Western Region Integrated Care (WRIC)

PROVIDER PACKET
For
Comprehensive Community Services

LA CROSSE COUNTY (Lead County)
HUMAN SERVICES DEPARTMENT
300 4TH STREET NORTH
PO BOX 4002
LA CROSSE WI 54602-4002

Western Region Integrated Care Provider Packet

TABLE of CONTENTS

Western Region Integrated Care

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

Western Regional Integrated Care is responsible for the planning, implementation, and coordination of a comprehensive array of services for persons with mental illness/substance abuse. In some instances, these are provided by agency staff, but the majority of services are provided via contracts with a number of community agencies. Examples of agencies include hospitals, sheltered workshops, rehabilitation agencies, and private counseling agencies. The consortium also collaborates with other county departments in the provision of protective services to adults who are elderly or disabled. In both programmatic and client specific issues, we utilize recovery-oriented philosophy to guide our thinking. This includes an emphasis on community versus institutional services, care and treatment in the least restrictive setting, early identification and crisis intervention, consumer empowerment, and the right of persons with disabilities to live a life experience fully integrated with others.

Comprehensive Community Services (CCS)

General Description:

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 and remedial services and supportive activities that assist the consumer to achieve his or her highest possible level of independent functioning, stability, and to facilitate recovery.*

Who is Eligible:

1. Person of any age with a mental health or substance abuse diagnosis AND
2. Functional impairment that interferes with or limits three or more major life domains that results in needs for services that are described as ongoing, comprehensive, and either high-intensity or low-intensity.
3. Must be a La Crosse, Monroe, or Jackson County resident who displays a need that cannot be met by access services elsewhere in the larger mental health service continuum.
4. Must have MA.

Program Components:

Participants of the CCS program are able to develop a network of unique and innovative psychosocial rehabilitation services that will be available to meet consumer needs.

The CCS team consists of:

- **Consumer**
- **County staff** that fulfill the roles of:
  - Service facilitator (SF)
  - Mental health professional (MHP)
  - Substance abuse professional (SAP) as applicable.
  - Administrator
  - Service director.

- Nurse as applicable.
- Prescriber as applicable.
- Counselor/therapist as applicable

- **CCS Service Array** – variety of community providers/vendors who are contracted to provide psychosocial rehabilitative services. The consumer, SF and MHP determine what services are needed in each case and coordinated with the specific vendors to provide the needed interventions:
  - Assessment
  - Service planning.
  - Service facilitation.
  - Diagnostic evaluation
  - Medication management
  - Physical health and monitoring
  - Peer support
  - Skill development & enhancement
  - Employment related skills training
  - Psychoeducation
  - Wellness management
  - Psychotherapy
  - Substance use treatment.

A Recovery Team will be formed for each consumer. Membership on this team will be developed, based on consumer preference, and will include professionals and individuals from the consumer's natural support system. These recovery teams will utilize the expertise of all members to determine the psychosocial supports and services required to assist the consumer in meeting their expressed goals and move forward in their journey.

A **CCS Coordinating Committee** (WRIC CCS Coordination Committee) comprised of approximately 1/3 consumers, 1/3 county staff, and 1/3 providers/advocates will provide oversight to the program. This committee will advise the CCS program in such areas as service development and quality improvement.

Recovery Principles:

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

Motivational interviewing and person-centered planning are a large part of the CCS program provision. Skills training and skill enhancement are regularly practiced by the CCS team to improve their skills in regard to the use of these mental health techniques. Other evidenced based practices are utilized and given priority focusing the selection of service added to recovery plans.

Education about recovery model principles, both to staff and participants, is an ongoing part of the process. This helps to ensure that programs, policies, services, and program integrity is focused on mental health/recovery in its service delivery.

The Vision for Comprehensive Community Services

Wisconsin has long been a leader in the development of supportive services to persons with mental health and substance abuse service needs, who are living in the community. With the development of Comprehensive Community Services (CCS), the Wisconsin Department of Health Services increased access to supportive services for children, adolescents, and adults including older adults with mental health or substance use disorders. CCS programs provide psychosocial rehabilitation services to consumers who have needs for ongoing, high, or low-intensity services resulting from mental health or substance use disorders, but who are not in need of Community Support Program (CSP) services. The addition of CCS to the array of services provides consumers and counties with more choices to match consumer needs with appropriate supports. CCS programs use a wraparound model that is flexible, consumer directed, recovery oriented, strength and outcome based. The focus of CCS programs is to assist consumers in efforts to maximize their independence.

In 1997, after a year of analysis and input from providers, stakeholders and consumers, Wisconsin's Blue Ribbon Commission on Mental Health came out with definitive recommendations to change the way mental health and substance abuse services are provided in Wisconsin. The Department used these recommendations in the development of DHS 36, Comprehensive Community Services. Guiding Principles include:

- Meaningful participation of consumers, their chosen supports systems and/or families, and advocates is critical to successful system design, implementation, and on-going quality improvement.
- Services focus on successful living in communities and provide access to jobs, housing, and transportation as well as health, educational, vocational, social, spiritual, and recreational resources. They make full use of natural supports.
- Consumers are empowered to take more control of their lives and are given the resources and skills to be responsible for their actions and decisions.
- Families of children and adolescents involved in the mental health and substance abuse system are recognized as central partners in the service and treatment process.
- Treatment and other services are cost effective and efficiently use all available resources, including natural supports, to achieve positive consumer outcomes.
- The mental health substance abuse system takes a flexible, creative, and at times non-traditional approach to providing services. Services are comprehensive, culturally relevant and within available resources make every effort to meet the needs of consumers, families, and communities.

