authorize services and procedures to be followed in the authorization process.
   xiii. Current methods for utilizing telehealth services is required for staff who will be utilizing telehealth to provide services to consumers

d. Methods of Training
   i. WRIC does not require the completion of a sole curriculum for orientation. WRIC does encourage orientation be completed through:

1. Local trainings and workshops provided by WRIC CCS or other CCS program
2. State supported trainings (e.g. UW-Green Bay partnership, DHS trainings, etc)
3. Federally supported trainings (e.g. SAMHSA, NAMI, etc)
4. Other professionally accredited training institutions (e.g. PESI, NASW, College/University, etc)

ii. Completed college or university credits may be considered at the conversion rate established by Wisconsin Department of Children and Families licensing. Copies of college transcripts and course syllabi must be submitted for review as proof of completion and subject matter relevance

2. Ongoing Training
    a. Each staff member shall complete at least 8 hours of in-service training a year relevant to mental health and/or substance use services they provide
    b. In-service trainings shall include one or more of the following:
        i. Discussion and presentation of current principles and methods of providing psychosocial rehabilitation services
        ii. Presentations by community resource staff from other agencies, including consumer operated services
        iii. Conferences and workshops

3. Training Records
    a. Documentation of initial orientation and ongoing continuing education received by staff members and volunteers shall be maintained by WRIC Administration

4. WRIC Oversight
    a. WRIC Administration may require an agency or staff member to complete additional training hours or training on a specific topic. This direction may be a result of situational circumstances such as a policy change, corrective action planning, or change in current trends.

A copy of the WRIC CCS Training Log can be found in Appendix II

Outreach - DHS 36.07 (5) (j)

The WRIC CCS Program will conduct outreach activities in order to educate potential CCS consumers and community partners. CCS will receive referrals from community agencies, La Crosse, Jackson, and Monroe County Health and Human Services sections with the Departments, and community members. La Crosse, Jackson, and Monroe counties each have centralized intake lines within their Health and Human Services Department for incoming referrals.

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.

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<tr><td colspan="2">SECTION: Western Region Integrated Care – WRIC CCS Program</td><td colspan="2">POLICY</td><td>PAGE</td><td>Review Date</td><td>Revised Date</td></tr>
<tr><td colspan="2">SUBJECT: WRIC Program Outreach</td><td colspan="2">DATE ISSUED:
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<tr><td>PREPARED BY:
Carol Schilling
Emily Engling (rev.)</td><td>APPROVAL:
Jason Witt</td><td colspan="2">REVIEW CYCLE:
Annual</td></tr>
</table>

PURPOSE

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

POLICY

Comprehensive Community Services shall conduct outreach activities to potential consumers 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 consumers.
    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.
    c. Comprehensive Community Services shall provide service information and consultation regarding potential Comprehensive Community Services consumers, including:
        i. In-services and presentations
        ii. Participation in ongoing education to the public about services and local resource agencies

iii. Case specific consultation to community agencies and service providers.
iv. Outreach conducted through the various community agencies of La Crosse, Jackson and Monroe Counties.

2. Referral
    a. Each county has a centralized intake line where referrals to be taken
        i. La Crosse County Health and Human Services: 608-784-HELP
        ii. Jackson County Department of Human Services: 715-284-4301
        iii. Monroe County Department of Human Services: 608-269-8600

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

Any person seeking CCS services will be able to access the WRIC CCS Program through the centralized intake lines at each WRIC county. Consumers are screened locally and offered services based on eligibility and assessed needs. Once a consumer is screened as functionally eligible and assessed by a CCS Mental Health Professional as needing CCS services, the Service Facilitator meets with eligible consumer (and family or guardian if applicable) to start the enrollment process. An application and admission agreement (consent to treatment) shall be completed and signed by applicant.

<table>
<tr><td colspan="2">SECTION: Western Region Integrated Care – WRIC CCS Program</td><td colspan="2">POLICY</td><td>PAGE</td><td>Review Date</td><td>Revised Date</td></tr>
<tr><td colspan="2">SUBJECT: WRIC Admission Criteria and Determination of Need</td><td colspan="2">DATE ISSUED:
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<tr><td>PREPARED BY:
Matt Strittmater
Update: C. Skolnik</td><td>APPROVAL:
Jason Witt</td><td colspan="2">REVIEW CYCLE:
Annual</td></tr>
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PURPOSE

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

STATUTORY/ADMINISTRATIVE REFERENCE: DHS 36.14

POLICY

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

PROCEDURE

1. Eligibility

    a. In addition to the eligibility requirements outlined in the Admission Eligibility for Services Policy, applicants shall
        i. Meet the criteria outlined in this policy; and
        ii. Qualify for and hold Medicaid benefits

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 and/or a substance use disorder
        ii. Have a functional impairment that interferes with or limits three 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.

3. The Mental health professional shall review and attest to the applicant's need for psychosocial rehabilitation services and medical and supportive activities.

A copy of the WRIC CCS Program Application for Services can be found in Appendix III
A copy of a Determination of Needs statement can be found in Appendix III
A copy of an Admission Agreement/Consent for Treatment can be found in Appendix III

Recovery Team Development - DHS 36.07(5)(l)

SECTION: Western Region Integrated Care – WRIC CCS Program		**POLICY**	**PAGE**	**Review Date**	**Revised Date**
SUBJECT: WRIC Program Recovery Team		**DATE ISSUED:** 2005		04/2017 EE 04/2018 EE 04/2021 EE 04/2023 RR 02/2024 RR	05/2016 CS
PREPARED BY: Matt Strittmater Update: C. Skolnik	**APPROVAL:** Jason Witt	**REVIEW CYCLE:** Annual			

PURPOSE

To ensure a fully integrated single system of care that includes the equal participation of the consumer in collaboration with their formal and natural supports

STATUTORY/ADMINISTRATIVE REFERENCE: DHS 36.07(5)(l); DHS 36.16(7)

POLICY

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

PROCEDURE

1. The consumer will identify members of their recovery team.

2. The consumer will be an equal member on their 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 consumer to fully participate in CCS and when applicable Coordinated Services Teams 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 consumer will be encouraged to bring additional members to the team who will be able to provide improved culturally competent services.

3. The recovery team may be facilitated by the most appropriate member of the team, which should be designated by the consumer or consumer's guardian, with the ultimate goal of the consumer facilitating their own team.

4. RECOVERY TEAM MEMBERS. The recovery team shall include:
    a. The consumer
    b. WRIC CCS service facilitator
    c. WRIC CCS mental health professional and/or substance use 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. Caregiver or legal representative (as applicable) if the consumer 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 consumer'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 consumer and the scope of the team member's practice. The consumer will be viewed and valued as an "expert" regarding their 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

6. 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 necessary parties – 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 4 to 6 weeks, depending on individual team needs (the statutory minimum is at least every 6 months).

Assessment Process - DHS 36.07 (5) (m)

SECTION: Western Region Integrated Care – WRIC CCS Program		**POLICY**	**PAGE**	**Review Date**	**Revised Date**
SUBJECT: CCS Program Assessment		**DATE ISSUED:** 2005		02/2014 MS 06/2014 MS 04/2015 MS 05/2016 CS 04/2017 EE 04/2018 EE 04/2021 EE	02/2014 MS 06/2014 MS 04/2022 EE 01/2024 RR
PREPARED BY: Matt Strittmater	**APPROVAL:** HS Director	**REVIEW CYCLE:** Annual			

POLICY TITLE: CCS Program Assessment

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

STATUTORY/ADMINISTRATIVE REFERENCE: DHS 36.16

POLICY/PROCEDURE:

1. A comprehensive assessment shall be conducted for consumers who are functionally eligible and have a clinical need for Comprehensive Community Services in order to identify assessed clinical needs and individual strengths; desired goals and objectives of the consumer; crisis/wellness support plan, and to evaluate progress towards those goals and objectives.

2. ADMISSION:
    a. The mental health professional will review case for clinical necessity and shall complete the Determination of Need statement.
    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 consumer's substance use, strengths and treatment needs.
    e. The assessment shall be completed within 30 days of the consumer's application for services.

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

the consumer and family strengths, needs, recovery and/or resilience goals, priorities, preferences, values & lifestyle of the member including an assessment of the relationships between the consumer & their 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 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 or at least annually.
    iii. Address the strengths, needs, recovery goals, priorities, preferences, values, and lifestyle of the consumer
    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 consumer's recovery goals and understanding of options for treatment, psychosocial rehabilitation services and other community programs to address those goals.

4. ASSESSMENT DOMAINS
    a. The assessment process shall address all of the following domains of functioning:
        i. Life satisfaction
        ii. Basic needs
        iii. Social network and family involvement
            1. "Family involvement" means the activities of a family member/caregiver to support a consumer 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 consumer may be involved only when the adult has given written permission.
        iv. Community living skills
        v. Housing issues
        vi. Employment
        vii. Education
        viii. Finances and benefits
        ix. Mental health
        x. Physical health
        xi. Substance use
        xii. Trauma and significant life stressors
        xiii. Medications
        xiv. Crisis prevention and management
            1. To include assessing and screening for suicidal risk factors
        xv. Legal status

5. ABBREVIATED ASSESSMENT
    a. The assessment may be abbreviated if the consumer has signed an admission agreement and one of the following circumstances applies:
        i. The consumer's health or symptoms are such that only limited information can be obtained immediately; or
        ii. The consumer chooses not to provide information necessary to complete a comprehensive assessment at the time of application; or

iii. The consumer 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 consumer does not need psychosocial rehabilitation services

6. ASSESSMENT SUMMARY
    a. The assessment/interpretive summary is intended to be a standalone document that provides a 1-page summary of the consumer/family situation including all assessed needs and strengths, and to provide general recommendations for supports and services that creates a bridge to the service plan.
    b. The assessment summary shall be prepared by a service facilitator in collaboration with the mental health and/or substance abuse professional and 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 consumer.
        iv. The names and relationship to the consumer 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 being summarized

Service Planning Process - DHS 36.07 (5) (n)

SECTION: Western Region Integrated Care – WRIC CCS Program		**POLICY**	**PAGE**	**Review Date**	**Revised Date**
SUBJECT: CCS Service Planning		**DATE ISSUED:** 2005		04/2022 EE 02/2024 RR	04/2018 07/2023 RR
PREPARED BY: Matt Strittmater Updated: Ryan Ross	**APPROVAL:**	**REVIEW CYCLE:** Annual			

POLICY TITLE: CCS Service Planning Process

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 clinically assessed needs, recovery team input, and the expressed goals of the consumer. A unified functional screen, assessment, recovery plan will be used.

STATUTORY/ADMINISTRATIVE REFERENCE: DHS 36.17

POLICY/PROCEDURE:

1. 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.

2. SERVICE PLAN PROCESS
    a. The service 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 service planning process. The process may consist of collaborative meetings with the consumer and the recovery team.
    c. In development of the service plan, the service facilitator will provide the consumer with clinically appropriate interventions based on assessed needs. These interventions may come from the WRIC CCS service array, community partners, and/or informal supports. Services will be offered according to the in-depth assessment which will point out the particular clinical needs of the consumer.
    d. Service planning will address the assessed clinical needs and recovery goal identified in the assessment.
    e. The initial service plan shall be completed within 30 days of the consumer's application for services.

3. SERVICE PLAN DOCUMENTATION
    a. The service 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 consumer 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 frequency (and schedule as needed) 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 (separate document outside of the CCS assessment/service plan)
    1. The crisis plan will be informed by the assessed needs of consumer that may include information from the comprehensive assessment and/or a risk assessment screening tool.

b. Attendance (Team Meeting) 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 service 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 service 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 (or contracted employees)
    ii. The service plan document will be maintained in the consumer's treatment record.

4. SERVICE PLAN REVIEW
    a. The service plan for each consumer will be reviewed and updated as the clinical needs of the consumer change or at least every 6 months.
        i. A service 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.
    b. The review will include an assessment of the progress toward goals and consumer satisfaction with services.

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

SECTION: Western Region Integrated Care – WRIC CCS Program		**POLICY**	**PAGE**	**Review Date**	**Revised Date**
SUBJECT: CCS Service Delivery		**DATE ISSUED:** 2005		04/2019 EE 04/2020 EE 04/2021 EE 04/2022 EE 04/2023 RR 02/2024 RR	05/2016 CS
PREPARED BY: Matt Strittmater Christin Skolnik	**APPROVAL:** LCHS Human Services Director	**REVIEW CYCLE:** Annual			

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.

STATUTORY/ADMINISTRATIVE REFERENCE: DHS 36.07, DHS 36.17

POLICY
Psychosocial rehabilitation and treatment services will be provided in the most natural, least restrictive, and most integrated settings 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 consumer treatment record.
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, youth justice, 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 consumers 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 and 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 (and other systems if applicable) to assist families with purchasing services and/or items not eligible for purchase within WRIC CCS. Funding will be set aside within each county's annual budget and accessed by the county specific manager/CST director. All assessed needs should be documented and alternative options explored prior to requesting CST funds.

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 service plan

2. Service Principles for Family Teams
    a) Services are consumer/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. Regular, collaborative meetings with team and consumer during admission process and ongoing during assessment planning.

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 Service Plan: consumer (with the help from the team) identifies top priorities/goals to address. Goals are broken down into objectives that are specific, measurable, achievable, relevant, and time-bound. Specific intervention will be identified to help consumer work toward objectives
e. Develop Crisis/Support Plan: In developing crisis response plans, teams pre-plan crisis intervention with the people and/or agencies who may be involved in the crisis resolution. Plan is intended to be a support plan with coping skills and techinques

b) Ongoing Monitoring
   a. Implementation of the Service Plan: When the plan is completed, it will be reviewed, approved, and signed by necessary 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 monthly, depending on individual team's needs (the statutory minimum is at least every 6 months).

c) Transition & Closure
   a. The consumer has knowledge of and access to services and a voice in decisions that are made
   b. Team discusses discharge planning, which focuses on planning around long-term services the consumer may continue to use or will need to access after the formal team process has ended.
   c. Formal team participation is ended. Once consumers 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 (CST)
   d. Consumer utilizes community support network. The consumer knows who to contact and how to get their needs met without the ongoing support of a formal team.
   e. Consumers/families may 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 (CCS or CST committee)

Advocacy - DHS 36.07 (5) (p)

Advocacy is recognized as an important empowering step in the recovery process. If a participant wishes to be referred for formal advocacy, the service facilitator can refer them to peer support or other community advocacy resources, or empower the consumer to utilize informal supports.

Support and Mentoring for the Participant - DHS 36.07 (5) (q)

Support and mentoring for the participant may be provided by consumer's CCS recovery team.

The WRIC CCS Program will provide support and mentoring for participants. Based upon participant clinical need, the service facilitator and the recovery team will support participants by providing education and training. Self-advocacy skills may include: 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 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 clinical needs. Necessary information regarding participant and legal guardian rights will be given at the initial stage of service and as needed or by request.

Discharge Planning - DHS 36.07 (5) (r)

SECTION: Western Region Integrated Care – WRIC CCS Program		**POLICY**	**PAGE**	**Review Date**	**Revised Date**
SUBJECT: WRIC CCS Discharge Policy		**DATE ISSUED:** 2005		04/2019 EE 04/2020 EE 04/2021 EE 04/2022 EE 04/2023 RR 02/2024 RR	04/2018 EE 02/2024 RR
PREPARED BY: Carol Schilling Emily Engling (rev)	**APPROVAL:** Christin Skolnik	**REVIEW CYCLE:** Annual			

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

STATUTORY/ADMINISTRATIVE REFERENCE: DHS 36.17(5)

POLICY/PROCEDURE:
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 reason for discharge:

- The voluntary consumer no longer wants psychosocial rehabilitation services.
- The whereabouts of the consumer are unknown for at least 3 months despite diligent efforts to locate the consumer.
- The consumer refused CCS specific services for at least 3 months despite diligent outreach efforts to engage the consumer.
- The consumer enters a long-term care facility for medical reasons and is unlikely to return to community living.
- The consumer is deceased.
- Psychosocial rehabilitation services are no longer needed, according to recovery team.

