

**Western Region Integrated Care  
Comprehensive Community Services Program  
DHS 36 Updated Plan (4/18)**

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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 consortiums. La Crosse County certified in 2005 to provide Comprehensive Community Services (CCS) & 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/AODA 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 effectively than three counties standing alone to provide CCS services.

**CCS PLAN -DHS 36.07**

**Organizational Plan - DHS 36.07 (1)**

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

La Crosse County is the lead agency in the regional WRIC model. There is a Single Administrator and Service Director for the region led by two 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. The administrator and lead service director spend two days each month at Monroe or Jackson counties. Single county team meetings are held twice a month with the administrator and director present. Retreats are held annually for all WRIC staff. Moreover, the majority of fiscal, billing, expense, tracking, contracting, & QA 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.

The WRIC CCS program recognizes collaboration as a key for successful program implementation. Coordinated Services Teams (CST)/wraparound approach is used when individuals are enrolled in the WRIC CCS program who are at risk of out of home placement and involved in two or more direct services. Some examples of collaborative partners includes include Community Support Programs, schools, hospitals, and other county sections. Additionally, WRIC CCS works with Crisis and Outpatient Clinic Programs as needed to provide the CCS service to consumer of all ages and needs.

**Staff Functions - DHS 36.07 (1) (a)**

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

**Service Director Function:** The lead Service Director is provided by administrative staff from within the WRIC lead county. 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 as well as the lead county's Psychologist. Consistent communication will occur between regional partner teams to ensure that program values are maintained at all times. The lead Service Director will meet monthly with the regional Mental Health Professionals in order to empower them to assist in the day-to-day consultation of CCS staff.

**Mental Health Professional Function:** Regional Mental Health Professionals will participate in the assessment process, service planning and discharge planning. This position will be responsible for the authorization of services. Mental Health Professionals will meet regularly with the WRIC CCS Service Director and Administrator in order to become empowered to provide assistance with day-to-day consultation to participants, service facilitators and other team consumers. 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 issues exist, a therapist/AODA 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/AODA Counselor, or qualified designee, will be stationed and/or made available in all counties within the consortium. The Therapist/AODA Counselors that are a part of the WRIC consortium will meet monthly as a team to insure consistent delivery of service across the WRIC counties.

**Service Facilitation Function:** Service facilitation will be available locally within each partner county. The Service Facilitator role includes completing the assessment process, plan development, 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/AODA needs. Please refer to the staff listing forms in *Appendix II*. Additional CCS staff may be added to fulfill the growing mental health and AODA 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

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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.

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

### **Coordination Committee - DHS 36.07 (1) (c)**

Currently the CCS program works in tandem with a coordination committee in accordance with the requirements of DHS 36.09. The composition of this committee will strive to meet the specified ratio of no more than 1/3 county staff and at least 1/3 consumer consumership, as well as have representation of a variety of disability 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 consumership list will be maintained at the lead WRIC County. 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 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 consumership list.
- Rotate meeting locations among La Crosse, Monroe, and Jackson counties.

Refer to Appendix *IV*

### **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

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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 *XXVII*

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

Amendments or revisions to the Comprehensive Community Services Plan will be made when there are substantive changes to the CCS Program, 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 (and response) - DHS 36.07 (2)**

#### **WRIC CCS Coordination Committee Recommendations for the WRIC CCS Plan**

The WRIC CCS Coordination Committee had the opportunity to review WRIC CCS Plan. Recommendations are as following:

1. Appendix XII – specifically updated the WRIC CCS Admission Agreement to include additional language stating, a) costs are covered either through consumer out of pocket payments, other insurance, or eligible Medicaid programs, and b) loss of Medicaid eligibility may affect services, as well as consumer financial responsibility for the services they receive
2. Appendix XXI – specifically updated bullet point 1 to include the mini consumer satisfaction survey WRIC implemented to obtain consumer feedback multiple times throughout the year
3. Appendix XXII – updated our current service array with all our contracted vendors
4. Appendix XXVII – updated contracted language to vendors that states our personnel and program requirements
5. Appendix XXXI – updated Coordination Committee member listing)
6. Updated Staff Listing (county staff)

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

**CCS Administrative Response to Recommendations: all recommendations have been reviewed, considered, and will be brought to the next meeting in May 2019 DHS 36.07 (2))**

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

### **Services System Description - DHS 36.07 (3)**

#### **County System:**

There are a variety of community services available to La Crosse, Jackson and Monroe County residents for their mental health/AODA service needs. Listed below is a ever growing list of services available. The WRIC CCS Program will continue to educate staff srounding the amount of community services available to consumers in our three county consortium as consumer needs demand.