The Department, and in particular, the Bureau of Mental Health and Substance Abuse Services views the creation of the CCS benefit as one of the ways to transform the mental health and substance abuse delivery system in Wisconsin. It is anticipated that, over time, the success of this recovery-based program will stimulate changes in existing local programs to facilitate a seamless system of services based on hope, empowerment, and recovery.

Core Values of the CCS Program

CCS was built upon a commitment to participants' mental health/recovery and participant empowerment principles which having been part of the "core" of our redesign initiative.

In addition to this, the "Core Values" for CCS include the following:

- Consumer/member and family centered.
- Consumer education in the recovery model of service delivery
- Consumer involvement in planning individual recovery/service plan
- Build on and encourage use of community supports.
- Strength based focus.
- Coordination and collaboration across systems
- Multidisciplinary teaming

- Self sufficiency
- Recovery/Reintegration
- Education and work focus
- Belief in growth
- Outcome oriented
- Integration of health outcomes
- Fiscal responsibly as a program
- Use of both traditional and nontraditional services
- Exclusive focus on rehabilitative services, not habilitative or maintenance.
- Use of evidenced based practices, motivational interviewing, and person-centered planning.

What Are Psychosocial Services?

Comprehensive Community Services (CCS) is a program through which Western Region Integrated Care assists a person to develop a plan for recovery. Medical Assistance will reimburse the counties for a good portion of the psychosocial services that these programs coordinate, provide, and pays. The plan must show the need, purpose, and outcome of psychosocial services paid by CCS.

Services provided by WRIC for these programs must fit into these criteria:

State Guidelines

- Determined through assessment to be a need and involve a direct service.
- Address mental health or substance abuse disorder to maximize functioning and minimize symptoms in most economical way consistent with needs.
- Be consistent with consumer's diagnosis and symptoms.
- Safely and effectively match consumer's need for support and motivational level.
- Not solely for the convenience of the consumer, family, or provider.
- Be of proven value and usefulness for the consumer and least restrictive setting.

Federal Guidelines

- Anything provided must also meet the Federal guidelines of *"Medical and remedial services and supportive activities that assist an individual to achieve his or her highest possible level of independent functioning, stability, and to facilitate recovery."*

Quality Assurance

The CCS program has a multilayered and extensive quality assurance system that strives to become a part of the culture of the team and the services we provide. There are four main areas that we have built into the system to address ongoing quality assurance and improvement in our program. Each of those being built to support the one before with the hope that all of them working together assist us in assuring we are providing a solid clinical product. In addition to the service provision, we hope to accurately document the great clinical work that is being provided. In an attempt to show the programs dedication to the recovery model, we strive towards producing clinical records through our electronic health record where this can be easily obtained. See the Provider Documentation Expectations document for further details about vendors' role in this important issue.

Non-Covered Services

- Services that are not psychosocial in nature as defined by State and Federal guidelines.
- Intensive In-home Mental Health/Substance Abuse Treatment Services for Children – HealthCheck "Other Services" benefit
- Child/Adolescent Day Treatment – HealthCheck "Other Services" benefit
- Crisis Intervention Benefit
    - The CCS Program can coordinate a member's crisis services, but not actually provide crisis services.
- Community Support Program (CSP) benefit
    - Members may not be enrolled in both CCS and CSP at the same time.
- Targeted Case Management (TCM) benefit
    - Members may not be enrolled in both CCS and TCM at the same time.
- Narcotic Treatment benefit (opioid treatment programs)
    - The CCS program covers substance abuse services as defined in the CCS Service Array. Substance abuse counseling is covered under CCS Service Array category titled "Substance Abuse Treatment."
- Non-emergency Medical Transportation benefit
    - The CCS program does not cover time spent solely to transport member.
    - Members should use the Non-Emergency Medical Transportation benefit for transportation services; however, a CCS provider may provide a service covered under the CCS service array to a member while traveling with the member.
- Services to members residing in Residential Care Centers
- Autism services
- Developmental disability services
- Learning disorder services
- Respite care.
- Sheltered workshop.
- Job development
    - The CCS program does not cover activities related to finding a member a specific job. The CCS program covers employment-related skills training as defined in CCS Service Array category titled "Employment-Related Skill Training
- Clubhouses
    - The CCS program does not cover time spent by a member working a clubhouse. The CCS program covers time spent by clubhouse staff in providing psychosocial rehabilitation services, as defined in the CCS Service Array, for members.
- Operating While Intoxicated assessments.
- Urine analysis and drug screening
- Prescription drug dispensing
    - The CCS program does not cover solely the dispensing of prescription drugs. The CCS program does cover medication management services as defined in CCS Service Array category titled, "Medication Management."
- Detoxification services
    - Medically managed inpatient
    - Medically monitored residential.
    - Ambulatory
- Residential intoxication monitoring services
- Medically managed inpatient treatment services

- Case management services provided under DHS 107.32, Wis. Admin. Code, by a provider not enrolled in accordance with DHS 105.255, Wis. Admin. Code, to provide CCS services.
- Services provided to a resident of an intermediate care facility, skilled nursing facility or an institution for mental diseases or to a hospital patient unless the services are performed to prepare the recipient for discharge from the facility to reside in the community.
- Services performed by volunteers, except that out-of-pocket expenses incurred by volunteers in performing services may be covered. CCS programs may use volunteers to support the activities of CCS staff. Before a volunteer may work independently with a CCS member or family member, the CCS program must conduct a background check on the volunteer. Each member must be supervised by a qualified staff member and receive orientation and training. See DHS 36.10, Wis. Admin. Coe, for more information.
- Services that are not rehabilitative, including services that are primarily recreation oriented.
- Legal advocacy performed by an attorney or paralegal.