A WRIC CCS service facilitator/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. Obtain signatures from the consumer, service facilitator, mental health professional, and supervisor. If signatures are unable to be obtained the reason will be documented in the consumer's record.

When a consumer is discharged from the CCS program, the consumer 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 procedure is outlined 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.

If there is disagreement among the recovery team as to the clinical appropriateness of discharge from the program, the mental health professional may advise on the clinical appropriateness of CCS involvement in the consumer's recovery. If the consumer continues to be clinically and functionally eligible for CCS, they may remain in CCS. If a consumer's need can be met through outpatient psychotherapy services only, they would no longer require psychosocial services provided by the CCS program.

Consumers may request a review of the determination of need made by the CCS program by submitting a written request to the Wisconsin Bureau of Prevention, Treatment and Recovery Services at 1 W. Wilson Street, Room 850, PO Box 7851, Madison WI 53707-7851.

Monitoring and Documentation - DHS 36.07(5) (s)

The service plan will outline the interventions provided, The service facilitator will document clinical progress to the service plan. All clinical documents are currently held for each consumer in an electronic health record. Reference the Consumer Records section of this handbook for the policy on Monitoring Consumer Records and Documents

Telehealth - DHS 36.07(5)(t)

SECTION: Integrated Support & Recovery Services/WRIC		**POLICY #**	**PAGE**	**Review Date**	**Revised Date**
SUBJECT: Telehealth Services		**DATE ISSUED:** 06/2023		02/2024 RR	
PREPARED BY: Ryan Ross	**APPROVAL:** Emily Engling	**REVIEW CYCLE:** Annual			

POLICY TITLE: Telehealth Services

PURPOSE: To define when and by whom telehealth services would be used to provide services, including patient privacy and security considerations, and the right to decline telehealth services

POLICY/PROCEDURE:

1. Telehealth means the use of telecommunications technology to deliver functionally equivalent services including assessment, diagnosis, consultation, treatment, or transfer of medically relevant data. Telehealth may include real-time interactive audio-visual or audio-only communications. Telehealth does not include asynchronous text-based communications such as texting or emails.

2. La Crosse County will conduct telehealth services through secure platforms by which a business associates' agreement is in place (e.g. doxy.me, Microsoft Teams, Zoom for Business, etc).

3. As part of the admission and intake process, the program staff shall review the telehealth informed consent with the program participant reviewing the definition of telehealth, the advantages and disadvantages of telehealth, confidentiality and limits of confidentiality with a telehealth environment, and the participant's right to decline telehealth services without affecting their right to treatment services.

4. Participants shall not be required to use telehealth to receive services.

5. The telehealth consent shall be reviewed with the program participant on an annual basis.

6. Program services provided by sub-contracted agencies will require their own telehealth informed consent as required in their contract agreement with La Crosse County.

See Appendix III WRIC Telehealth Consent Form

PERSONNEL POLICIES – DHS 36.10

Discrimination Policy – DHS 36.10(2) (a)

EQUAL OPPORTUNITY
IN EMPLOYMENT AND SERVICE DELIVERY

PURPOSE

- To document La Crosse County policy of equal opportunity in employment and service delivery.
- To encourage employees and members of the public who are victims of harassment, poor treatment or other violations based on race, color, or ethnicity to report these instances.
- To inform of the procedure for reporting complaints about violations or mistreatment.
- To inform persons involved with La Crosse programs of its policy.

POLICY – EQUAL OPPORTUNITY IN EMPLOYMENT

It is the policy of La Crosse County to provide a business-like work environment free from all forms of illegal employment discrimination, poor treatment or incidents of harassment at work. Both employees and providers of services contracted by La Crosse County are expected to abide by and remain in compliance with all Federal, State and County regulations regarding Equal Opportunity in employment. No employee or applicant for employment shall be subjected to illegal discrimination or harassing conduct, either verbal or physical. The employer will not tolerate any form of harassment in the workplace. Illegal discrimination and harassment will be treated as misconduct with appropriate disciplinary sanctions, up to and including discharge. Contractors may be sanctioned for violation of Equal Opportunity principles.

POLICY – EQUAL OPPORTUNITY IN SERVICE DELIVERY

It is the policy of La Crosse County to administer County programs and services in a non-discriminatory fashion and to treat all clients and persons with dignity and respect. La Crosse County maintains and subscribes to the principles of Equal Opportunity and Affirmative Action for all persons in the services it provides. Both employees and providers of services contracted by La Crosse County are expected to abide by and remain in compliance with all Federal, State and County regulations regarding Equal Opportunity in service delivery. All persons accessing County services will be treated with the same dignity and respect and be able to utilize County services regardless of race, ethnicity, color, sex, disability, or other protected classes. Violations will be treated as misconduct with appropriate disciplinary sanctions, up to and including discharge. Contractors may be sanctioned for violation of Equal Opportunity principles.

PROHIBITED CONDUCT

La Crosse County's harassment policies are specifically designed to prevent and discourage words or actions that are harmful, derogatory, or otherwise demeaning to any human being. Phrases and expressions that should be considered very likely to be offensive in today's working environment include those regarding age, sex, race, creed, color, national origin, ancestry, sexual preference, disability or arrest and conviction record.

VIOLATIONS SHOULD BE REPORTED

All persons aggrieved contrary to this policy are encouraged to file a complaint stating the nature of the grievance and a requested correction. Complaints may be filed anonymously, but remedies may be limited to the anonymous person. All complaints will be investigated and a response given to the person filing the complaint within a reasonable amount of time. There will be absolutely no retaliation tolerated against a person filing a complaint.

WHERE AND HOW COMPLAINTS SHOULD BE FILED

Complaints may be filed with the County Administrator, the County Personnel Director (Affirmative Action Officer), the County Clerk or County Board Chairperson's office. Complaints may be made on forms available at any of the mentioned offices, or by letter or verbally in person or by telephone. Verbal complaints may be responded to verbally. Written complaints will be responded to in writing. Persons needing accommodation may request assistance at any of the mentioned offices.

personneldept:s:policies: 8/2000; 10/2008; 12/2016

Provider Credentials & Minimum Qualifications – DHS 36.10(2)(b)/DHS 36.10(2)(g)

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<tr><td colspan="2">SECTION: Western Region Integrated Care – WRIC CCS Program</td><td colspan="2">POLICY</td><td>PAGE</td><td>Review Date</td><td>Revised Date</td></tr>
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<tr><td>PREPARED BY:
Carol Schilling
Emily Engling (rev)</td><td>APPROVAL:
LCHS Human Services Director</td><td colspan="2">REVIEW CYCLE:
Annual</td></tr>
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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.

STATUTORY/ADMINISTRATIVE REFERENCE: DHS 36.10(2)

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

1. Minimum Qualifications for County Staff
    a. Requires graduation from an accredited college or university with a major in Social Work (or any Human Services related field)
    b. Strong preference for minimum of one year of experience working with the same population (mental health, substance abuse) and familiarity with community resources available to them

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 duties as outlined in the position description and DHS 36.
    b. 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.
    c. Each staff will also be required to adhere to state and county standards for professional codes of conduct.

3. Documentation/Records of Staff Qualifications
    a. Copies of staff degrees, licenses, certifications and completed training will be maintained within each WRIC county Human Services for all employees. For contracted vendors, La Crosse County Human Services and/or the agency will maintain required documents.

4. Hiring Qualified Staff
    a. An applicant for employment shall provide at least 2 professional references
    b. Provide transcripts upon request
    c. References and recommendations shall be documented.

d. WRIC-CCS Program or designee shall review application information, conduct interview and reference checks to determine whether applicant is suitable for program and its consumers. 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.

5. Specific CCS Staff Functions
    a. 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.
    b. 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).
    c. 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).
    d. Substance Use 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).
    e. Service Facilitator 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).

Background Checks, Misconduct, and Investigations – DHS 36.10(2) (c)

SECTION: Western Region Integrated Care – WRIC CCS Program		**POLICY**	**PAGE**	**Review Date**	**Revised Date**
SUBJECT: WRIC Program Criminal Background Checks		**DATE ISSUED:** 2005		04/2021 EE 04/2022 EE 04/2023 RR	04/2020 EE 02/2024 RR
PREPARED BY: Carol Schilling; Ryan Ross (rev)	**APPROVAL:** LCHS-Human Services Director	**REVIEW CYCLE:** Annual			

PURPOSE:
To protect consumers 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).

STATUTORY/ADMINISTRATIVE REFERENCE:
DHS 12 Caregiver Background Checks;
DQA P-00274 Background Check and Misconduct Investigations: Offenses Affecting Eligibility

POLICY:
All persons being considered for hire in WRIC CCS will undergo a criminal record and Wisconsin Caregiver Law check prior to providing services to CCS consumers. The Human Resources Director or other county designee will make the hiring decision when there is a criminal conviction found and will make the determination on whether the offense is substantially related to the job duties. For contracted providers, WRIC CCS administration will make the determination and consult with HR director and/or State office.

PROCEDURE:
WRIC partner counties will comply with county specific Human Services and county personnel policy on conducting Criminal Background Checks.

1. WRIC CCS may refuse to employ or contract with an individual if the individual has a conviction or finding for an offense that is substantially related to client care.
    a. To determine whether a crime or delinquency adjudication is substantially related to client care the follow will be explored and considered by WRIC Administration:
        i. In relation to the job:
            1. The nature and scope of the job's client contact.
            2. The nature and scope of the job's discretionary authority and degree of independence in judgment relating to decisions or actions that affect the care of clients.
            3. The opportunity the job presents for committing similar offenses.
            4. The extent to which acceptable job performance requires the trust and confidence of clients or a client's parent or guardian.
            5. The amount and type of supervision received in the job.
        ii. In relation to the offense:
            1. Whether intent is an element of the offense.
            2. Whether the elements or circumstances of the offense are substantially related to the job duties.
            3. Any pattern of offenses.

4. The extent to which the offense relates to vulnerable clients.
5. Whether the offense involves violence or a threat of harm.
6. Whether the offense is of a sexual nature.

iii. In relation to the person:

1. The number and type of offenses the person committed or for which the person has been convicted.
2. The length of time between convictions or offenses, and the employment decision.
3. The person's employment history, including references, if available.
4. The person's participation in or completion of pertinent programs of a rehabilitative nature.
5. The person's probation or parole status.
6. The person's ability to perform or to continue to perform the job consistent with the safe and efficient operation of the program and the confidence of the clients served including, as applicable, their parents or guardians.
7. The age of the person on the date of conviction or dates of conviction.

b. A person who has been refused employment or who has had his or her employment terminated and believes they may have been discriminated against, may file a complaint under s. 111.335, Stats., with the Equal Rights Division, Department of Workforce Development, P.O. Box 8928, Madison, WI 53708-8928 or telephone 608-266-6860.

2. WRIC will obtain the criminal complaint and, if convicted, a judgment of conviction from the clerk of courts in the county where the person was convicted in the following instances:
   a. The individual has a conviction in the past 5 years:
      i. Misdemeanor battery
      ii. Battery to an unborn child
      iii. Battery, special circumstances
      iv. Battery or threat to health care providers and staff
      v. Reckless endangerment
      vi. Invasion of privacy
      vii. Disorderly conduct
      viii. Harassment
   b. The individual discloses a conviction for a crime that does not appear in the Department of Justice criminal history record,
   c. The Department of Justice criminal history record indicates a person was charged for a crime that would make them ineligible for employment (3) but is either not convicted of the crime or the charges have not yet been dismissed.

3. Offenses that Affect Eligibility for Employment or Contracting for client services
   a. The following offenses render a person ineligible for employment or contracting for services that serve clients ages 18 or older:
      i. First degree intentional homicide
      ii. First degree reckless homicide
      iii. Felony murder
      iv. Second degree intentional homicide
      v. Assisting suicide
      vi. Battery, Substantial Battery, Aggravated Battery
      vii. Intentional causation of bodily harm
      viii. Sexual exploitation by therapist

ix. Sexual assault (first, second, or third degree)
x. Abuse of individuals at risk
xi. Abuse of residents of facilities
xii. Abuse and neglect of patients and residents
xiii. Sexual assault of a child (first degree)
xiv. Engaging in repeated acts of sexual assault of the same child
xv. Physical abuse of a child or engaging in repeated acts of physical abuse of the same child
xvi. Finding by a government agency of abuse or neglect of a client or of misappropriation of a client's property
xvii. Finding by a government agency of child abuse or neglect
xviii. Violation of a law of any other state or US jurisdiction that would be a violation of any of the above

b. The following offenses render a person ineligible for employment or contracting for services that serve clients under the age of 18:
i. First degree intentional homicide
ii. First degree reckless homicide
iii. Felony murder
iv. Second degree intentional homicide
v. Assisting suicide
vi. Battery, Substantial Battery, Aggravated Battery
vii. Intentional causation of bodily harm
viii. Sexual exploitation by therapist
ix. Sexual assault (first, second, or third degree)
x. Abuse of individuals at risk
xi. Abuse of residents of facilities
xii. Abuse and neglect of patients and residents
xiii. Sexual assault of a child (first, second degree)
xiv. Engaging in repeated acts of sexual assault of the same child
xv. Physical abuse of a child or engaging in repeated acts of physical abuse of the same child
xvi. Sexual exploitation of a child
xvii. Trafficking of a child
xviii. Incest with a child
xix. Causing a child to view or listen to sexual activity
xx. Exposing a child to harmful material or harmful descriptions or narrations
xxi. Child enticement
xxii. Soliciting a child for prostitution
xxiii. Sexual assault of a child placed in substitute care
xxiv. Possession of child pornography
xxv. Child sex offender
xxvi. Neglect of a child
xxvii. Abduction of another's child
xxviii. Child left unattended in a child care vehicle
xxix. Finding by a government agency of abuse or neglect of a client or of misappropriation of a client's property
xxx. Finding by a government agency of child abuse or neglect
xxxi. Violation of a law of any other state or US jurisdiction that would be a violation of any of the above

SECTION: Western Region Integrated Care – WRIC CCS Program		**POLICY**	**PAGE**	**Review Date**	**Revised Date**
SUBJECT: WRIC Program Investigation and Reporting of Caregiver Misconduct		**DATE ISSUED:** 2005		04/2020 EE 04/2021 EE 04/2022 EE	05/2016 CS 04/2024 RR
PREPARED BY: Carol Schilling; Christin Skolnik rev.	**APPROVAL:** LCHS-Human Services Director	**REVIEW CYCLE:** Annual			

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

STATUTORY/ADMINISTRATIVE REFERENCE:

DHS 13 - Reporting and Investigation of Caregiver Misconduct

POLICY/PROCEDURE:

1. Definitions:
    a. **"MISCONDUCT"** means abuse or neglect of a client or misappropriation of a client's property.
    b. **"ABUSE"** means any of the following:
        i. An act or repeated acts by a caregiver or nonclient resident, including but not limited to restraint, isolation or confinement, that, when contrary to the entity's policies and procedures, not a part of the client's treatment plan and done intentionally to cause harm, does any of the following:
            1. Causes or could reasonably be expected to cause pain or injury to a client or the death of a client, and the act does not constitute self-defense as defined in s. 939.48, Stats.
            2. Substantially disregards a client's rights under ch. 50 or 51, Stats., or a caregiver's duties and obligations to a client.
            3. Causes or could reasonably be expected to cause mental or emotional damage to a client, including harm to the client's psychological or intellectual functioning that is exhibited by anxiety, depression, withdrawal, regression, outward aggressive behavior, agitation, or a fear of harm or death, or a combination of these behaviors. This subdivision does not apply to permissible restraint, isolation, or confinement implemented by order of a court or as permitted by statute.
        ii. An act or acts of sexual intercourse or sexual contact under s. 940.225, Stats., by a caregiver and involving a client.
        iii. The forcible administration of medication to or the performance of psychosurgery, electroconvulsive therapy or experimental research on a client with the knowledge that no lawful authority exists for the administration or performance.