- Two major medical centers, both of which provide inpatient and outpatient care.
- Krohn Clinic
- Ho-Chunk Nation Services (medical, behavioral health, AODA, youth)
- 211
- Black River Falls Memorial Hospital
- VA
- Lunda Center
- Mental health and AODA residential treatment centers.
- Regional Day treatment programs.
- Inpatient detoxification services.
- CBRF and AFH's specializing in mental health care and AODA stabilization.
- CARE Center.
- Regional corporate and private guardianship agencies.
- Regional representative payees
- Regionally public and privately owned Certified Mental Health Clinics & Addictions Treatment providers.
- RAVE drop in center.

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- NAMI
- Independent Living Resources-information/referrals.
- Together for Jackson County Kids-MH/AODA Coalition
- Regional Boys and Girls Club, Boy Scouts/Girl Scouts.
- UW Extension- 4H.
- UWL Disability Mentoring Program and Special Populations Programs.
- Children's Miracle Network.
- Regional local park and recreation departments
- YMCA/ YWCA.

### **Outreach DHS 36.07(3) (a)**

The WRIC CCS Program administration and staff will conduct a variety of outreach activities in order to educate other 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 Court and Intervention DHS 36.07(3) (b)**

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

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

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

This coordination will occur with both internal and external systems and providers as is

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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 increased treatment coordination. This process will maximize services through the identification of well-defined roles and responsibilities for everyone on the service team. Service facilitators will also assist and encourage CCS consumers to develop positive working relationships with community providers and partners in an attempt to broaden their resource base beyond the county systems.

When CCS consumers are also involved in the regions Family Care programs, service facilitators will coordinate with the Family Care/IRIS case managers to ensure a non-duplicated coordinated response. See *Appendix V* for further clarification.

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

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

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

The CCS program establishes contracts with vendors based on the definitions in the service array. 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.

Our 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.

Within the WRIC CCS Program, the Service Array has a variety of vendors available to provide services for adults and children. Our intent is to have a consistent pool of vendors available to serve across the region. Psychosocial rehabilitative services are available to adults and children and follow the definitions of services listed on the current service array. See *Appendix XXVII*

**Crisis Intervention Services DHS 36.07 (3) (g)**

La Crosse, Jackson and Monroe County Human Services are DHS 34 Emergency Mental Health certified. Each WRIC county CCS Program consumers utilize their own individual crisis services provided within their county of residence. These services include 24 hour telephone counseling, intervention and referral; mobile crisis intervention services; walk-in services providing face-to-face support; linkage and coordination services; stabilization services, CARE center placement for adults, RAC placements for youth, and hospitalization. Each 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 that linkage and follow-up can occur. Consumer crisis plans are available to staff in each partner county in electronic and paper form.

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

The current array of psychosocial rehabilitation services is described below and listed in *Appendix XXII – WRIC CCS Service Array*. The WRIC CCS Program will add 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. The WRIC CCS Program makes available the WRIC CCS Service Array to all WRIC CCS consumers who struggle with mental health and/or AODA 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. The 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.

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 is to strengthen and enhance the clinical focus of the CCS program while allowing for opportunities to address needs and strengths.

WRIC CCS Program values and emphasizes our vendors investing in evidence base practice. Below are some of WRIC CCS Service Array evidence base practices implemented: Refer to *Appendix XXII*

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### ❖ Aptiv

- Ages Served: all ages
- Initial Contract: 2007
- Evidence Based Practices:
  - RNR model
  - Functional Communication Training
  - Differential Reinforcement of Alternative, Incompatible, or Other Behaviors (DRA, DRI, DRA)
  - Behavior Momentum
  - Prompting
  - Modeling
  - Visual Supports
  - Self-Management Program
  - Extinction
  - Redirection