Services that will remain fee for service through Medical Assistance in the CCS Program:

- Pharmaceutical medication management when performed by a psychiatrist or prescriber (excluding WRIC county prescribers)

Group psychotherapy is limited to no more than 10 persons in a group. No more than two professionals shall be reimbursed for a single session of group psychotherapy. Mental health technicians shall not be reimbursed for group psychotherapy. DHS 107.13(7)(b)2.

CCS Service Array for Children, Adolescents and Adults

DHS 36 - CCS Psychosocial Rehabilitation

SERVICE ARRAY	DESCRIPTION OF ACTIVITY
Screening & Assessment	Screening & assessment services include: completion of initial & annual functional screens & completing of the initial comprehensive assessment & ongoing assessments as needed. The assessment must cover all the domains, including substance use, which may include using the Uniform Placement Criteria or the American Society of Addiction Medicine Criteria. The assessment must address strengths, needs, recovery goals, priorities, preferences, values, & lifestyle of the member & identify how to evaluate progress toward the member's desired outcomes. Assessments for minors must address the minor's & family's strengths, needs recovery and/or resilience goals, priorities, preferences, values & lifestyle of the member including an assessment of the relationships between the minor & his or her family. Assessments for minors should be age (developmentally) appropriate.
Service Planning	Service planning includes the development of a written plan of the psychosocial rehabilitation services that will be provided or arranged for the member. All services must be authorized by a mental health professional & a substance abuse professional if substance abuse services will be provided. The service plan is based on the assessed needs of the member. It must include measurable objectives & the type & frequency of data that will be used to measure progress toward the desired outcomes. It must be completed within 30 days of the member's application

	for CCS services. The completed services plan must be signed by the member, a mental health or substance abuse professional & the service facilitator. The service plan must be reviewed & updated based on the needs of the member or at least every six months. The review must include an assessment of the progress toward objectives and member satisfaction with the services. The service plan review must be facilitated by the service facilitator in collaboration with the member and the recovery team.
Service Facilitation	Service facilitation includes activities that ensure the member receives: assessment services, service planning, service delivery and supportive activities in an appropriate and timely manner. It also includes ensuring the service plan and service delivery for each member is coordinated, monitored, and designed to support the member in a manner that helps the member achieve the highest possible level of independent functioning. Service facilitation includes assisting the member in self-advocacy and helping the member obtain other necessary services such as medical, dental, legal, financial, and housing services. Service facilitation for minors includes advocating, and assisting the minor's family in advocating, for the minor to obtain necessary services. When working with a minor, service facilitation that is designed to support the family must be directly related to the assessed needs of the minor. Service facilitation includes coordinating a person's crisis services, but not actually providing crisis services. Crisis services are provided by DHS 34 certified programs. All services should be culturally, linguistically, and age (developmentally) appropriate.
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 I the member's service plan. Services also include training in daily living skills related to personal care, household tasks, financial management, transportation, shopping, parenting, accessing, and connecting to community resources and services (including health care services) and other specific daily living needs identified in the member's services plan. Services provided to minors should also focus on improving integration into and interaction with the minor's family, school, community, and other social networks. Services include assisting the minor's family in gaining skills to assist the minor with individual skill development and enhancement. Services that are designed to support the family must be directly related to the assessed needs of the minor. 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.
Diagnostic Evaluations	Diagnostic evaluations include specialized evaluations needed by the member including, but not limited to neuropsychological, geropsychiatric, specialized trauma, and eating disorder evaluations. For minors, diagnostic evaluations can also include functional behavioral evaluations and adolescent alcohol/drug assessment intervention program. The CCS program does not cover evaluations for autism, developmental disabilities, or learning disabilities.

Employment Related Skill Training	Services that address the person's illness or symptom-related problems in order to secure and keep a job. Services may include but are not limited to: Employment and education assessments; assistance in accessing or participating in educational and employment related services; education about appropriate job-related behaviors; assistance with job preparation activities such as personal hygiene, clothing, and transportation; on-site employment evaluation and feedback sessions to identify and manage work-related symptoms; assistance with work-related crises; and individual therapeutic support. The CCS program does not cover time spent by the member working in a clubhouse. The CCS program covers time spent by clubhouse staff in providing psychosocial rehabilitation services, as defined in the service array, for the member if those services are identified in the member's service plan.
Physical Health & 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.
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.
Individual and/or 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, and ongoing guidance about managing and coping with mental health and/or substance abuse issues; and social and emotional support for dealing with mental health and/or substance abuse issues. Psychoeducation may be provided individually or in group setting to the member of the member's family and natural supports (ie: anyone the member identifies as being supportive in his or her recovery and/or resilience process). Psychoeducation is not psychotherapy. 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 with the member is a minor. If psychoeducation is provided without the other components of the wellness management and recovery service array category (#11) it should be billed under this service array.
Psychotherapy	Psychotherapy includes the diagnosis and treatment of mental, emotional, or behavioral disorders, conditions, or addictions through the application of methods derived from established psychological or systemic principals for the purpose of assisting people in modifying their behaviors, cognitions, emotions, and other personal characteristics, which may include the purpose understanding unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics. Psychotherapy may be provided in an individual or group setting.