iv. A course of conduct or repeated acts by a caregiver which serve no legitimate purpose and which, when done with intent to harass, intimidate, humiliate, threaten or frighten a client, causes or could reasonably be expected to cause the client to be harassed, intimidated, humiliated, threatened or frightened.

c. "Abuse" does not include an act or acts of mere inefficiency, unsatisfactory conduct or failure in good performance as the result of inability, incapacity, inadvertency, or ordinary negligence in isolated instances, or good faith errors in judgment or discretion.

d. **"NEGLECT"** means an intentional omission or intentional course of conduct by a caregiver or nonclient resident, including but not limited to restraint, isolation or confinement, that is contrary to the entity's policies and procedures, is not part of the client's treatment plan and, through substantial carelessness or negligence, does any of the following:
   i. Causes or could reasonably be expected to cause pain or injury to a client or the death of a client.
   ii. Substantially disregards a client's rights under either ch. 50 or 51, Stats., or a caregiver's duties and obligations to a client.
   iii. Causes or could reasonably be expected to cause mental or emotional damage to a client, including harm to the client's psychological or intellectual functioning that is exhibited by anxiety, depression, withdrawal, regression, outward behavior, agitation, fear of harm or death, or a combination of these behaviors. This paragraph does not apply to permissible restraint, isolation or confinement implemented by order of a court or as permitted by statute.

e. "Neglect" does not include an act or acts of mere inefficiency, unsatisfactory conduct or failure in good performance as the result of inability, incapacity, inadvertency or ordinary negligence in isolated instances, or good faith errors in judgment or discretion.

f. "MISAPPROPRIATION" means any of the following:
   i. The intentional taking, carrying away, using, transferring, concealing or retaining possession of a client's movable property without the client's consent and with the intent to deprive the client of possession of the property.
   ii. Obtaining property of a client by intentionally deceiving the client with a false representation which is known to be false, made with the intent to defraud, and which does defraud the person to whom it is made. In this paragraph, "false representation" includes a promise made with the intent not to perform it if it is a part of a false and fraudulent scheme.
   iii. By virtue of his or her office, business or employment, or as trustee or bailee, having possession or custody of money or of a negotiable security, instrument, paper or other negotiable writing of another, intentionally

using, transferring, concealing, or retaining possession of the money, security, instrument, paper or writing without the owner's consent, contrary to his or her authority, and with the intent to convert it to his or her own use or to the use of any other person except the owner.

iv. Intentionally using or attempting to use personal identifying information or an individual's birth certificate or financial transaction card to obtain credit, money, goods, services or anything else of value without the authorization or consent of the individual and by representing that he or she is the individual or is acting with the authorization or consent of the individual.

v. Forgery of documents involving the property of a client, or fraudulent use of a client's financial transaction card.

2. *Responsibility to Protect Clients.* Upon learning of an incident of alleged misconduct, the program shall take whatever steps are necessary to ensure that clients are protected from subsequent episodes of misconduct while a determination on the matter is pending.

3. *Report to the Department of Health Services.* The program shall report to the department any allegation of an act, omission or course of conduct described in this chapter as client abuse or neglect or misappropriation of client property committed by any person employed by or under contract with the entity if the person is under the control of the entity. The entity shall submit its report on a form provided by the department within 7 calendar days from the date the entity knew or should have known about the misconduct. The report shall contain whatever information the department requires.

    a. This report will be submitted through the Misconduct Incident Reporting system

4. *Report to the Department of Safety and Professional Services.* The program shall report to the department of safety and professional services any allegation of misconduct committed by any person employed by or under contract with the entity, if the person holds a credential from the department of safety and professional services that is related to the person's employment at, or contract with, the entity. The entity's report shall be made within 7 calendar days from the date the entity knew or should have known about the misconduct.

5. *Report child abuse or neglect to county authorities.* In accordance with s. 48.981, Stats., the program shall 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. In addition, the entity shall notify the department in writing or by phone within 7 calendar days that the report has been made.

6. *Duty to notify subject of the report.* The program shall notify the subject of a report, meaning the person against whom an allegation of misconduct is made or the attorney representing the person, that an allegation of abuse or neglect of a client or misappropriation of a client's property has been made and that the report is being forwarded to the appropriate authority.

Notice to the subject of the report shall be given as soon as practicable, but within 7 calendar days of the entity's reporting to the appropriate authority.

7. *Failure to report incidents of caregiver misconduct.* An entity that intentionally fails to report an allegation of misconduct under this subsection by any person employed by or under contract with the entity may be required to forfeit not more than $1,000 and may be subject to any of the following sanctions:
    a. Submission by the entity of a plan of correction for approval by the department, and implementation of the plan of correction.
    b. Implementation by the entity of a department-imposed plan of correction.
    c. Any regulatory limitations or conditions, as appropriate, imposed by the department on the entity.
    d. Suspension or revocation of licensure, certification or other approval for a period of not more than 5 years.
    e. Notification in a local newspaper of the act and, if applicable, any forfeiture imposed.

8. Continued Employment of a Caregiver Against Whom an Allegation is Reported
    a. In order for the Department of Health 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 DQA may determine that it is unable to substantiate caregiver misconduct.
    b. 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.

9. Continued Employment When an Allegation of Misconduct is Substantiated
    a. Health and Human Services will not employ or contract with a person who has direct, regular contact with a consumer 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 12.12]

Staff Records – DHS 36.10(2) (d)

Records of staff qualifications, credentials, and background checks as indicated in above sections (Provider Credentials & Minimum Qualifications, Background Checks, Misconduct, and Investigations) will be maintained within each WRIC County Human Services department for its employees. The same records for contracted staff will be maintained by the contracted agency and/or the WRIC Lead County/La Crosse County Human Services.

Staff Functions – DHS 36.10(2)(e)

Reference the section of this manual under Staff Functions & Responsibilities

Staff Clinical Supervision – DHS 36.10(2)(f)

Each CCS staff member providing services to CCS consumers shall receive clinical supervision or clinical collaboration in alignment with DHS 36.

- Each staff member qualified under s. DHS 36.10 (2) (g) 9. to 22. shall receive, from a staff member qualified under s. DHS 36.10 (2) (g) 1. to 8., day-to-day supervision and consultation and at least one hour of supervision per week or for every 30 clock hours of face-to-face psychosocial rehabilitation services or service facilitation they provide. Day-to day consultation shall be available during CCS hours of operation.
- Each staff member qualified under s. DHS 36.10 (2) (g) 1. to 8. shall participate in at least one hour of either supervision or clinical collaboration per month or for every 120-clock hours of face–to–face psychosocial rehabilitation or service facilitation they provide.

WRIC Counties will maintain supervision logs by means of a master list, supervisory notes, and/or consumer records. Contracted agencies will maintain their staff members' supervision logs and submit to the lead WRIC County at least quarterly.

Volunteers – DHS 36.10(3)

The WRIC CCS program may use volunteers to support the activities of staff members. Before a volunteer may work independently with a consumer or family member, the CCS shall conduct a background check on the volunteer. Each volunteer shall be supervised by a licensed mental health professional.

Documentation of Staff Qualifications – DHS 36.10(4)

Documentation of staff qualifications shall be available for review by consumers and parents or legal representatives of consumers if parental or legal representative consent to treatment is required.

Other Policies & Procedures

Death Reporting and Investigation

SECTION: ISRS, JSS, WRIC CCS Program		**POLICY**	**PAGE**	**Review Date**	**Revised Date**
SUBJECT: Death Reporting & Investigation		**DATE ISSUED:** November 2009		09/2009 06/2010 03/2017 08/2023 03/2024	11/11/09 6/4/10 3/20/17 8/18/23
PREPARED BY: Anneliese Skoda	**APPROVAL:** Christin Skolnik	**REVIEW CYCLE:** Annual			

PURPOSE: Specify steps to take when a current/former consumer of ISRS, JSS (adult), CSP, or CCS (adults and children/youth) death occurs.

STATUTORY/ADMINISTRATIVE REFERENCE:

POLICY/PROCEDURE:

1. JSS/ISRS/WRIC CCS & CSP staff will notify (via email) La Crosse County ISRS Crisis Supervisor and APS Unit (apsreferrals@lacrossecounty.org). as soon as possible when an "active" consumer of ISRS, JSS, CSP or WRIC CCS passes away.
    a. All deaths should be reported regardless of the cause of death.
    b. "Active" refers to any consumer open to service up to 90 days prior to death.
    c. WRIC CCS is included as death review is a responsibility of the Lead County (La Crosse)
    d. Only CCS children/youth follow this process; other CSN/JSS child/youth deaths are addressed in another process.

2. If APS receives notification from the Medical Examiner's office prior to program staff alerting APS to the death APS will notify Crisis Supervisor, Clinic Medical Director and program supervisor (program that the consumer was enrolled in).

3. Program supervisor will ensure that staff are debriefed and referred for additional assistance (EAP, etc.) as needed.

4. La Crosse County APS will:
    a. Determine within 24 hours whether or not the death needs to be reported to the State based upon criteria listed on form F-62470. * Note - only certain causes of death need to be reported, and the State has an alternative definition of "active" consumer than what is defined above.

    If criteria is met for State notification:
    b. Create a folder to track each case inside the Internal Death Review folder on the W Drive.

c. Complete form F-62470 and send it to the State when the reporting conditions are met. A copy will also be placed in the appropriate folder within the Internal Death Review folder on the W drive.
d. Form F-62470 will be completed for each licensed program. CSP will complete any for their consumers and cc APS/Crisis Supervisor on the email. APS/Crisis Sup will complete for JSS/ISRS/WRIC CCS programs.

5. The Clinic Medical Director will determine if an Internal Death Review is warranted. Any death that is reported to the state automatically warrants an Internal Death Review.

6. La Crosse County APS and the Crisis Supervisor will collaborate to assemble a team to complete an Internal Death Review. The team will include the Medical Director, Crisis Supervisor, APS and the staff that were involved from the service program(s). A team is expected to have a variety of clinical perspectives to complement the staff who were involved in a case, and may include staff from sections who were not involved with the consumer. Jackson/Monroe County/WRIC CCS administration should be consulted on who to include on review teams for non-La Crosse County residents who were consumers in WRIC CCS.

7. The team will complete an Internal Death Review within 30 days. The team will use a La Crosse County form that is inclusive of all items on the Event Analysis (F-00740), but has additional items we have identified as useful to our review process. Answers from our form will be utilized by the Crisis Supervisor to complete the Event Analysis (DQA 2486) form if the State requests an investigation. The event analysis report will be completed by each program that receives that request. The program supervisors/director should communicate and determine if the state is requesting follow up and the same report will be returned by both programs. Any action needed should have a target date for completion/responsible party assigned.

8. The Crisis Supervisor will file completed Internal Death Reviews in the appropriate folder inside of the Internal Death Review folder on the W drive.

9. If there are any action steps, the applicable program supervisors from ISRS, JSS and WRIC CCS will be notified by APS or Crisis Supervisor when the process is complete to ensure that follow up on action steps occurs.

Travel Claims

SECTION: Western Region Integrated Care – WRIC CCS Program		**POLICY**	**PAGE**	**Review Date**	**Revised Date**
SUBJECT: WRIC CCS Travel Billing		**DATE ISSUED:** December 2023			
PREPARED BY: Ryan Ross	**APPROVAL:** Christin Skolnik	**REVIEW CYCLE:** Annual			

POLICY TITLE: WRIC CCS Travel Billing

PURPOSE: To provide guidance around stewardship of Medicaid resources related to travel billing.

STATUTORY/ADMINISTRATIVE REFERENCE:

Forward Health Topic #17219 Claim Submission for CCS, Provider Travel
Internal Revenue Services, Publication #423, Travel Expenses

POLICY/PROCEDURE:

1. CCS providers may bill a consumer's Medicaid insurance for travel to and/or from an in-person direct contact service that is medically necessary as described and authorized in the consumer's service plan.
    a. Travel billing claims must include total time travel and total distance in miles traveled clearly documented in the consumer's chart.
    b. Total time traveled for each consumer must be added up before rounding to the nearest 15-minute unit per CPT rounding guidelines.
    c. Group Travel: provider travel time to a group service should be submitted on the claim for each member in the group. CCS defines group as more than one recipient of services and may include members from other programs and/or funding sources (e.g. CCS, CLTS, Family Care, etc)
    d. Travel claims must be submitted in conjunction with the in-person direct service contact documentation and invoice claims.
    e. If there is no in-person direct service contact, travel time is non-billable. Travel cannot be billed for a telehealth service. Providers may document any non-billable travel for record keeping purposes.

2. To preserve integrity and stewardship of Medicaid resources and in effort to prevent engagement in wasteful or abusive billing for travel, CCS service providers who chose to bill for travel costs will bill from closest originating location to the consumer's service location.
    a. Waste of Medicaid funds includes activities that result in costs due to inefficiencies such as no clinically justified need for the travel or session, travel costs primarily serve the purpose of transportation and not for psychosocial rehabilitative services, etc.
    b. Abuse of Medicaid funds includes activities that result in costs due to "bending the rules" such as time claimed is not supported by documentation, intentionally taking the longer route to claim a higher reimbursement, billing for a different service type (i.e. service

array category or group vs 1:1) to receive a higher reimbursement rate, billing for services that are not medically necessary or approved on the consumer's recovery plan, billing a consumer's Medicaid insurance for a provider's own personal business, etc.

3. WRIC CCS does not support the Medicaid reimbursement for a staff member's normal commute to a workplace setting.
    a. Providers cannot claim the costs of driving a vehicle between their home and their regular place of work. These costs are personal commuting expenses. Providers cannot claim commuting expenses no matter how far their home is from their regular place of work.

    b. Primary or regular place of work is the location that a provider ordinally spends time conducting services. This may include an agency office building, agency satellite office building, a staff member's home office, or other regular workplace location. Leased or rented office spaces are considered satellite offices for the purposes of this guidance.

        i. Home Office: If provider has an office in their home that serves as their primary place of business, the provider may claim travel time between their home and a direct consumer service.

        ii. Two places of work/Traveling between satellite offices: If a provider works at two places in the same day, they may claim the time of getting from one workplace to the other. The provider must have a business need or service at both workplace locations and not simply travel past one workplace to commute to a secondary workplace.

    c. If for some personal reason the provider does not go directly from one service location to another, a provider cannot bill to the consumer's Medicaid insurance for the provider's own personal business travel.

4. In general, travel may be authorized within the WRIC consortium or where the primary place of work is within a neighboring county to the WRIC consortium. Limited exceptions to this rule must have a case specific clinical need that is discussed within the treatment team, WRIC-CCS Program leadership, and potentially Division of Medicaid Services prior to being authorized. These exceptions will be documented in the consumer's record and reviewed on a regular basis.