Medication Management ***Medication Management for Non-prescribers***	Medication management services for **prescribers** include: ➢ Diagnosing and specifying target symptoms ➢ Prescribing medication to alleviate the identified symptoms. ➢ Monitoring changes in the member's symptoms and tolerability of side effects ➢ 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 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.
Substance Abuse Treatment	Substance abuse treatment services include day treatment (WI Administrative Code DHS 75.12) and outpatient substance abuse counseling (DHS 75.13). Substance abuse treatment services can be in an individual or group setting. The other categories in the service array also include psychosocial rehabilitation substance abuse services that support members in their recovery. The CCS program does not cover 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.
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 billed under the individual and/or family psychoeducation service array category (#10). Recovery support services, which are generally provided as substance abuse services, include emotional, informational, instrumental, and affiliated support. Services include assisting the member in increasing engagement in treatment, developing appropriate coping strategies, and providing aftercare and assertive continuing care. Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery.

Contract Requirements for Western Region Integrated Care Providers

1. INSURANCE:

All Western Region Integrated Care service providers must protect itself as well as Western Region Integrated Care, La Crosse, Monroe, and Jackson Counties, their officers, Boards, and employees under indemnity provisions. Vendors will at all times, during the terms of the contract, keep in force insurance policies issued by an insurance company authorized to do business and licensed in the State of Wisconsin. Unless otherwise specified in Wisconsin Statutes, the types of insurance coverage and minimum amounts shall be as follows:

- **Workers' Compensation**: minimum statutory required amount
- **Comprehensive general liability**: $1,000,000 per occurrence and in aggregate for bodily injury and property damage
- **Auto Liability** (if applicable): $1,000,000 per occurrence and in aggregate for bodily injury and property damage
- **Professional Liability** (if applicable): minimum amount $500,000
- **Excess Liability Coverage**: $1,000,000 over the General Liability and Automobile Liability Coverages.

Western Region Integrated Care shall be given thirty (30) days advanced written notice of any cancellation or non-renewal of insurance during the term of the contract. Vendors will furnish Western Region Integrated Care with an insurance certificate from the insurance agency of such insurance upon returning the annual contract. In the event of any action, suit, or proceedings against Western Region Integrated Care, upon any matter indemnified against, Western Region Integrated Care shall within five (5) working days cause notice in writing thereof to be given to service provider by certified mail, addressed to its post office address. Western Region Integrated Care shall cooperate with service provider and its attorneys in defense of any action, suit, or other proceeding.

See next page for Certificate of Liability Insurance example.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/28/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLYAND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 19-20 Master **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:				11/01/2019	11/01/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 300,000 $ 10,000 $ 1,000,000 $ 3,000,000 $ 3,000,000
A	**AUTOMOBILE LIABILITY** ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY				11/01/2019	11/01/2020	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	☒ **UMBRELLA LIAB** ☒ OCCUR **EXCESS LIAB** ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $				11/01/2019	11/01/2020	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000
B	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A			12/31/2018	12/31/2019	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 500,000 $ 500,000 $ 500,000
A	Professional Liability Including Counseling				11/01/2019	11/01/2020	Each Occurrence Aggregate	$1,000,000 $3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

La Crosse County Human Services
Attn: Contract Unit.
300 4th St N
La Crosse WI 54601

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

2. CIVIL RIGHTS COMPLIANCE

A. Provider agrees to comply with all non-discrimination requirements and all applicable affirmative action and civil rights compliance laws and regulations, both state and federal, including those listed at https://www.dhs.wisconsin.gov/civil-rights/index.htm.
B. Documentation demonstrating compliance with this article will be available for review and submission upon request of Purchaser.

3. SERVICE PLAN AUTHORIZATION

A. Vendor agrees to comply with the authorization process to receive required finalized & signed service plan prior to providing the services under this contract.
B. All services provided to eligible clients under this contract must be authorized by Service Facilitator prior to the delivery of services, and the total services provided each week/month to individual clients under this Contract may not exceed the amounts authorized by Service Facilitator. A social worker, consumer, and team will develop a service plan. The service plan is the authorization of services. An Individual Service Authorization (ISA) will specify each service to be authorized by Service Facilitator and shall match the service plan. Service Authorization reports are a guide for Vendors, but it is not the official authorization of services for CCS. A written (and/or electronic) authorization for each and every service to be provided will be sent (either electronically or via mail) to the vendor specifying the service to be provided, the amount of service (number of units) to be provided, the rate to be paid for the service, the funding source and the duration of the service to be provided. Vendor may request additional service units if clinically needed; however, the final decision for any change or update to the service plan rests with Service Facilitator. Increased service units are not approved until a service plan is updated, finalized, and signed by all necessary parties.
C. It is understood that the final authority for determining client eligibility for service and the amount of services to be provided to individual clients rest with the Service Facilitator and that Vendor will not be reimbursed for unauthorized services provided to clients or provided in amounts that exceed those authorized for individual clients. Also, Vendor will not be reimbursed for providing services to clients who have lost their eligibility for services if such services have been provided after the Vendor receives notice of loss of eligibility.
D. Vendor must comply with clients individualized service plans to be reimbursed for services provided under this contract.
E. Vendor agrees to provide services to clients each week/month only in the amounts authorized by the Service Facilitator and to accept full responsibility for the cost of any services provided by Vendor that exceed the amounts authorized by the Service Facilitator. Under no circumstances shall Vendor seek payment from WRIC, or client, for the cost of services exceeding the total amount(s) authorized under this contract.
F. Vendor agrees that services will be available to eligible clients throughout the entire period of this contract and to accept all clients referred by WRIC as long as Vendor has capacity to serve authorized clients.
G. Vendor may not transfer a client from one category of care or service to another without written authorization by an approved service plan by the Service Facilitator.
H. Service Facilitator reserves the right to withdraw any client from the program, service, institution, or facility of the Vendor at any time when in the judgment of the Service Facilitator it is in the best interest of WRIC or the client to do so.
I. WRIC shall notify its vendors, if applicable, of different procedures than A-H.

4. BILLING/CLAIM SUBMISSION

Please refer to the WRIC Provider Documentation Expectation Handbook.
WRIC Documentation Expectations (2026)

- If a CCS consumer also has private insurance, you should bill CCS first, not commercial insurance. Also, you cannot bill private insurance using traditional mental health outpatient billing codes because the services provided are CCS services authorized on the CCS service plan. Please reach out to the CCS administrator or service director at CCSSups@lacrossecounty.org with further questions.

Please see the following invoice example:

INVOICE FORMAT EXAMPLE

(Please submit invoices electronically to the ISRSQA@lacrossecounty.org*).*

PERSONNEL REQUIREMENTS (DHS 36.10):

- Discrimination Prohibited: Employment practices of WRIC CCS or any agency contracting or subcontracting with WRIC CCS do not discriminate against any staff member or applicant for employment based on the individual's age, race, religion, color, sexual orientation, national origin, disability, ancestry, marital status, pregnancy or childbirth, or arrest or conviction record.
- Items required by WRIC to credential a provider for CCS can be found on the WRIC CCS Current Vendor New Provider Checklist or as listed below and ***must be completed and given a start date from Program Specialist prior to providing any CCS services.*** Items can be submitted to ISRSProgramSpec@lacrossecounty.org.
- **Service array(s)** to be provided along with applicable certificate or licenses.
- **WRIC Provider Documentation Expectations from** – read WRIC CCS Consumer Handbook & WRIC Provider Documentation Expectations.
- **WRIC CCS Ethical Standards form** – read WRIC Ethical Standards.
- **Background Information Disclosure form (BID)**
- **Results of Wisconsin criminal Department of Justice (DOJ) and Caregiver Background Checks.**
  - See Background Checks & Misconduct Reporting & Investigation section for further details.
- Results of a PBSA accredited out of sate background check for staff that live or have lived in another state within the last 3 years.
- Copy of **diploma** with the major listed (excluding high school diploma) or **completed transcript** with major listed if applicable.
- Copy of a CCS provider's current **DSPS professional license or certification** if that license or certification is necessary for the staff member's prescribed duties or position.
- **2 Professional Reference** – Can be from previous employers, educators or post-secondary educational institutions attended if available, and documented either by letter or verification of verbal contact with the reference, dates of contact, person making the contact, individuals contacted, nature of contact, and content of the contact.
- **WRIC CCS Training & Clinical Supervision Expectations** – read WRIC CCS Training & Clinical Supervision Expectations and fill out Clinical Supervisor details.
- **30 hours of training & Rehabilitation Worker Log** if staff doesn't hold a Bachelor's/Master's degree or state certification in a relevant health, education, or human services profession as described in DHS 36.10(2)(g).
- Current **resume** including any experience providing psychosocial rehabilitative services.

- **20/40-hour Orientation Log** due 3 months after given start date for CCS services. See WRIC CCS Orientation & Training Requirements section for further information.

BACKGROUND CHECKS & MISCONDUCT REPORTING & INVESTIGATION

CCS and contracting agencies are responsible to comply with the caregiver background check and misconduct reporting requirements in s. 50.065, Stats., and ch. DHS 12, and the caregiver misconduct reporting and investigation requirements in ch. DHS 13. Criminal and caregiver background checks must be conducted by the agency on all staff providing CCS services ***prior to contracting and/or initiating services***. A Wisconsin Background Information Disclosure (BID) must be completed ***prior*** to conducting the criminal and caregiver background checks in order to be accepted. Failure to do so will result in these needing to be redone.

Forms for conducting a caregiver background check including the background information disclosure form may be obtained from the Department's website at http://www.dhs.wisconsin.gov/forms/DQAnum.asp or by contacting Dept at Office of Caregiver Quality, P.O. Box 2969, Madison, WI 53701-2969, (608) 261-8319.