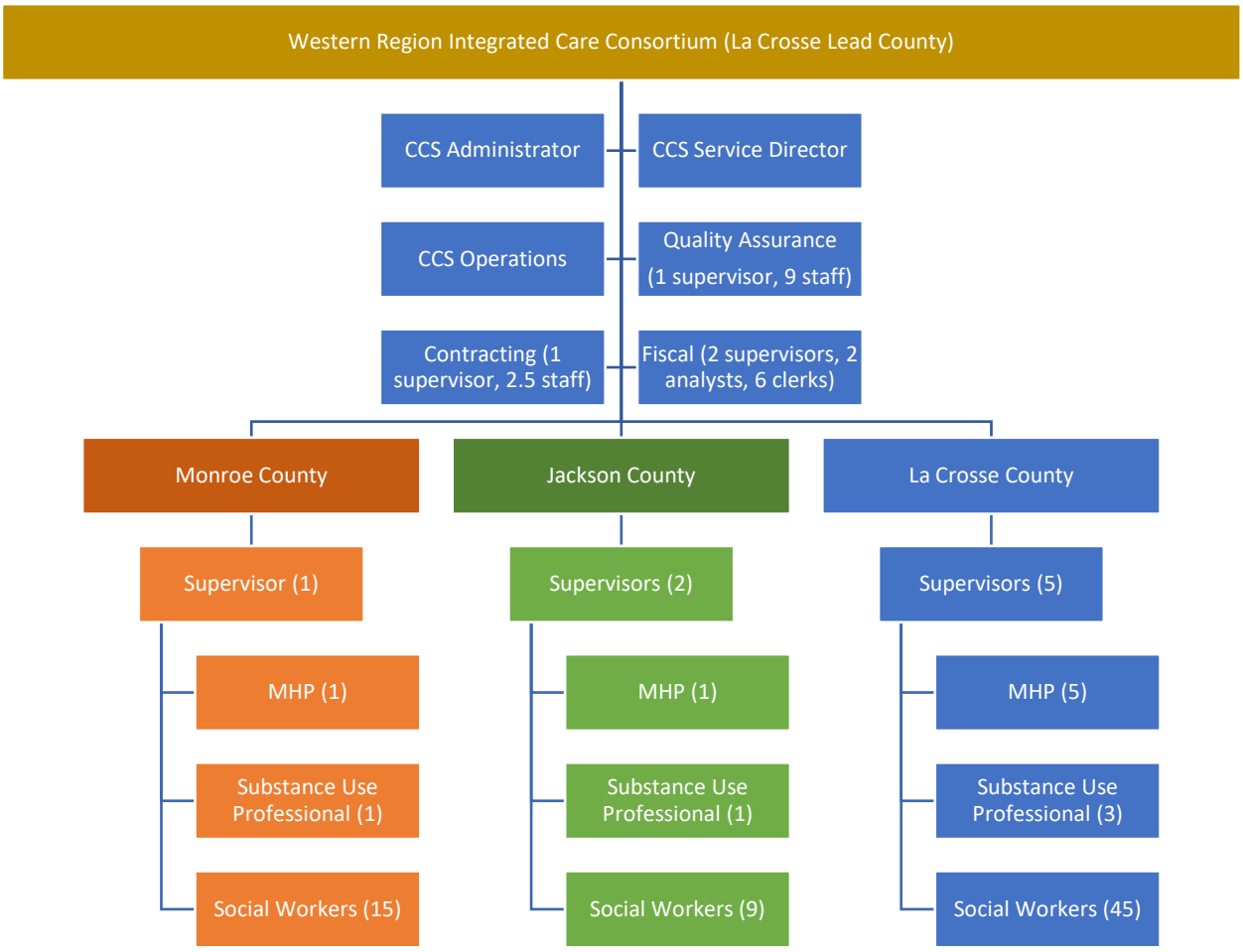
5. Providers may be asked to pay back monies received to WRIC or the Division of Medicaid Services if improper billing has been determined as part of an audit or investigation.
    a. Providers or entities suspect of engaging in fraudulent or abusive Medicaid billing practices may be reported to the Office of the Inspector General for investigation.

APPENDICES

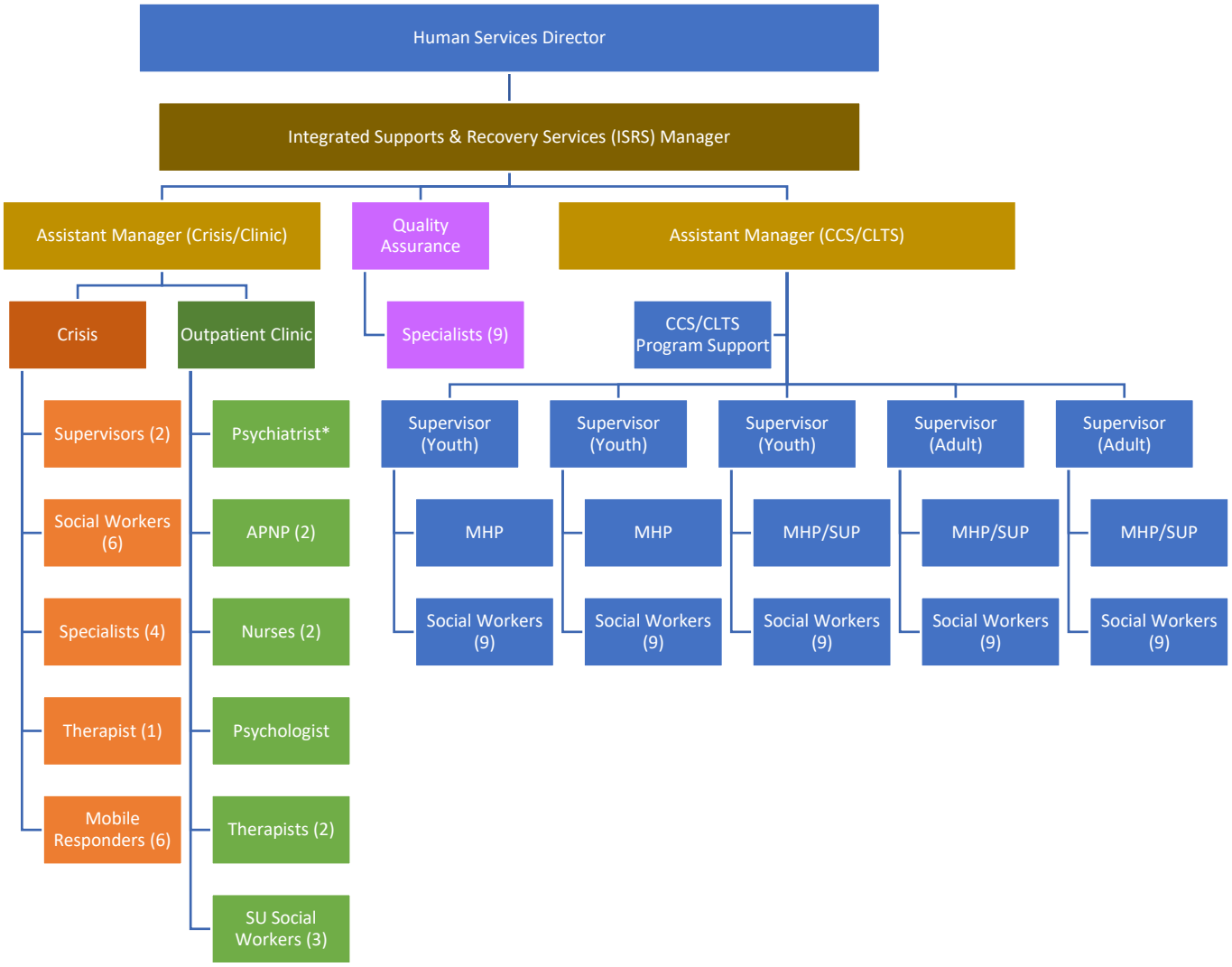
Appendix I: WRIC Program Overview

Organizational Charts

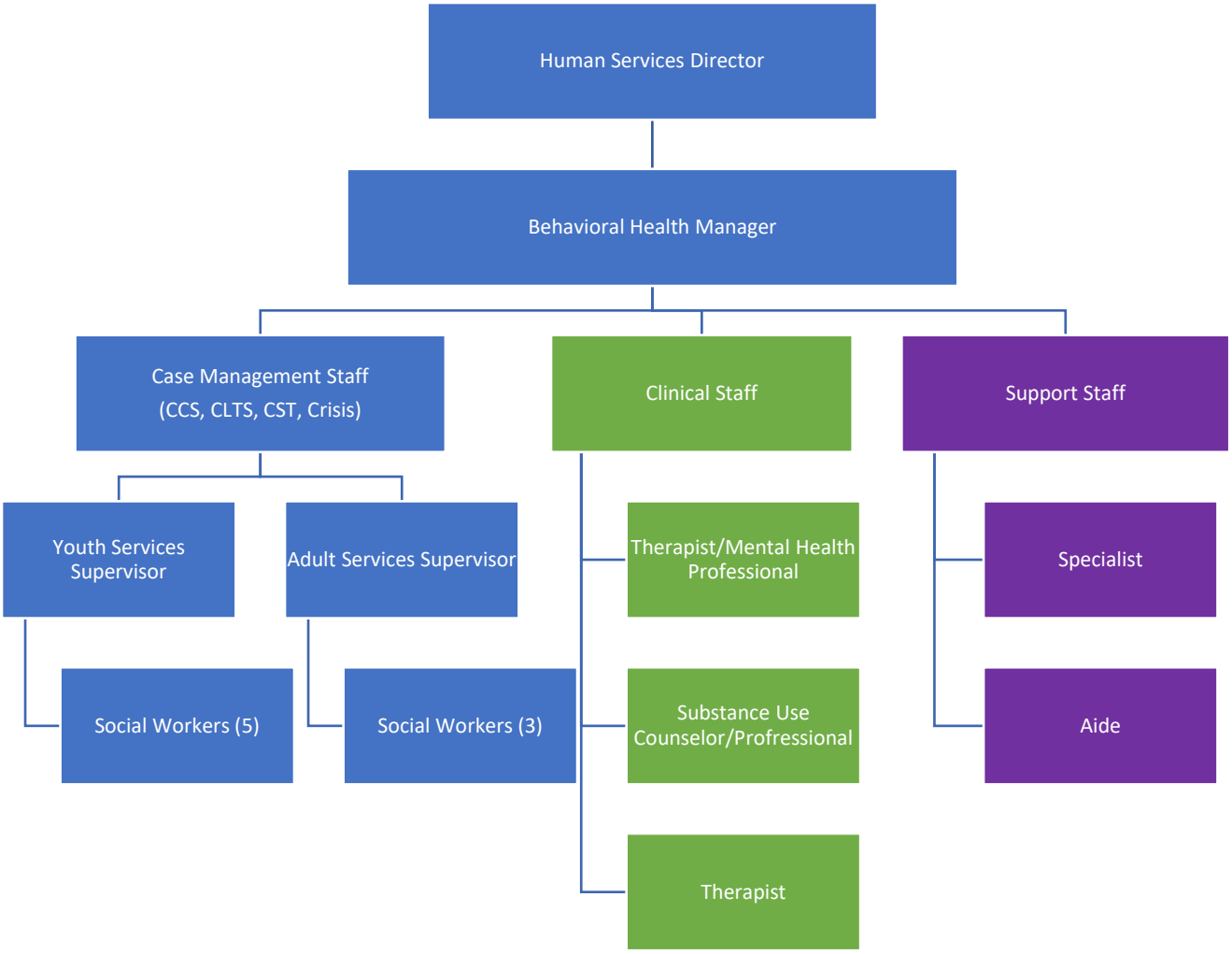
WRIC Organizational Map



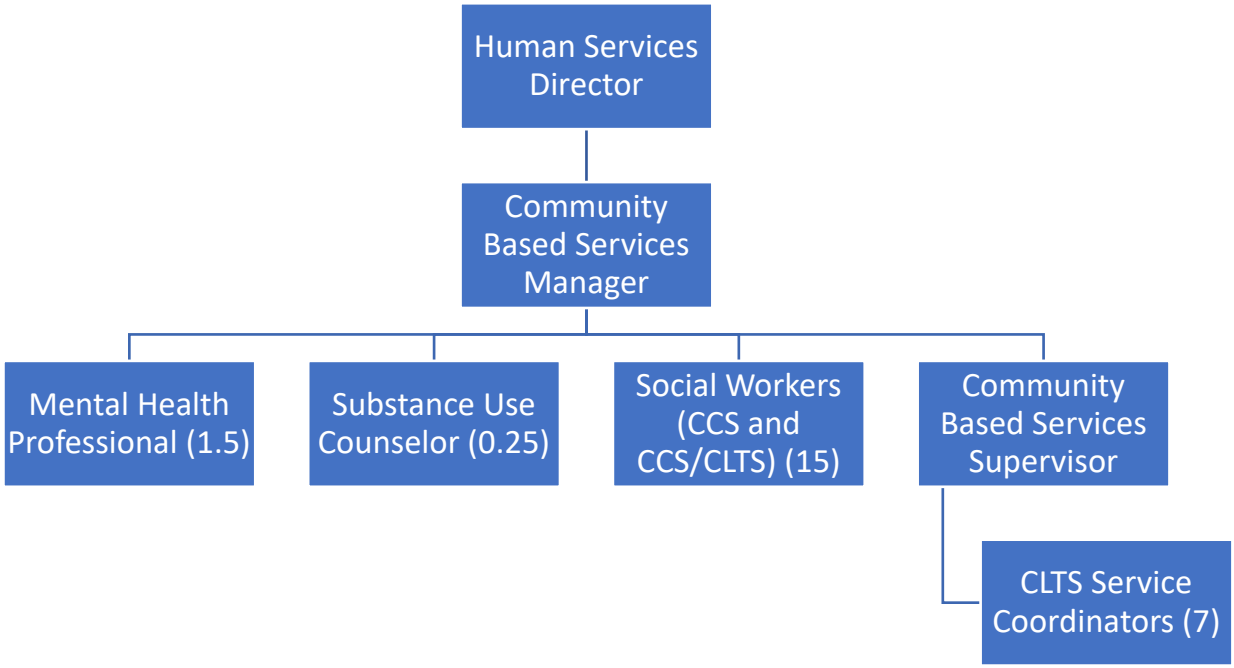
La Crosse County Organizational Map



Jackson County Organizational Map



Monroe County Organizational Map



WRIC Program Staff Roster (rev. 03/2024)

WRIC CCS Program Staff Roster
Western Region Integrated Care CCS
DQA Certification #3044

Pursuant to Wis. Stat. s. 50.065(1), "caregiver" means (1) a person who is, or is expected to be, an employee or contractor of an entity, (2) who is, or is expected to be, under the control of an entity, as defined by the department by rule, and (3) who has or is expected to have regular, direct contact with clients of the entity.