For questions on the caregiver background check and misconduct reporting requirements, please visit the following website: https://www.dhs.wisconsin.gov/caregiver/cbcprocess.htm

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)

Submission of Background Check Information:

- 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.
- All background check information shall be submitted to ISRSProgramSpec@lacrossecounty.org at the time of invoice/progress note submission.

CCS STAFF QUALIFICATION DEFINITIONS

WRIC CCS is required per DHS36 to list the qualifications of any provider that delivers a face-to-face service that is purchased by the program. Contracted vendor staff all fall into the function of "service array."

The following categories will assist you in determining what to list as the "qualifications" of each staff:

1. Psychiatrists shall be physicians licensed under ch. 448,Stats., to practice medicine and surgery and shall have completed 3 years of residency training in psychiatry, child or adolescent psychiatry, or geriatric psychiatry in a program approved by the accreditation council for graduate medical education and be either board–certified or eligible for certification by the American board of psychiatry and neurology.
2. Physicians shall be persons licensed under ch. 448, Stats., to practice medicine and surgery who have knowledge and experience related to mental disorders of adults or children; or who are certified in addiction medicine by the American society of addiction medicine, certified in addiction psychiatry by the American board of psychiatry and neurology or otherwise knowledgeable in the practice of addiction

medicine.

3. Psychiatric residents shall hold a doctoral degree in medicine as a medical doctor or doctor of osteopathy and shall have successfully completed 1500 hours of supervised clinical experience as documented by the program director of a psychiatric residency program accredited by the accreditation council for graduate medical education.
4. Psychologists shall be licensed under ch. 455, Stats., and shall be listed or meet the requirements for listing with the national register of health service providers in psychology or have a minimum of one year of supervised post–doctoral clinical experience related directly to the assessment and treatment of individuals with mental disorders or substance−use disorders.
5. Licensed clinical social workers shall meet the qualifications established in ch. 457, Stats., and be licensed by the examining board of social workers, marriage and family therapists and professional counselors with 3000 hours of supervised clinical experience where the majority of consumers are children or adults with mental disorders or substance−use disorders.
6. Professional counselors and marriage and family therapists shall meet the qualifications required established in ch. 457, Stats., and be licensed by the examining board of social workers, marriage and family therapists and professional counselors with 3000 hours of supervised clinical experience where the majority of consumers are children or adults with mental disorders or substance use disorders.
7. Adult psychiatric and mental health nurse practitioners, family psychiatric and mental health nurse practitioners or clinical specialists in adult psychiatric and mental health nursing shall be board certified by the American Nurses Credentialing Center, hold a current license as a registered nurse under ch. 441, Stats., have completed 3000 hours of supervised clinical experience; hold a master's degree from a national league for nursing accredited graduate school of nursing; have the ability to apply theoretical principles of advanced practice psychiatric mental health nursing practice consistent with American Nurses Association scope and standards for advanced psychiatric nursing practice in mental health nursing from a graduate school of nursing accredited by the national league for nursing.
8. **a.** Advanced practice nurse prescribers shall be adult psychiatric and mental health nurse practitioners, family psychiatric and mental health nurse practitioners or clinical specialists in adult psychiatric and mental health nursing who are board certified by the American Nurses Credentialing Center; hold a current license as a registered nurse under ch. 441, Stats.; have completed 1500 hours of supervised clinical experience in a mental health environment; have completed 650 hours of supervised prescribing experience with consumers with mental illness and the ability to apply relevant theoretical principles of advance psychiatric or mental health nursing practice; and hold a master's degree in mental health nursing from a graduate school of nursing from an approved college or university.
   b. Advanced practice nurses are not qualified to provide psychotherapy unless they also have completed 3000 hours of supervised clinical psychotherapy experience.
9. Certified social workers, certified advance practice social workers and certified independent social workers shall meet the qualifications established in ch. 457, Stats., and related administrative rules, and have received certification by the examining board of social workers, marriage and family therapists and professional counselors.
10. Psychology residents shall hold a doctoral degree in psychology meeting the requirements of s. 455.04 (1) (c), Stats., and shall have successfully completed 1500 hours of supervised clinical experience as documented by the Wisconsin psychology examining board.
11. Physician assistants shall be certified and registered pursuant to ss. 448.05 and 448.07, Stats., and chs. Med 8 and 14.
12. Registered nurses shall be licensed under ch. 441, Stats.,
13. Occupational therapists shall be licensed and shall meet the requirements of s. 448.963 (2), Stats.
14. Master's level clinicians shall have a master's degree and coursework in areas directly related to providing mental health services including master's in clinical psychology, psychology, school or educational psychology, rehabilitation psychology, counseling and guidance, counseling psychology or

social work.

15. Other professionals shall have at least a bachelor's degree in a relevant area of education or human services.
16. Alcohol and drug abuse counselors shall be certified by the department of safety and professional services. Note: Persons previously referred to as "alcohol and drug abuse counselors" are referred to as "substance abuse professionals" in the department of safety and professional service rules
17. Specialists in specific areas of therapeutic assistance, such as recreational and music therapists, shall have complied with the appropriate certification or registration procedures for their profession as required by state statute or administrative rule or the governing body regulating their profession.
18. Certified occupational therapy assistants shall be licensed and meet the requirements of s. 448.963 (3), Stats.
19. Licensed practical nurses shall be licensed under ch. 441, Stats..
20. A peer specialist, meaning a staff person who is at least 18 years old, shall have successfully completed 30 hours of training during the past two years in 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, a demonstrated aptitude for working with peers, and a self-identified mental disorder or substance use disorder.
21. A **rehabilitation worker**, meaning a staff person working under the direction of a licensed mental health professional or substance abuse professional in the implementation of rehabilitative mental health, substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have *successfully completed 30 hours of training during the past two years* in 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, and consumer confidentiality.
22. Clinical students shall be currently enrolled in an accredited academic institution and working toward a degree in a professional area identified in this subsection and providing services to the CCS under the supervision of a staff member who meets the qualifications under this subsection for that staff member's professional area.

DOCUMENTATION OF QUALIFICATIONS:

- Contracted agencies will notify the Program Specialist of any personnel changes. Including but not limited to new/renewed degrees or licenses/certificates if provider left or is no longer providing services. Send updates to ISRSProgramSpec@lacrossecounty.org (for all new staff and when changes occur)
- 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.

SUPERVISION & CLINICAL COLLABORATION (DHS 36.11):

- Each staff member shall be supervised and provided with the consultation needed to perform assigned functions and meet the credential requirements of this chapter and other state and federal laws and professional associations.
- Supervision may include clinical collaboration. Clinical collaboration may be an option for supervision only among staff qualified under s. DHS 36.10 (2)(g) 1. To 8. Supervision and clinical collaboration shall be accomplished by one or more of the following:
    1. Individual sessions with the staff member case review, to assess performance and provide feedback.

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

- 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.
- Clinical supervision and clinical collaboration records shall be dated and documented with a signature of the person providing supervision or clinical collaboration in one or more of the following:
  - The master logs.
  - Supervisory records.
  - Staff record of each staff member who attends the session or review.
  - Consumer records
- The service director may direct a staff person to participate in additional hours of supervision or clinical collaboration beyond the minimum identified in this subsection in order to ensure that consumers of the program receive appropriate psychosocial rehabilitation services.
- A staff member qualified under s. DHS 36.10 (2)(g) 1. To 8. who provides supervision or clinical collaboration may not deliver more than 60 hours per week of face–to–face psychosocial rehabilitation services, clinical services and supervision or clinical collaboration in any combination of clinical settings.

SUBMISSION OF SUPERVISION LOGS:

- Contracted agencies are responsible for submitting all CCS performing providers' supervision logs to ISRSProgramSpec@lacrossecounty.org quarterly at minimum.
- Supervision logs should include Agency Name, Clinical Supervisor Name & Credentials, Start & Stop Times of each Supervision, Date of Each Supervision, Brief Summary of Content Covered for Each Supervision, and Clinical Supervisor's Signature.
  1. A signature is needed for each Clinical Supervisor if there is more than one.
  2. WRIC MHP led supervision does not require a signature.

DHS Approved Methods of Clinical Supervision

1. Individual consultation sessions between a staff member and clinical supervisor to assess individual performance and provide feedback.
2. Side-by-side observation of a staff session by a clinical supervisor to observe staff's ability to engage in assessment, service planning, or direct care services. As part of this, supervisor is providing in-the-moment feedback, guidance, and education to the staff.

3. Group meetings to review and assess staff members' performance and give general advice and direction regarding specific intervention strategies or situations.
4. Any other form of professionally recognized method of supervision that typically involves a learning contract and staff performance evaluation between the staff member and clinical supervisor.

Time spent in training sessions or academic/educational programs do not count towards clinical supervision time. Clinical supervision time must have the ability to provide live, in-the-moment assessment and evaluation of an individual's professional skills and application of knowledge.

Methods to Document Clinical Supervision

Option 1 – Individual Staff Records	Option 2 – Clinical Supervisor Master Log
– Each staff member is responsible to complete their own individual log. – Ideal for staff/agencies that consult with multiple individuals for clinical supervision. – Example: agency does not have a clinician on staff and consults various mental health professionals on the consumers' treatment teams – How to Complete: o Each staff records who they met with on an individual log. o Each staff members turns in their individual log to agency supervisors. o Agency supervisors submit all individual logs each quarter to contracting unit. o Individual logs are supported by case notes in the consumers' file	– Clinical supervisor completes a master log from sign-in sheets. – Ideal for agencies that consult with the same clinical supervisor(s) consistently. – Examples: agency has their own internal clinical supervisor who meets with all agency staff; agency that contracts a clinical supervisor to be available for all agency staff – How to Complete: o Clinical Supervisor has a sign-in sheet for each group/individual supervision session. o Clinical Supervisor maintain general notes of the supervisor session. o Clinical Supervisor or agency maintains and turns in master log of all supervisory sessions for all staff supervised each quarter

WRIC CCS ORIENTATION & TRAINING REQUIREMENTS (TRAINING LOG) DHS 36.12

- At least 40 hours of documented orientation training within 3 months of beginning employment for each CCS performing provider who has less than 6 months experience providing psychosocial rehabilitation services to children or adults with mental disorders or substance-use disorders.
- At least 20 hours of documented orientation training within 3 months of beginning employment for each CCS performing provider who has 6 months or more experience providing psychosocial rehabilitation services to children or adults with mental disorders or substance-use disorders.
- 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.
  - See WRIC CCS Training Orientation Policy for accepted training timeframes on orientation log. Reach out to ISRSProgramSpec@lacrossecounty.org with any questions.
- At least 8 hours of in-service training per year that shall be designed to increase the knowledge and skills received by staff during their initial orientation.
  - Staff may apply documented in-service hours received/completed for their continuing education requirements for particular licensures toward this requirement.
  - Ongoing in-service training shall include one or more of the following:
    1. Time set aside for in–service training, including discussion and presentation of current principles

and methods of providing psychosocial rehabilitation services.
2. Presentations by community resource staff from other agencies, including consumer operated services.
3. Conferences or workshops.