La Crosse County (Main Clinic)
Location: 300 4th Street North, La Crosse, WI

Name *(Last, First)*	**Position Title/CCS Function**	**Professional Credential**	**DSPS License Number**	**Hours per Week in**				
				DHS 36	**CLTS**	**DHS 35**	**DHS 75**	**Other**
Aloisi, Caleb	Social Worker, Substance Use Professional	Certified Social Worker Clinical Substance Abuse Counselor	13408-120 16367-132	6			24	10
Bandt, Cassondra	Social Worker	Social Work Training Certificate	4012-127	40				
Barnhardt, Kayla	Social Worker	Social Work Training Certificate	2896-127	0	40			
Berg, Shana	Social Worker	Social Worker	13553-120	20	20			
Bjerkos, Logan	Social Worker	Social Worker	13169-120	16	24			
Brink, Kristine	Nurse Prescriber	Advance Practice Nurse Prescriber	3873-33	8		25		7
Brownell, Tami	Nurse	Registered Nurse	220368-30	10		30		
Brush, Abby	Social Worker	Social Worker	10831-120	20	20			
Buschman, Scott	Social Worker	Social Worker	12479-120	20	20			
Daubert, Ellen	HS Supervisor, CCS Clinical Services Director	Licensed Professional Counselor	5452-125	30	10			
Davis, Carl	Clinical Therapist, Mental Health Prof. , Substance Use Prof.	Licensed Professional Counselor	10048-125	40				
Debell, Dana	Social Worker	Social Worker	11094-120	20	20			
Degenhardt, Rachel	Social Worker	Social Worker	10127-120	20	20			
Deveaux, Stephanie	Social Worker	Social Work Training Certificate	4110-127	40				
Fields, Katherine	Social Worker	Social Worker	11292-120	40				
Gies, Ashley	Social Worker	Social Work Training Certificate	4026-127	20	20			
Hamilton, Amanda	Social Worker	Social Worker	13329-120	40				
Hansakda, Suneesa	Social Worker	Social Worker	13412-120	39				1

Harrison, Sarah	Social Worker	Social Worker	9067-120	40				
Harter, Nanette	Clinical Therapist, Mental Health Prof.	Licensed Professional Counselor Social Worker	6282-125 9100-120	40				
Hazzard-Kepler, Chris	Social Worker	Social Worker	11563-120	20	20			
Henkelman, Shelby	Social Worker	Social Worker	13512-120	20	20			
Hill, Ashley	Social Worker	Social Worker	11617-120	0	40			
Hollowitch, Megan	Social Worker	Social Worker	13055-120	20	20			
Ingenthron, Kayleigh	Clinical Therapist, Mental Health Prof. , Substance Use Prof.	Licensed Professional Counselor Substance Abuse Counselor In-training	6921-125 19179-130	40				
Jandrt, Corrine	Social Worker	Social Worker	12998-120	20	20			
Johnson, Mari	Social Worker			40				
King, Alexandra	Social Worker	Social Worker	12613-120	20	20			
Kitt, Cory	Clinical Therapist, Mental Health Prof.	Licensed Professional Counselor	4508-125	40				
Larson, Brooklyn	Clinical Therapist, Mental Health Prof. , Substance Use Prof.	Licensed Clinical Social Worker Clinical Substance Abuse Counselor	9261-123 16411-132	40				
Loewenhagen, Tia	Social Worker		14108-120	4	36			
Meindel-Wagner, Christine	Social Worker	Social Worker	8930-120	0	40			
Meyers, Jenny	Social Worker	Social Worker	7048-120	20	20			
Morschauser, Sarah	HS Supervisor, CCS Administrator	Licensed Clinical Social Worker	9754-123	40				
Myhre, Lisa	Nurse Prescriber	Advance Practice Nurse Prescriber	13401-33	7		15		18
Pfiffner, Ben	Clinical Therapist	Licensed Professional Counselor Substance Abuse Counselor In-Training	10309-125 19258-130	1		9		30
Ramsey, Jane	Social Worker	Social Worker	13145-120	20	20			
Ranzenberger, Nicole	Social Worker	Social Worker	9774-120	20	20			
Reburn, Allie	Social Worker	Social Worker	11883-120	40				
Rooney, Joel	Psychologist	Psychologist	2525-57	10		20		10
Root, Jennifer	Social Worker	Social Worker	12252-120	20	20			

Ross, Ryan	HS Supervisor, CCS Clinical Services Director	Licensed Clinical Social Worker	8988-123	40				
Sackmaster, Amy	Social Worker	Social Worker	12618-120	10	30			
Slosser, Brandi	Social Worker	Advance Practice Social Worker	129616-121	0	40			
Smith Moss, Desiree	Social Worker	Social Worker	13547-120	40				
Smith, Katie	Social Worker	Social Worker	13130-120	40				
Tenney, Kaitlyn	Social Worker	Social Work Training Certificate	4062-127	40				
Thiele, Bridget	Social Worker	Social Worker	12875-120	39				1
Turner, Brent	Nurse	Registered Nurse	194314-30	6		34		
Watson, Jennifer	Social Worker	Social Work Training Certificate	4113-127	20	20			
Wick, Amanda	Social Worker	Social Worker	12725-120	39				1
Wolcott, Rita	Social Worker	Social Worker	9495-120	40				
Wolf, Kyra	Social Worker	Social Worker	11421-120	20	20			
Yang, Chai	Social Worker	Advance Practice Social Worker	131740-121	0	40			
Young, Samantha	Social Worker	Social Worker	12995-120	0	40			

Monroe County
Location: 112 S Court St, Room 3000, Sparta, WI 54656

Name *(Last, First)*	**Position Title/CCS Function**	**Professional Credential**	**DSPS License Number**	**Hours per Week in**				
				DHS 36	**CLTS**	**DHS 35**	**DHS 75**	**Other**
Ashwell, Erikka	CBS Service Coordinator	Certified Social Worker	12981-120	40				
Braun, Alicia	Community Based Services Manager	Licensed Clinical Social Worker	8559-123	20		7	7	6
Erdman, Erica	CBS Service Coordinator	Social Worker- In Training	4162 - 127	40				
Evanson, Tanya	CBS Service Coordinator	Certified Social Worker	10715 - 120	20	20			
Thurston-Morrell	Nurse	RN	259268-30	15		25		
Goodwin, Alexis	CBS Service Coordinator	Social Worker- In Training	4177 - 127	40				
Koball, Kellie	CBS Service Coordinator	Certified Social Worker	12648-120	40				
Koenen, Sarah	CBS Service Coordinator	Certified Social Worker	3079-120	40				
Kummer, Molly	Clinician, Mental Health Prof., Substance Use Prof.	Licensed Professional Counselor Substance Abuse Counselor	7380-125 16093-131	40				
Linder, Lane	CBS Service Coordinator	CSW pending with DSPS	N/A	40				
Nolte, Emily	Clinician, Substance Use Prof.	Certified Social Worker Clinical Substance Abuse Counselor	11924-120 16250-132	20			20	
Riley, Vicki	Clinician	Licensed Professional Counselor Substance Abuse Counselor In-Training	7187-125 17312-130	26		10		4
Ryba, Kayla	CBS Service Coordinator	LPC pending with DSPS	N/A	40				
Schmidt, Amy	CBS Service Coordinator	Certified Social Worker	11998-120	40				
Stark, Ashley	CBS Service Coordinator	Certified Social Worker	13484 - 120	20	20			
Soto, Alex	CBS Service Coordinator	Social Worker- In Training	4166 - 127	40				
Valdez, Jana	CBS Service Coordinator	Advance Practice Social Worker	134075-121	40				
Wilkie, Amanda	CBS Service Coordinator	Advance Practice Social Worker	134420 - 121	40				

Jackson County
Location: 421 County Road R, Black River Falls, WI 54615

Name *(Last, First)*	**Position Title/CCS Function**	**Professional Credential**	**DSPS License Number**	**Hours per Week in**				
				DHS 36	**CLTS**	**DHS 35**	**DHS 75**	**Other**
Alekna, Autumn	Clinical Therapist	Advance Practice Social Worker	132776-121	15		25		
Bauman, Tristine	Social Worker/SF	Social Worker	12864-120	40				
Bryhn, Jaclyn	Social Worker/SF	Social Worker	12874-120	15	20			5
Dunlap, Karla	Clinical Therapist, Mental Health Prof., Substance Use Prof.	Substance Abuse Counselor Licensed Professional Counselor	7531-125 16406-131	30		9	1	
Dunnum, Taylor	Social Worker/SF	Social Worker	13370-120	40				
Gjerseth, Jessica	Social Worker, SF	Social Work Training Certificate	14280-120	25	10			5
Johnson, Dana	Behavioral Health Supervisor, SF	Social Worker	11637-120	10	25			5
Kennedy, Stephanie	Behavioral Health Supervisor, SF	Social Worker, Substance Abuse Counselor-IT	15785-130 11772-120	10				30
Lamb, Rebecca	Substance Abuse Counselor II, Substance Abuse Professional	Licensed Professional Counselor Substance Abuse Counselor	8616-125 16637-131	10		15	15	
O'Brien, Noah	Social Worker, SF	Social Worker	14264-120	25	10			5
Omernik, Casson	Social Worker, SF	Social Work Training Certificate	4137-127	25	10			5
Stark, Samantha	Social Worker, SF	Social Worker	14306-120	40				
Stinson, Jessica	Jackson County Behavioral Health Manager, Mental Health Professional, Substance Abuse Professional	Licensed Clinical Social Worker Substance Abuse Counselor	8629-123 16020-131	5	5	1	1	28
Wright, Kelsey	Social Worker, SF	Social Worker, Licensed Professional Counselor-IT, Substance Abuse Counselor-IT	14250-120 18612-130 4544-226	25	10			5

WRIC Coordination Committee Membership

Membership

The committee is comprised of consumers, consumer advocates, WRIC staff, vendors, and other community representatives.

CONSUMER OR CONSUMER ADVOCATE REPRESENTATIVE

- Desiree Delao Sparkles
- *Vacant*
- *Vacant*
- *Vacant*

PROVIDERS OF MENTAL HEALTH AND/OR SUBSTANCE USE SERVICES

- Lakisha Hudson (Independent Living Resources)
- Louise Campbell (Family and Children's Center)
- Jodi Rastall (Wisconsin Family Ties)
- Vanessa Hudson (Innovative Services)

REPRESENTATIVES FROM WRIC COUNTY STAFF

- Sarah Morschauser (La Crosse County – WRIC Administrator)
- Ryan Ross (La Crosse County – WRIC Service Director)
- Alicia Braun (Monroe County)
- Jessica Stinson (Jackson County)

Coordination Committee Recommendations

Focus for 2024

During the WRIC Coordination Committee Meetings on October 12, 2023, and December 12, 2023, the coordination committee discussed recommendations for consortium focus in 2024 to be on:

- development of an ethical standards/code of conduct for all contracted providers
- a more accessible directory of WRIC CCS services & vendors for facilitators and consumers
- intentional recruitment of more service providers in rural areas of the consortium
- consideration to include peer specialists in more staff training

Quality Improvement Project Summary

2023 Project Summary Prepared by Change Leader: Alexia Krause

This year's NIATx project was focused on creating SMART objectives to assist with the service planning process. The hopeful outcome was to create the framework with a list of objectives that would be used as talking points during team meetings and service planning with consumers, to serve as a catalyst for effective service planning. This project was not meant to eliminate the person-centered approach to service planning, it was created to assist with the brainstorming process. The concept of this project was centered around a trauma informed approach, recognizing that many of the consumer's served by the CCS program are struggling with trauma and operating from a place of crisis, which makes planning difficult and taxing to the individual.

The NIATx team created and revised objectives based on the various mental health diagnosis and assessment domains. The NIATx team reviewed past objectives and a long list of canned objectives provided by Monroe County, as part of this process. The intention of this document is to aid in the planning process, to serve as a visual, which can be used to guide the CCS team during service planning. This gave many of the new CCS SF's an opportunity to learn how to write SMART goals and SMART Objectives. For example, an individual is struggling depression, which is affecting their ability to complete daily living skills, and they are struggling to identify what they need to work towards initially. The service facilitator can pull ideas from the list of potential SMART objectives under that domain to facilitate conversation around the barrier to independence and psychosocial rehabilitation.

The NIATX group created a document with SMART objectives based on various mental health diagnosis. Several objectives were listed under each domain. The team would review each other's objectives, discuss how it would utilize and how it could help with moving individuals towards a successful discharge in the future.

After the documented was created, the new service facilitators were tasked with using this document when service planning. The NIATx group came together and shared the results with this facilitator. Feedback from this project: The new service facilitators stated that it helped with writing better objectives. The new workers appreciated having a place to discuss the struggles of service planning, while receiving helpful feedback from peers. When utilized for service planning, it made it easier for the consumer to understand what an objective is and identify what to work on, while honoring voice and choice in the process. The team also appreciated having an MHP come in and explain the process from start to finish: The prescription for services, determination of need, assessment, Service plan, etc. Veteran workers were frustrated by this project, which resulted in a considerable attrition rate early on. Overall, the new workers stated they have a better understanding of service planning and feel more confident with writing SMART objectives after going through this process.

WRIC Vendor Listing

Reviewed: 04/2024 rr

Service Array	Service Array Description	Vendor Agencies
Diagnostic Evaluations	Diagnostic evaluations include specialized evaluations needed by the member, including, but not limited to, neuropsychological, 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.	• Brave Spaces • Caillier Clinic • Moonlight Psychological Services • Peace of Mind Counseling • Person First Supportive Services • Place of Mind • Ridge & Valley Counseling • Stein Counseling & Consulting • Synergy Group of Eau Claire
Employment Related Skills Training	Employment-related skill training services address the member's illness or symptom-related problems in finding, securing, and keeping 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. 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.	• Christian Servants Home Care • CouleeCap Inc • Family & Children's Center • Success4Life • Vernon Area Rehabilitation Center
Individual Skill Development & Enhancement	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 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 service 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.	• Attic Correctional Services • Aurora Services • Black Leaders Acquiring Collective Knowledge (BLACK) • Brave Spaces Counseling • Caillier Clinic • Carlson Consultants • Catholic Charities • Children's Service Society of Wisconsin • Chileda Institute • Christian Servants Home Care • CouleeCap Inc • Crimson Hound • Driftless Aspiring Youth • Embrace Wellness in Motion • Essential Skills • Family & Children's Center

	Services that are designed to support the family must be directly related to the assessed needs of the minor. 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.	• First Times Farm • Flock's Guardians • Flying Horse Stables • Grace Counseling • Healing Hearts • Independent Living Resources • Innovative Wisconsin • L&P Services • Mastering Life Skills • Milkweed Connections • Mindful Way Adventures • Parenting Peer • Person First Supportive Services • Rocky Hill Parent Peer • Soaring Skills • Stein Counseling & Consulting • Success4Life • Tellurian • Three Willows Equine • Trailways Counseling & Consulting • Trinity Equestrian • Vernon Area Rehabilitation Center • Viroqua Nutritional Counseling • Wellness by Design Residential Services: • Assisted Care* • Brotoloc* • Deer Path Integrated Living* • Evergreen Manor* • Lakeview Homes*
Individual/Family Psychoeducation	Psychoeducation services include: • Providing education and information resources about the member's mental health and/or substance abuse issues • Skills training • Problem solving • Ongoing guidance about managing and coping with mental health and/or substance abuse issues. • Social and emotional support for dealing with mental health and/or substance abuse issues. Psychoeducation may be provided individually or in a group setting to the member or the member's family and natural supports (i.e., anyone the member identifies as being supportive in his or her recovery and/or resilience process). Psychoeducation is not psychotherapy.	• AJ Falkers Counseling & Consulting • Attic Correctional Services • Brave Spaces Counseling • Caillier Clinic • Carlson Consultants • Catholic Charities • Children's Service Society of Wisconsin • Chileda Institute • Deer Path Integrated Living • Driftless Recovery • Expanding Hope Counseling • Family & Children's Center • Family Solutions Counseling • Flock's Guardians • Grace Counseling • Gundersen Health Systems • Essential Skills • Independent Living Resources • Mastering Life Skills • Integrated Mindfulness Institute

	Family psychoeducation 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 psychoeducation. Family psychoeducation may include anticipatory guidance when the member is a minor.	• Milkweed Connections • Nystrom & Associates • Parenting Peer • Peace of Mind Counseling • Person First Supportive Services • Pine Valley Integrated Services • Red Feather Therapy & Consulting • Rocky Hill Parent Peer • Stein Counseling & Consulting • Tellurian • The Parenting Place • Trailways Counseling & Consulting • Vernon Area Rehabilitation Center • Wisconsin Family Ties
Medication Management for 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. • Reviewing data, including other medications, used to make medication decisions	• Gundersen Health Systems • Mayo Clinic Health Services • La Crosse County Outpatient Clinic • Monroe County Outpatient Clinic
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. • Monitoring changes in the member's symptoms and tolerability of side effects.	• Catholic Charities • Flock's Guardians • Grace Counseling • Innovative Wisconsin Residential Services: • Assisted Care* • Brotoloc* • Deer Path Integrated Living* • Evergreen Manor* • Lakeview Homes*
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.	**Peer support services are provided under other services arrays* Agencies with Peer Support Services: • Aurora Services • Essential Skills • Deer Path Integrated Living • Independent Living Resources • Milkweed Connections • Parent Peer • Person First Supportive Services • Stein Counseling & Consulting • Tellurian • The Parenting Place