- For WRIC CCS, ethics and boundaries training must be included in continuing education hours.
  1. For providers who are regulated by a Department of Safety and Professional Services (DSPS) licensing board, a professional ethics and boundaries training must be completed in accordance with the appropriate licensing board. In general, this is 4 hours of ethics and boundaries training every two years.
     - List the last ethics and boundaries training taken for licensing if it was not in this calendar year. (This will not count towards the required 8 hours as this was completed in a different year.)
  2. For providers who are not regulated by a DSPS licensing board, at least 2 hours of professional ethics and boundaries training must be completed every year as part of continuing education in a live/in-person environment.

- Orientation training shall include and staff members shall be able to apply all of the following:
  1. DHS 36 administrative code
  2. Policies and procedures pertinent to the services they provide.
  3. Job responsibilities for staff members and volunteers (as part of the agencies' orientation & job description)
  4. Applicable parts of chs. 48, 51 and 55, Stats., and any related administrative rules.
  5. 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.
  6. 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.
  7. The provisions of s. 51.61, Stats., and ch. DHS 94 regarding patient rights.
  8. Current knowledge about mental disorders, substance-use disorders and co-occurring disabilities and treatment methods.
  9. 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.
  10. 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.
  11. 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.
  12. Training that is specific to the position for which each employee is hired.
  13. Human Service Professional Ethics & Boundaries.

SUBMISSION OF TRAINING LOGS:

- If a provider does not have a minimum of a bachelor's degree in a Human Services related field, provider is expected to complete the Rehabilitation Training Requirement.
  - Provider shall have *successfully completed 30 hours of training during the past two years* in 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, and consumer confidentiality.
  - The 30 hours of training for a rehabilitation worker needs to be completed PRIOR to providing/billing a service to CCS (see RW training log)
- Contracted agencies are responsible for submitting all CCS performing providers' training logs for new staff within 3 months of employment and annually thereafter.
- All training logs shall be submitted to ISRSProgramSpec@lacrossecounty.org mailbox.
- Click the below links for WRIC CCS Training Log Templates
  - Rehabilitation Worker (RW) Log
  - Orientation Log
  - Annual Log

To sign up for the online CCS behavioral health training, please complete the following steps:

1. Go to: Self-Paced Trainings - Behavioral Health Training Partnership - UW-Green Bay (uwgb.edu)
2. Click "Register Now"
3. Step 1: Complete the "Participant Information" by filling in all your information, using your work email, address, and phone number.
   - For the question, "Are you employed by a member county?," select "yes."
   - For the question, "Are you contracted with a member county?", select "no"
   - For the question, "Member County Contracted With," select "I am not contracted with a member county."
   - Click "Next"
4. Step 2: "Registration Options"
   - Check "Member Fee, Employed/Contracted with a Member County"
   - Click "Next"
5. Step 3: "Web-based Courses"
   - Check "Dual Track Crisis/CCS Web-based Course"
   - Click "Next"
6. Step 4: "Order Details" (should have 2 items shown: "Member Fee & Dual Track Crisis/CCS Web-based Course)
   - Click "Submit"

Once a registration is submitted, the Behavioral Health Training Partnership receives a confirmation email. They then manually assign a username and password to the course and email that information to you. It may take them up to a week to manually process registrations. **Please follow the instructions that they send regarding next steps for registering for the web-based Crisis Intervention/CCS Dual Track core curriculum.**

WRIC CCS/CRS Services Contact Information

For program management questions contact:

Ellen Daubert – La Crosse County Clinical Supervisor
608-785-6011
edaubert@lacrossecounty.org

Heather Lind – La Crosse County Administration Supervisor
608-785-5669
hlind@lacrossecounty.org

Kristi Herold – Quality Assurance Supervisor
608-785-5554
kherold@lacrossecounty.org

Ryan Ross –La Crosse County Clinical Operations Supervisor
608-785-6048
rross@lacrossecounty.org

Jessica Stinson– Jackson County Behavioral Health Manager
715-284-4301 ext. 327
Jessica.stinson@co.jackson.wi.us

Alicia Braun – Monroe County Clinical Administrator
608-269-8634
alicia.darling@co.monroe.wi.us

For questions regarding contracting:

Paul Medinger, Contract Specialist
608-785-5520
pmedinger@lacrossecounty.org

For questions regarding billing:

Cindy Vang, Fiscal Analyst
608-785-5849
cvang@lacrossecounty.org

La Crosse County ISRS web site: http://lacrossecounty.org/humanservices/integrated.asp

CCS State web site: https://www.dhs.wisconsin.gov/ccs/index.htm

PROVIDER PACKET

I, _____ of _____ acknowledge that I have received
(Print name of Individual) (Print name of organization)

a copy of the;

_____ WRIC Provider Packet

I have reviewed and understand the information enclosed.

_____ Date _____
(Signature)