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.	• Gundersen Health Systems • Mayo Clinic Health Systems
Psychotherapy	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 principles for the purpose of assisting people in modifying their behaviors, cognitions, emotions, and other personal characteristics, which may include the purpose of understanding unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics.	• AJ Falkers Counseling & Consulting • Brave Spaces Counseling • Caillier Clinic • Chileda Institute • Driftless Recovery • Elmergreen Associates • Expanding Hope Counseling • Family & Children's Center • Family Solutions Counseling • Grace Counseling • Gundersen Health Systems • Innovative Services • Maple Tree Wellness • Mayo Clinic Health Systems • Integrated Mindfulness Institute • Mosaic Wellness Journey • Nystrom & Associates • Peace of Mind Counseling • Pine Valley Integrated Services • Red Feather Therapy & Consulting • Reflective Counseling • Ridge & Valley Counseling • Sandberg Counseling • Stein Counseling • Trailways Counseling • Vernon Memorial Healthcare • Winding Rivers Counseling
Substance Use Treatment	Substance abuse treatment services include day treatment and outpatient substance abuse counseling. Substance abuse treatment services can be in an individual or group setting. The CCS program does not cover Operating While Intoxicated assessments, urine analysis and drug screening, detoxification services, medically managed inpatient treatment services, or narcotic/opioid treatment services (. Some of these services may be covered under Medicaid and BadgerCare Plus outside the CCS program.	• Caillier Clinic • Driftless Recovery • Gundersen Health Systems • Mayo Clinic Health Systems • Peace of Mind Counseling • Pine Valley Integrated Services

Wellness Management & Recovery Services	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 psychoeducation, 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 psychoeducation is provided without the other components of wellness management and recovery, it should be included under the Individual and/or Family Psychoeducation service category. 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.	• Attic Correctional Services • Aurora Services • Brave Spaces Counseling • Caillier Clinic • Carlson Consultants • Catholic Charities • Children's Service Society of Wisconsin • Chileda Institute • Embrace Wellness in Motion • Essential Skills • Family & Children's Center • Flying Horse Stables • IGNTD • Life in Harmony • Milkweed Connections • Peace of Mind Counseling • Person First Supportive Services • Stein Counseling & Consulting • Tellurian • Trinity Equestrian Residential Services: • Assisted Care* • Brotoloc* • Deer Path Integrated Living* • Evergreen Manor* • Lakeview Homes*

Community Partnerships

Below is an introductory list of common community partnerships. This listing is not exhaustive:

- Hospitals and Medical Centers
    - Gundersen Health System provides outpatient and inpatient care
    - Mayo Clinic Health System provides outpatient and inpatient care
    - Black River Falls Memorial Hospital
    - Krohn Clinic
- Housing and Homeless Service Agencies
    - Catholic Charities
    - Coulee Cap
    - Karuna Housing
    - REACH Center
    - The Salvation Army
- Local School Districts
- Colleges
    - UW-La Crosse
    - Viterbo University
    - Western Technical College
- Ho-Chunk Nation Services
- 211
- Veterans Administration
- Lunda Center
- Family Care managed care organizations
- CBRF and AFH's specializing in mental health care and substance use disorder residential treatment stabilization
- Coulee Region RSVP
- Cia Siab, Inc
- Hope Restores
- BLACK: Black Leaders Acquiring Collective Knowledge
- Division of Vocational Rehabilitation (DVR)
- CARE Center
- Corporate and Private Guardianship Agencies.
- Representative payees
- Regionally public and privately owned Certified Mental Health Clinics & Addictions Treatment providers.
- Recovery Avenue (R.AVE) peer run drop-in center
- Lighthouse Project peer run respite
- Goodwill Industries
- NAMI
- Independent Living Resources peer support and accommodation equipment and technology

- Together for Jackson County Kids-MH/substance use Coalition
- The Good Fight
- Boys and Girls Club
- Boy Scouts/Girl Scouts
- UW Extension- 4H
- UWL Disability Mentoring Program and Special Populations Programs
- Children's Miracle Network
- Local Parks and Recreation departments
- Local Faith Communities
- YMCA/ YWCA

Appendix II: Contracting Process

WRIC CCS Program Contract Language for Vendor Service Array

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.

> **Psychosocial rehabilitation services are medical or 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.*

Who is eligible:

-The program is an entitlement for MA eligible persons.
-Person of any age with a mental health or substance abuse diagnosis AND
-Functional impairment that interferes with or limits three or more major life domains and results in needs for services that are described as ongoing, comprehensive and either high-intensity or low-intensity.

The following is the Service Array for Children, Adolescents and Adults:

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

Services that will remain fee for service through Medical Assistance:
-Pharmaceutical Medication Management when performed by a psychiatrist

The CCS Program requires all contracted providers meet requirements within both DHS 36 and the Forward Health Handbook. These requirements include:

- Criminal and caregiver background checks must be conducted by the agency on all staff providing CCS services ***prior to contracting and/or initiating service. Contracted agencies are responsible for submitting all CCS performing providers' background verification (BID, DOJ, Caregiver, Out of State checks) for new staff and every 4 years***
- The Background Check process includes each of the following:
  - Completed Background Information and Disclosure (BID) form for every background check conducted
  - Copy of Department of Justice (DOJ) criminal background check results
  - Copy of Caregiver background check results
  - Copy of Out of State background checks, if applicable
  - Results of any subsequent investigation related to the information obtained from the background check

    - Note: contracted agency shall review background check results to ensure in compliance with DHS regulations)
- 2 references (professional or educational) for each staff
- Copy of each staffs' diploma/degree, licensure, certification, etc
- Training logs for each staff as outlined below:
    - Training logs for all current and terminated staff who have provided services within the calendar year must be submitted to the Purchaser within 90 days of start of services and annually by January 31st for payment to be made to the Provider.
- Rehabilitation workers need to successfully complete 30 hours of training during the past two years prior to providing services to CCS consumers. The training must be in the following topics below:
    - Recovery Concepts
    - Consumer Rights
    - Consumer-Centered Individual Treatment Planning
    - Mental Illness
    - Co-occurring mental illness and substance abuse
    - Psychotropic medications and side effects
    - Functional Assessment
    - Local Community Resources
    - Adult Vulnerability
    - Consumer Confidentiality
    - Note: The above 30 hours of training is for Rehabilitation worker only, and in ADDITION to the necessary training logs hours.
- Each staff member shall receive clinical supervision/collaboration:
    - Provider is required meet supervision requirements established within DHS 36 for staff providing CCS services.
    - Each staff member qualified under s. DHS 36.10 (2) (g) 9. to 22. shall receive, from a staff member qualified under s. DHS 36.10 (2) (g) 1. to 8., day-to-day supervision and consultation and at least one hour of supervision per week or for every 30 clock hours of face-to-face psychosocial rehabilitation services or service facilitation they provide. Day-to day consultation shall be available during CCS hours of operation.
    - Each staff member qualified under s. DHS 36.10 (2) (g) 1. to 8. shall participate in at least one hour of either supervision or clinical collaboration per month or for every 120-clock hours of face–to–face psychosocial rehabilitation or service facilitation they provide.
- Provider is required to submit the performing provider form monthly
    - Update when staff are hired on to agency
    - Update when staff leave agency
    - Submit all the above documentation and update on for
- Documentation for CCS services must be submitted from Provider to Purchaser. Provider must follow 60 day clean claim policy as listed within the Purchase of Service Contract Section V: A-F.
- Documentation for CCS services must show a clinical service was provided or payment will be denied.
- Providers are responsible to insure they are providing service within their scope of practice that is set out by their respective guiding statute.

- If the contracted provider bills and gets paid by any other third party payers or Medicaid, it is the understanding that the Provider will need to refund those Providers and bill the County within the timelines as outlined in the Purchase of Service Contract Section V.

Non-compliance of any of the above requirements could lead to a termination of the contract with the provider or fiscal recoupment if vendor is found in non-compliance by an audit.

New Staff Provider Checklist

WRIC CCS New Provider Checklist

Please check that every item on this checklist has been completed for each provider who will be billing for services provided to consumers in the WRIC CCS Consortium. Submit all documents in one email to Quality Assurance at ISRSQA@lacrossecounty.org .

Vendor Agency Name: Provider Credential Date:
Provider Name:
Provider Degree: Choose Degree Type.

Provider Packet

☐Read through the Provider Packet
☐ Read through the Provider Documentation Expectations
☐ Sign Provider Packet/Documentation Expectations (pg. 31 or pg. 15)

Background checks

Have you resided in another state other than Wisconsin within the last 3 years?
If yes: please provide background checks from each state in which you have resided in the last 3 years.
☐Department of Justice background check State(s):
☐Caregiver background check State(s):
If no
☐ Department of Justice background check State: Wisconsin
☐ Caregiver Wisconsin background check State: Wisconsin
This will cost $10 to obtain the online results of both background checks if you have only resided in one state within the last 3 years.
Click this link to make a Background Check Request

Click this link to access Accredited Third Party background check companies

---

Background Information Disclosure

☐ Complete and Sign BID click to access BID Form

Education

☐ Degree(s)
Transcripts may be requested depending on degree.

Licensure

Are you a licensed clinician or in-training (LPC, LCSW, LPC-IT, APSW or PhD and/or MD) providing Psychotherapy and/or Diagnostic Services

If yes:
☐ Copy of Licensure
If no:
☐ proceed to next step

---

2 References
☐ Professional Reference letter #1

Are you a graduate student providing psychotherapy services as part of a field placement or internship?
If yes:
☐ Reference letter from your Clinical Supervisor overseeing your field placement or internship
If no:
☐ Professional Reference letter #2

Clinical Supervision
Are you a licensed clinician (LPC, LCSW, PhD and/or MD)
☐ **If yes** - Clinical Supervision requirements 1 hour of peer consultation : 120 hours of face-to-face CCS Consumer Time
☐ Read through CCS Clinical Supervision Expectations
☐ Describe how you will obtain these requirements (pg. 11)
☐ Sign Clinical Supervision Agreement (pg. 11)

☐ **If no** - Clinical Supervision requirement 1 hour of clinical supervision : 30 hours of face-to-face CCS Consumer Time
☐ Read through CCS Clinical Supervision Expectations
☐ Describe how you will obtain these requirement (pg. 11)
☐ Sign Clinical Supervision Agreement (pg.11)

Would you like more information about attending the clinical supervisions provided by La Crosse County free of charge?
☐ **If yes** – email will be sent with link to attend the weekly clinical supervision meetings virtually
☐ **If no** – please describe on pg. 11 name of clinical supervisor, credentials and keep a log of your clinical supervision meetings.

Training Requirements

Rehabilitation Worker Training Log
Do you hold a bachelor's degree or state certification in a relevant health, education or human services profession as described in DHS 36.10(2)(g)

If yes
☐ Proceed to the next step
If no
☐ Complete 30 hours of training in related mental health and/or substance use topics
☐ Log each hour of training in the Training log - Rehabilitation worker
☐ Obtain Employee and Supervisor Signatures on completed training log

***If you do not hold a bachelor's degree or state certification in a relevant health, education or human services profession please answer the following question: have you completed your 30 hours of training?*
If no – do not proceed until 30 hours of training have been completed
*If yes – you may proceed to the next step***

Orientation Training Log - CCS Program
Do you have at least 6 months of recent experience working directly in the field of mental health and substance use? Have you provided a resume, CV or employment experience document highlighting the mental health and substance use work experience?
If yes
☐ Complete 20 hours of training in related mental health and/or substance use topics within 90 days of provider credential date. You may use trainings from the last 2 years with proof of completion date.
☐ Log each hour of training in the Training log
☐ Obtain Employee and Supervisor Signatures on completed training log
☐ Resume or CV

If no
☐ Complete 40 hour of training in related mental health and/or substance use topics within 90 days of provider credential date. You may use trainings from the last 2 years with proof of completion date.
☐ Log each hour of training in the Training log
☐ Obtain Employee and Supervisor Signatures on completed training log

Additional Documents for your review and use:

Clinical Supervision Log Template: it is required that all vendors and their providers track their clinical supervision hours so it can be easily read.
Progress Note Template: all billable services must include a progress note with specific details; it is recommended that vendors use this template to ensure they have all required information in their notes.
Invoice: ***required** by vendors to use WRIC CCS invoice document for all billing; it can be accessed on the WRIC CCS Vendor SharePoint site. Please indicate below on the agency application the email and name for access to the SharePoint site.

WRIC administrative Comments:

Provider Credential Date:
Orientation Log Due Date:

Updated 2/5/2024 SM

WRIC CCS Training Log

Comprehensive Community Service Program (CCS)
Orientation & Continuing Education Training Log

Agency: Position:
Staff Name: CCS Start Date:

Select One:

☐ New Staff Orientation Log (must be completed within 90 days of CCS start date)
☐ 20 hours - Staff has at least 6 months of experience providing mental health/substance use services
☐ 40 hours - Staff has less than 6 months experience providing mental health/substance use services
**Note: If staff does not have at least a bachelor's degree in a qualifying human service related field, additional training must be completed before completing this training log (see "Rehabilitation Worker Training Log")*

☐ Annual Continuing Education Log (minimum of 8 hours) for calendar year:

Training Topics Required by DHS 36.12 (* required topic for orientation training)	Date(s) Occurred	Duration (hours)	Certificate (Y/N)
*1. Wisconsin Statute DHS 36: CCS Programs			
*2. Policies & Procedures for CCS Services - WRIC CCS Provider Packet - WRIC Documentation Expectations - WRIC Clinical Supervision Expectations			
*3. CCS Service Array Descriptions as it relates to staff job responsibilities - CCS/Medicaid Progress Note Requirements			
*4. Applicable parts of Wisconsin State Laws: - Wisconsin Mandated Reporter - DHS 48: Children's Services - DHS 51: Alcohol, Drug, Developmental Disability, Mental Health Services Act - DHS 55: Protective Services			
*5. Basic Understanding of Federal Laws: - Civil Rights Act of 1964 - Americans with Disabilities Act of 1990			
*6. Understanding of Confidentiality and Client Record Regulations - HIPAA (Health Information Portability & Accountability Act) - DHS 51.30: Confidentiality of Mental Health Records - DHS 92: Confidentiality of Treatment Records - 42 CFR Part 2: Substance Use Treatment Confidentiality			
*7. Understanding of Patient Rights - DHS 51.61: Mental Health Patient Rights - DHS 94: Patient Rights & Grievances			
*8. Understanding of Mental Health, Substance Use, and Co-occurring Disorders and current treatment interventions			
*8m. Recovery Concepts and Principles that promote consumer hope, healing, empowerment, and connection to their community			

Training Topics Required by DHS 36.12 (cont.) (* required topic for orientation training)	Date(s) Occurred	Duration (hours)	Certificate (Y/N)
*9a. Principles & Procedures for providing treatment-based services and interventions related to targeted service populations: - Children & Youth Services - Adult Services - Substance Use/Co-Occurring Services Includes: methods of assessing needs, appropriate psychosocial treatment interventions, symptom and self-management strategies, relapse prevention			
*9b. Trauma Informed/Trauma Responsive Care Principles			
*9c. Cultural Competency/Cultural Intelligence Standards of Practice			
*10. Non-Violent Crisis Intervention and De-escalation, Suicide Risk Assessments, Personal Safety Methods			
11. Telehealth/Telemedicine *(*required if using any telehealth methods)*			
12. Human Service Professional Ethics & Boundaries *(may be completed within the past 2 years)*			
Other Topic Specific to CCS Role:			
Other Topic Specific to CCS Role:			
Other Topic Specific to CCS Role:			
Other Topic Specific to CCS Role:			
Other Topic Specific to CCS Role:			
	Total Hours		

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

WRIC Admin. Approval: _____ Date: _____

Return this form to:
hsinvoices@lacrossecounty.org
La Crosse County Human Services
300 4th Street North Attn: ISRS QA
La Crosse, WI 54601

When to Return this Form:
- Orientation Training Logs are due within 90 days of starting in CCS
- Annual Continuing Education is due annually, or before January 31st of the following year

Rehabilitation Worker Training Log

Comprehensive Community Service Program (CCS)
Rehabilitation Worker Training Log

Agency:
Staff Name:
Supervisor:

Position:
Completed Date:

A Rehabilitation Worker is a staff member who is:

- at least 18 years old
- working under the direct supervision and guidance of a licensed mental health professional or substance use professional to provide mental health and/or substance use services to individuals
- does not hold at minimum a bachelor's degree or state certification in a relevant health, education, or human services profession as described in DHS 36.10(2)(g)
- has completed at least 30 hours of training in the past 2 years in the topics listed below:

***Note: A staff member may not begin providing CCS related services until this training log is completed.**
***Note. Additional training is required to complete the CCS Orientation Log. Trainings used for this training log cannot be used for the CCS Orientation Training Log.*

Training Topics Required by DHS 36.10(2)(g)(21) (* required topic)	**Date(s) Occurred**	**Duration (hours)**	**Certificate (Y/N)**
*1. Recovery Concepts			
*2. Consumer/Client Rights			
*3. Confidentiality			
*4. Consumer-Centered Treatment Planning			
*5. Mental Illness			
*6. Substance Use			
*7. Co-Occurring Mental Health and Substance Use			
*8. Psychotropic Medications and Side Effects			
*9. Functional Assessments			
*10. Adult Vulnerability			
*11. Local Community Resources			
	Total Hours		

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

WRIC Admin. Approval: _____ Date: _____

Return this form to:
hsinvoices@lacrossecounty.org
La Crosse County Human Services
300 4th Street North Attn: ISRS QA
La Crosse, WI 54601

When to Return this Form:
- Rehabilitation Worker training logs must be submitted before providing any CCS services to consumers

Appendix III: Example Forms

Application for CCS Services

Below is an example of a blank Application for CCS Services:

Western Region Integrated Care
Comprehensive Community Services Program
Application for Services

Name of Applicant: _____ **Date of Application:** _____
Date of Birth: _____

Applicant Address: _____ **Cell Phone:** _____
_____ **Home Phone:** _____

Active Medical Assistance: Yes / No

Parent/Guardian information if needed:
If applicable:
Guardian or Parent(s): _____ Phone: _____

Address (if different): _____ City/State: _____ Zip: _____

If applicable:
Legal Guardian or Parent(s): _____ Phone: _____

Address (if different): _____ City/State: _____ Zip: _____

Reason for application (What is your best hope to gain from the program?):

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)

_____ _____
Applicant Signature Signature Date

_____ _____ _____
Legal Parent or Guardian Signature Relationship to Applicant Signature Date

Prescription for Services

Below is an example of a blank Physician's Prescription:

PHYSICIAN PRESCRIPTION FOR CCS

Name: _____ **Service Facilitator:** _____

Date of Birth: _____

Description of how CCS will benefit consumer: _____

_____

_____

_____

_____

_____

Diagnosis: _____

_____

I prescribe Comprehensive Community Services (CCS) for _____ within the Western Region Integrated Care Consortium.

_____ _____

Psychiatrist (or physician) **Date**

Determination of Need Statement

Below is an example of a blank Determination of Need statement:

Western Region Integrated Care
Comprehensive Community Services
Determination of Need Statement

Name:	Mental Health Professional Screening Date:
SSN:	Date of Birth: Insurance: ☐ MA ☐ 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 due to: **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.

Eligibility Description:

WRIC 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: _____
Date: _____

Substance Abuse Professional: _____

Date: _____

WRIC CCS Admission Agreement/Consent for Treatment Form

Below is a copy of the Admission Agreement/Consent for Treatment form that is reviewed with consumers at time of admission and annually:

Western Region Integrated Care
Consent to Treatment

Consent Date: **Client:**
Comprehensive Community Service:

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 8:00 a.m. to 4:30p.m.), but may be provided after-hours by arrangement when a need is determined.

WRIC Crisis Intervention Services are available during and after-hours. Crisis services may be accessed during agency operational hours by calling at 608-784-4357 and requesting them. After-hours crisis services can be accessed in La Crosse County by calling 608-784-4357 (784-HELP). Crisis Services for Monroe and Jackson County residents contact Northwest Connections at 888-552-6642.

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.

CRISIS SERVICES: Crisis Intervention services are available during and after-hours only by calling 784-HELP (4357). Monroe and Jackson County residents contact Northwest Connections at 888-552-6642.

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

ACKNOWLEDGEMENT

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

Costs are covered either through consumer out of pocket payments, other insurance, or eligible Medicaid programs.

Loss of Medicaid eligibility may affect services, as well as my financial responsibility for the services I receive.

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.

Client Signature: _____

Date: _____

Guardian Signature: _____

Date: _____

WRIC Telehealth Consent Form

Below is a copy of the Telehealth Consent form that is reviewed with consumers at time of admission and annually.

Western Region Integrated Care Consent for Telehealth

La Crosse County Human Services **Consent Date:**
Consent Form Addendum: Telehealth Consent **Client:**

The purpose of this document is to obtain consent for Telehealth Services with La Crosse County Human Services LCHSD). In order to maintain care under certain circumstances, including during periods of any closure for any reason, we may offer to conduct service sessions and assessments via telehealth service. Telehealth service is the delivery of healthcare services when the provider and consumer are not in the same physical location/site through the use of various technologies. This could include video sessions via telehealth software on a computer or tablet.

Definition of Telehealth

Variously dubbed telemedicine, teletherapy, distance therapy, therapy, internet therapy, or online therapy, "telehealth" is defined as the use of electronic transmission to provide interactive real time mental health services remotely, including consultation, assessment, diagnosis, treatment planning, counseling, psychotherapy, coaching, guidance, psychoeducation, education and transfer of medical information with an experienced provider. **Telehealth services do not include phone calls, texting or email.**

Agreements

Telehealth is governed by all the same ethics and laws that cover in person, in office services. Consequently, all other policies, consents and agreements signed with your provider apply to telehealth services as well. This document is an addendum to all in office services agreements, and does not substitute for any such agreements.

Advantages and Disadvantages

The main advantage of telehealth is that it provides flexibility for continuity of care when in person sessions cannot be conducted. Telehealth by videoconference allows for both verbal and nonverbal communication in a way that is similar but not identical to in person communication.

Telehealth is not a universal substitute, nor the same as in person services. Some report that telehealth services do not provide the same level of ease, comfort and connection, and may not seem as "complete" when discussing personal and private matters. Body language isn't as fully visible. Misunderstandings may occur more easily. These differences may impact the quality of the professional therapeutic relationship. Just as with in person services, the effectiveness of telehealth services cannot be guaranteed. Discuss any concerns as they arise.

Prerequisites

Telehealth may work best when face to face sessions occur at the beginning of a therapeutic relationship.

Telehealth also requires some reasonable comfort with technology. Telehealth is best for augmenting in person services when a client is unable to come to the office location due to temporary limitations, such as medical conditions limiting physical mobility, distance due to travel, and scheduling conflicts, etc. To provide optimal care, ideally in person sessions are recommended.

Under certain extreme circumstances when telehealth should not be provided due to the nature of therapeutic services needed, your provider may recommend: coming into the office, waiting until you can come into the office, or referring you to another provider who can provide such services in person. With the COVID19 pandemic, receiving in person therapy services from anyone may become very challenging; telehealth provides a great alternative to in person services, when possible.

Emergencies

Telehealth is not recommended for any psychological emergency. If your provider believes you would be better served with in person services and your provider is unable to provide that, you will be referred to another provider in your area that can provide such services. (Note: Again, this may not be possible, despite being needed, given the current COVID19 pandemic and limited options for in person work).

Just as with in person services, if an emergency should occur during a telehealth session, your provider will consider taking any steps necessary to ensure your safety and that of others.

Scheduling

Telehealth sessions are scheduled ahead of time at regular times. These appointments reserve time specifically for you. Just as with in person appointments, you are responsible for keeping and paying for all telehealth appointments.

We will start and end on time. In all telehealth sessions, the provider will initiate the telehealth session, unless other arrangements are made in advance. A window of 15 minutes will remain open after the start time of your session. Just as with an in person session, if your provider doesn't hear from you or can’t get through to you, please call them by phone if you are having difficulty.

Cancellations and missed appointments are handled in the same way as in person cancellations are handled in other forms. The provider cannot be responsible for the client’s ability to participate in sessions, including technological difficulties or disruptions.

Confidentiality

The same laws protecting the confidentiality of your medical information in the office apply to telehealth sessions, including mandatory reporting and permitted exceptions, such as child, elder and dependent adult abuse reporting, risks to the client’s wellbeing, threats of violence to an identifiable victim and when

clients enter their own emotional or mental factors into a legal proceeding.

The client and provider both agree to keep the same privacy safeguards used during in person sessions. Ensure that your environment is free from unexpected or unauthorized intrusions or disruptions to our communication. You are asked to preserve privacy and limit the risk of being overheard by a third party by conducting the session in a private room with closed doors, with reasonable sound barriers, and no one else present or observing. Earphones may be very helpful to help you preserve privacy as well. The client and provider both agree to not record the telehealth sessions without prior written consent.

Consent

You have the right to opt in or opt out of telehealth communication at any time, without affecting your right to future care or treatment, except during the COVID 19 pandemic when in person sessions will not be available for a period of time. Please discuss this thoroughly with your provider.

Your signature below indicates that you understand that you are responsible for learning to handle the specific medium used, prior to your telehealth sessions, and to engage in any necessary rehearsals to ensure effectiveness. (See "Instructions" on following pages.) Before an initial telehealth session, a test call up to 10 minutes in advance (not immediately prior to your session) can be arranged to ensure that technology is functioning properly.

Security

No electronic transmission system is considered completely safe from intrusion. While a variety of software programs are available for video conferencing, such as Facetime, or GoToMeeting, most are not encrypted, or compliant with Federal law to protect the privacy of your health communication. We use software with encryption to maximize your confidentiality.

Interception of communication by third parties remains technically possible. You are responsible for information security on your own computer, laptop, tablet, or smartphone.

Due to the complexities of electronic media and the internet, the risks of telehealth include the potential for the release of private information, including audio, written materials and images which may be disrupted, distorted, interrupted or intercepted by unauthorized persons, despite your provider's reasonable efforts. Consequently, your provider cannot fully guarantee the security of telehealth sessions.

Video Conferencing

At the time of the telehealth appointment, it is your responsibility to have your electronic device on, video conferencing software launched, and be ready to start the session at the time of the scheduled telehealth appointment. This requires setting up, a few minutes prior to each start time. The client is responsible for his/her own hardware and software, audio and video peripherals, and connectivity and bandwidth considerations.

If a video telehealth session is disrupted after reasonable attempts, we may have to reschedule the

session or switch to a phone call to discuss next steps.

Payment & Insurance

Telehealth services are professional services and are charged at the same rate as in person services.

Clients relying on insurance reimbursement are responsible for contacting your insurance companies immediately and well in advance to ensure that telehealth is covered by your policy. Telehealth must be coded differently for insurance billing purposes. Even when health insurance covers in person services, health insurance may limit or deny coverage of telehealth services. If your insurance does not cover telehealth services, you will personally be responsible for payment.

Information on Telehealth Sessions

* We agree to use a HIPAA compliant platform for telehealth services, and your provider will explain to you how to use it.
* You will need to use a webcam or smartphone during the session.
* It is important to be in a quiet, private space, in your own residence, that is free of distractions (including cell phone or other devices) during the session.
* It is important to use a secure internet connection rather than public/free Wi-Fi.
* It is important to be on time. If you need to cancel or change your telehealth-appointment, you must notify your provider by phone, in advance of your scheduled time.
* We are in need of a valid phone number to reach you in the event of any technical difficulties (to restart the session, to reschedule the session, or in the event of technical difficulties, etc.).
* If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in telehealth sessions.
* You should confirm with your insurance company that the video sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment.
* Your provider may determine that due to certain circumstances, telehealth is no longer appropriate and that we should resume our session's in person.

We will use secure platforms (Doxy.me or Microsoft Teams with Business Agreement, which is HIPAA compliant) with industry standard encryption and security there is no way to guarantee that this software is completely failureproof. As with any technology, there is a chance of a security breach that would affect the privacy of personal and/or medical information. Since you will be completing sessions in your own home, we cannot guarantee the same level of privacy that you have when you are in our clinic. This means that you are responsible for making sure that you are in a private area where disruptions (e.g., others coming into the room or hearing what you say in another room) are minimized as much as possible.

In order to reduce risks to confidentiality, we require that all video sessions occur in a private room with

no one else present and ask that you wear headphones to limit the possibility of other people overhearing confidential information.

Since this may be different than the type of sessions with which you are familiar, it is important that you understand, acknowledge, and agree to the following statements:

* You understand that you have agreed to engage in a telehealth encounter for yourself that will contain personal identifying information as well as protected health information.
* You understand that the provider will be at a different location from you.
* You understand that you have the right to withhold or withdraw your consent to the use of telehealth services at any time in the course of your care, without affecting your right to future care or treatment.
* You have been informed of and accept the potential risks associated with telehealth, such as failure of security protocols that may cause a breach of privacy of personal and/or medical information.
* You understand that the laws that protect privacy and the confidentiality of medical information also apply to telehealth, and that no information obtained in the use of telehealth which identifies you will be disclosed to other entities without your consent or as may be allowed by law.
* You have been given the opportunity to ask your provider at LCHSD questions relative to your Telehealth encounter, security practices, technical specifications, and other related risks.

By signing this form, you certify:

* That you have read or had read and/or had this form explained to you;
* That you fully understand its contents including the risks and benefits of telehealth services;
* That you have been given ample opportunity to ask questions and that any questions have been answered to your satisfaction.

Client Signature

Signature
Date:

Parent/Guardian Signature

Signature
Date:

Privacy Notice

Below is a copy of the Privacy Notice form that is reviewed with consumers at time of admission and annually:

LA CROSSE COUNTY HUMAN SERVICES
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION.

PLEASE READ CAREFULLY

This notice applies to La Crosse County Human Services and its staff, volunteers, and students. This notice also applies to other health care providers that come to La Crosse County Human Services to provide health care to our clients.

La Crosse County Human Services must maintain the privacy of your personal health information and provide you with this notice describing our legal duties and privacy practices concerning your health insurance. In general, when we release your health information, we must release only the information we need to achieve the purpose of the use or disclosure. However, all of your health information that you designate will be available for release if you sign an authorization form allowing us to release the information on your request.

We reserve the right to change our practices and to make new provisions effective for all protected health information we maintain. Should our information practices change, we will post a revised notice within the facility, make revised notices available upon request, and post revised notices to our web site.

WE WILL NOT USE OR DISCLOSE YOUR HEALTH INFORMTION WITHOUT YOUR AUTHORIZATION, EXCEPT AS FOLLOWS:

Treatment: We will use your health information for purposes of treatment

> Example: Information obtained by a social worker, doctor, nurse, or member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you.

Payment: We will use your health information for payment of claims

> Example: A bill may be sent to your third-party payer (insurance company, Medical Assistance). The information on or accompanying the bill may include information that identifies you, as well as your diagnosis. Information from your medical record may be sent to your insurance carrier and associated medical review agencies in order to get your bill paid.
>
> Example: We will authorize, process and pay incoming claims from various providers of health care services which contain information that identifies you and the healthcare procedure(s) you have

received. Information may be exchanged with that provider in order to authorize, process, and/or pay your claim.

Health care operations: We may need your diagnosis, treatment and outcome information in order to improve the quality or cost of care we deliver. These quality and cost improvement activities may include evaluating the performance of your doctors, nurses and other health care professions, or examining the effectiveness of the treatment provided to you when compared to patients in similar situations.

Example: Human Services receives ongoing audits from the State of Wisconsin and/or their appointed auditor for quality assurance, program compliance and program funding. The State of Wisconsin and/or their appointed auditor are required to follow the same laws pertaining to the confidentiality of your health information.

Example: Business Associates
Human Services contracts with various business associates to provide services. Examples include collection agencies and computer software vendors. We may disclose your health information to our business associates so that they can perform the job we have asked them to do. To protect your health information, however, we require the business associate to sign an agreement to protect the confidentiality of your information.

As required by law: Sometimes we must report some of your health information to legal authorities, such as law enforcement officials, court officials or additional government agencies.

Example: We may have to report abuse, neglect, domestic violence or certain physical injuries or to respond to a court order.

To avoid a serious threat to health or safety: As required by law and standards of ethical conduct, we may release your health information to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to you or the public's health or safety.

Military, National Security, or Incarceration/Law enforcement custody: If you are involved with the military, national security or intelligence activities, if you are in the custody of law enforcement officials, or an inmate in a correctional institution, we may release your health information to the proper authorities so they may carry out their duties under the law.

Court ordered review: We may disclose health information as required by an authorized court order.

Death records: We may disclose your health information to coroners, medical examiners and funeral directors so they can carry out their duties related to your death, such as identifying the body, determining cause of death, or in the case of funeral directors, to carry out funeral preparation activities.

Worker's Compensation: We may disclose your health information to the appropriate persons in order to comply with the laws related to workers' compensation or other similar programs. These programs may provide benefits for work-related injuries or illness.

**Any uses or disclosures of your health information other than generally described above will only be made with your individual written authorization, which you may revoke in writing as provided by 45 CFR 164.508.

YOUR HEALTH INFORMATION RIGHTS

You have several rights with regard to your health information. If you wish to exercise those rights, please contact our Privacy Officer. Specifically, you have the right to:

Inspect and copy your health information. With a few exceptions, you have the right to inspect and obtain a copy of your health information. However, this right does not apply to psychotherapy notes or information gathered for judicial proceedings, for example. In addition, we may charge you a reasonable fee if you want a copy of your health information.

Request to correct your health information. If you believe your health information is incorrect, you may ask us to correct the information. Your request must be made in writing and contain the reason as to why your health information should be changed. However, if we did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request.

Request restrictions on certain uses and disclosures. You have the right to ask for restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or health care operating activities. Or you may want to limit the amount of health information you authorize us to provide to family or friends involved in your care or payment of medical bills. You may also want to limit the health information provided to authorities involved with disaster relief efforts. You must make this request in writing. However, we are not required to agree in all circumstances to your requested restriction.

Receive confidential communication of health information. You have the right to ask that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status at a different address. You must make this request in writing and we must accommodate reasonable requests.

Receive a record of disclosures of your health information. In some limited instances, you have the right to ask for a list of any disclosures of your health information we have made during the previous six years, but the request cannot include dates before April 14, 2003. You must make this request in writing. This listing must include the date of each disclosure, who received the disclosed health information, a brief description of the health information released, and why the disclosure was made. We must comply with your written request within 60 days, unless you agree to a 30-day extension. We will not charge you for this listing unless it is requested more than once per year. In addition, we will not include disclosures made to you, or for purposes of treatment, payment or healthcare operations, national security, law enforcement/ corrections and certain health oversight activities.

Obtain a paper copy of this notice. Upon your request, you may at any time receive a paper copy of this notice.

Complain. La Crosse County Human Services has a documented complaint process regarding the use and/or disclosure of protected health information. If you believe your privacy rights have been violated, you may file a complaint with us or with the Federal Department of Health and Human Services. If you wish to file a complaint, you may contact the Privacy Officer for assistance at 784-4357 or by writing to:

PRIVACY OFFICER / LA CROSSE COUNTY HUMAN SERVICES
300 4TH ST N
LA CROSSE WI 54601

WE WILL NOT RETALIATE AGAINST YOU FOR FILING SUCH A COMPLAINT

LA CROSSE COUNTY HUMAN SERVICES DEPARTMENT
PRIVACY NOTICE ACKNOWLEDGEMENT

My signature on this form acknowledges that I have received a copy of La Crosse County Human Services Department's Notice of Privacy Practices. I understand that this document provides an explanation to me of the ways in which my personal health information may be used or disclosed by the agency and of my rights with respect to my personal health information.

Further questions regarding our Notice of Privacy Practices may be directed to your case manager or our Privacy officer.

_____
Name (Please print)

_____
Signature

Date

Please return to: LA CROSSE COUNTY HUMAN SERVICES
ATTN: FILE ROOM
300 4TH ST N
LA CROSSE WI 54601

Release of Information

Below is an example of a Release of Information form:

Release of Information

Client Name:
Client ID#:
Date of Birth:

Authorization Date	Individual(s)/Agency/Organization Disclosing Information	Individual(s)/Agency/Organization Receiving Information
_____	**NAME:** Address: City/State:	**NAME:** Address: City/State:

For the purpose of: Continuity of Care Legal Purposes Claims/Insurance Other

The type of information to be used/disclosed is as follows for the period noted by the Start and End Dates:

__ AODA Evaluation/Assessment	__ Consultations	__ Court Reports
__ Discharge Summary	__ Immunization Reports	__ Intake/Assessment
__ Lab Reports	__ Medical History / Physical Reports	__ Medication List
__ Psychiatric Reports	__ Progress/Nursing Notes	__ Social History
__ Treatment/Care Plans	__ Teacher/Counselor Reports	__ X-ray/Image Reports
__ Power of Attorney for Health Care	__ Other: _____	

Start Date: _____
End Date: _____

I further authorize the two-way exchange of information between the above organizations for the duration of this agreement: Yes No

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- I understand 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 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 provides the insurer with the right to contest a claim under the policy or the policy itself.

Right to Inspect / Copy the Health Information to Be Used or Disclosed- I understand that I have the right to inspect or copy (reasonable fee may apply) 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 having access under State law and a list of those persons/organizations is available upon request.

REDISCLOSURE 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.

Release of Information

Client Name:
Client ID#:
Date of Birth:

EXPIRATION DATE: This authorization is valid 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 confirm that it accurately reflects my wishes.

Expiration cannot exceed 12 months of Authorization Date.

Expiration Date: **Expiration Event:**

Consumer Signature

X
Date:

Parent / Guardian Signature ***(if applicable)***

X
Date:

Consumer Right's and Grievance Process

Below is a copy of the Client Right's and Grievance Procedure brochure that is provided to consumers at time of admission and review annually.

Grievance Procedure (continued):
You or any other person (including employees of provider agencies) acting on your behalf may use the grievance procedure.

There is no limit to the number of grievances which you may submit.

The first grievance made will be investigated before any additional complaints you make, except in emergencies.

Complaints by several persons about the same issue may be investigated together.

Grievance proceedings may end at any time if all parties concerned agree.

Forms for filing complaints are available to you. You can also file a grievance verbally.

No person may be punished for using the grievance procedure.

If you feel your rights have been violated, you may have the right to complain, to use a grievance procedure, or to bring a court action.

You are encouraged to first discuss any problems you have with the people involved. If you still have a problem, you may obtain a complaint form and submit it to the Clients Rights Grievance Coordinator (CRGC) within 45 days of the incident.

Stage 1 — Informal Discussion
The Client Rights Specialist (CRS) will first attempt to informally resolve whatever problem is the basis for your complaint. This may involve discussion between yourself and any staff members involved. Your participation is optional, but it may help to resolve your difficulty.

Stage 2 — Decision of County's CRS
If the complaint is not resolved, the CRS will conduct an investigation and issue a report to the appropriate manager and other parties involved, including yourself.

Stage 3 — Decision of Director
You may appeal the CRS' decision to the Human Services Director within 14 days of this decision. The Director will issue a decision within 30 days of your appeal.

Stage 4 — State Level Review
You may appeal the agency decision to a State Grievance Examiner within 14 days of the receipt of the agency decision. The examiner's decision may be appealed to the appropriate Division Administrator within 14 days of the receipt of the examiner's decision.

You may, at the end of the process or at any time during it, choose to take the matter to court. The commencement of a court action will terminate any pending grievance on the same issue.

YOUR LA CROSSE COUNTY CLIENT RIGHTS GRIEVANCE COORDINATOR IS:

Renee Weston

for Mental Health, Alcohol/Other Drug Abuse, and Family & Children's Services/ Customers

LOCATED AT:
La Crosse County Human Services Dept
300 4th Street North
PO Box 4002
La Crosse, WI 54602-4002
(608) 785-6095

On-line feedback:
www.co.la-crosse.wi.us/HumanServices/hsfeedback.htm

Rev. 9/11/14

Your Rights and the Grievance Procedure

For customers receiving services from Western Region Integrated Care (WRIC)

Your Rights and the Grievance Procedure

Mission Statement:

"Enhancing self-sufficiency and quality of life with respect for the dignity of the person served."

- We are further committed to the provision of high quality services which ensure the rights of the customer are protected.
- Persons served, and/or their representatives, need to be involved in the planning and review of their service program.
- Services need to be provided in a manner that will maximize recovery/rehabilitation while providing protection for both the individual and the community.
- Services should be offered and delivered in a respectful and professional manner under full recognition of the legal need for strict confidentiality.

Communications & Privacy Rights:

- You may contact public officials, your lawyer or advocate.
- You may not be filmed or taped unless you agree to it.

Some rights may be limited or denied for treatment, safety or legal reasons. Your wishes and the wishes of your guardian, if you have one, should be considered. If any of your rights are limited or denied you must be informed of the reasons for doing so. You may ask to talk with staff. You may also file a grievance about any limits of your rights.

Personal Rights:

- You must be treated with dignity and respect free of any verbal, physical, or sexual abuse.
- You have the right to have staff make fair and reasonable decisions about your treatment and care.
- You cannot be treated differently because of your race, national origin, sex, age, religion, disability, sexual orientation, tattoos or piercings.

Treatment and Related Rights:

- You must be provided prompt and adequate treatment, recovery/rehabilitation and educational services appropriate for you within the limits of available resources.
- You must be allowed to participate in the planning of your treatment and care.
- You must be informed of your treatment and care, including alternatives and possible side effects of medication.
- No treatment or medications may be given to you without your consent **unless** it is needed **in an emergency** to prevent serious harm to you or others **or a court orders it.** (If you have a guardian, however, your guardian can consent to treatment and medications on your behalf.)
- You must not be given unnecessary or excessive medications.
- You cannot be subject to electroconvulsive therapy or any drastic treatment measures such as psychosurgery or experimental research without your written informed consent.
- You must be informed of any costs of your care and treatment you or your relatives may have to pay.

Record Privacy and Access Laws:

Under Wisconsin Statute sec. 51.30 and HSS 92, Wisconsin Administrative Code.

- Your treatment information must be kept private (confidential).
- Your records cannot be released without your consent, unless the law specifically allows for it.
- You can ask to see your records. You must be shown any records about your physical health or medications. Staff may limit how much of the rest of your records you can see while you are receiving services. You must be informed of the reason for such limits. You can challenge those reasons in the grievance process. After discharge, you can see your entire record if you ask to do so.
- If you believe something in your records is wrong you can challenge its accuracy. If staff will not change the part of your record you have challenged, you can put your own version in your record.

Right of Access to Courts:

- You may sue for damages or other court relief if you believe any of your rights have been violated.
- Involuntary patients can ask a court to review the order to place them in a facility.

Grievance Procedure:

Any grievance procedure is in addition to and does not limit your rights to pursue other remedies, including the courts. The following proce-

Quality Assurance Program Checklists

ADMISSION OR ANNUAL CCS QA CHECK LIST

QA NOTES:

☐ Complete – Entered on all spreadsheets and notified SF & MHP.

☐ Incomplete – Entered on all spreadsheets and notified SF & MHP of the following:

☐ Late – Entered on late plan tracker spreadsheet and notified SF & MHP of the following:

☐ 2nd Review-Incomplete- Emailed SF & Moved to Sharepoint or Outstanding Folder:

Section 1

NAME:	
AVATAR#:	
Plan Due Date:	
SF:	
MHP:	
SAP:	

Section 2

	Present	NA	Comments:
DIAGNOSIS	☐	☐	
APPLICATION FOR SERVICES	☐	☐	
CONSENT FOR TELEHEALTH	☐		
CONSENT FOR TREATMENT	☐		
PRESCRIPTION FOR TREATMENT	☐		
HIPPA	☐		
DETERMINATION OF NEED	☐		
CONSENT FUNCTIONAL SCREEN	☐		
FUNCTIONAL SCREEN	☐		
Completion Date:	Click or tap here to enter text.		
Next Due:	Click or tap here to enter text.		
RELEASE OF INFORMATION	☐		
AODA ASSESSMENT	☐	☐	
CANS/ANSA	☐	☐	
TEAM ROSTER	☐		
MED LIST	☐		
MH PPS	☐		
AODA PPS	☐	☐	

ADMISSION OR ANNUAL CCS QA CHECK LIST

Section 3

ASSESSMENT	SF☐ Client☐ MHP☐ If Needed: SAP ☐ Guardian ☐
Completion Date:	Click or tap here to enter text.
Next Due:	Click or tap here to enter text.
SERVICE PLAN	SF☐ Client☐ MHP☐ If Needed: SAP ☐ Guardian ☐
Completion Date:	Click or tap here to enter text.
Next Due:	Click or tap here to enter text.
Objectives	Total: Met: Not Met:
Vendors:	Click or tap here to enter text.
Natural Supports:	Click or tap here to enter text.
Programs:	Click or tap here to enter text.
CRISIS PLAN	Client☐ Routed to Sam ☐ If Needed: Guardian☐
Completion Date:	Click or tap here to enter text.

6 MO CCS QA CHECK LIST

QA NOTES:

☐ Complete - Entered on all spreadsheets and notified SF & MHP.

☐ Incomplete - Entered on all spreadsheets and notified SF & MHP of the following:

☐ Late - Entered on all spreadsheets and notified SF & MHP of the following:

☐ 2nd Review-Incomplete- Emailed SF & Moved to Sharepoint or Outstanding Folder.

Section 1

NAME:	
AVATAR#:	
SERVICE PLAN DUE DATE:	
SF:	
MHP:	
SAP:	

Section 2

	Present	NA
CANS/ANSA	☐	☐
TEAM ROSTER	☐	
MED LIST	☐	
MH PPS	☐	
AODA PPS	☐	☐

Section 3

SERVICE PLAN SF☐ Client☐ MHP☐ If Needed: SAP ☐ Guardian ☐

Completion Date: Click or tap here to enter text.

Next Due: Click or tap here to enter text.

Objectives Total: Met: Not Met:

Vendors: Click or tap here to enter text.

Natural Supports: Click or tap here to enter text.

Programs: CCS Only ☐ or Click or tap here to enter text.

CRISIS PLAN Client☐ Routed to Greg A ☐ If Needed: Guardian ☐

Completion Date: Click or tap here to enter text.