### ❖ Attic Correctional Services

- Ages Served: 12 and up
- Initial Contract: 2014
- Evidence Based Practices:
  - RNR model
  - Treatment – How you target a client for change is important, research shows using behavioral approaches are much more affective.
  - Enhance Intrinsic Motivation in individuals –Motivational Interviewing is trained to staff. The ATTIC has a MINT certified MI trainer on staff
  - Stay up on the latest research – The ATTIC has full time who research the latest articles and data. Then shares this information with our Supervisors statewide in Wisconsin and Minnesota
  - Quality Assurance – The ATTIC has full time staff visiting all of our sites, reviewing files, policies and procedures and other areas to insure quality care and program fidelity.
  - Incorporate role plays – Research shows that using role plays enhances client's skill set much more than just talk therapy
  - Increase positive reinforcement – The ATTIC uses a 4 – 1 ratio of positive feedback (4) to negative feedback (1) our staff are trained to use modeling by demonstrating those behaviors we want to see in others and Reinforcement, by rewarding those behaviors we want to see repeated
  - All the curriculum that the ATTIC use are evidenced based.

### ❖ Catholic Charities

- Ages Served: all ages
- Initial Contract: 2008
- Evidence Based Practices:
  - CPI – Non-violent Crisis Prevention and Intervention
  - Trauma Informed Care
  - Social Stories

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- 5 Point Scale
- TEACCH (visuals/visual schedules)

### ❖ **Family and Children's Center**

- Ages Served: all ages
- Initial Contract: 2011
- Evidence Based Practices:
  - IPS (Integrated Placement & Support) Supported Employment
  - TF-CBT

### ❖ **Fireback, LLC**

- Ages Served: youth specific
- Initial Contract: 2017
- Evidence Based Practices:
  - TF CBT
  - MI
  - SBIRT

### ❖ **Garrison Counseling:**

- Ages Served: all ages
- Initial Contract: 2009
- Evidence Based Practices: contact Garrison Counseling directly. Each therapist has specialized training in evidence based practices

### ❖ **Independent Living Resources**

- Ages Served: all ages
- Initial Contract: 2006
- Evidence Based Practices:
  - Wellness Recovery Action Plan
  - Certified Peer Support Specialists

### ❖ **Innovative:**

- Ages Served: all ages
- Initial Contract: 2010
- Evidence Based Practices:
  - The mental health professional who provides clinical supervision to the direct care staff utilizes CBT, Motivational Interviewing, Dialectical Behavior Therapy, mindfulness, and yoga. She incorporates a variety of other theories and interventions including Family Systems, Trauma-Informed, Attachment, and Person-Centered.

### ❖ **Lamont Mcpherson Mindfulness**

- Ages Served: all ages
- Initial Contract: 2016
- Evidence Based Practices:

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- TF-CBT
- Mindfulness
  
- ❖ **Life In Harmony:**
  - Ages Served: all ages
  - Initial Contract: 2009
  - Evidence Based Practices:
    - Musical Attention Control Training
    - Musical Mnemonics Training
    - Associative Mood and Memory Training
    - Musical Executive Function Training
    - Music in Psychosocial Training and Counseling
  
- ❖ **McHenry Counseling & Therapeutic Services:**
  - Ages Served: primarily adults – at this time she does not offer groups for teens/adolescents; however, if there were a need for it and had at least 5-8 youth, she would consider setting this up in the future
  - Initial Contract: 2018
  - Evidence Based Practices:
    - Motivational interviewing
    - Cognitive Behavioral Therapy
    - Dialectical Behavioral Therapy
    - Seeking Safety
    - Schema Therapy
    - 12-step model of recovery for those afflicted with addictions
    - Acceptance & Commitment therapy techniques
    - TF-CBT
  
- ❖ **Nicklaus Martial Arts**
  - Ages Served: all ages
  - Initial Contract: 2010
  - Evidence Based Practices: Contact agency for specific practices
  
- ❖ **Peace of Mind Counseling:**
  - Ages Served: all ages
  - Initial Contract: 2013
  - Evidence Based Practices:
    - TF-CBT
    - Motivational Interviewing
    - Solution Focused Therapy
    - CBT
  
- ❖ **Person First:**
  - Ages Served: youth specific
  - Initial Contract: 2014
  - Evidence Based Practices:

- AIM

❖ **Stein Counseling**

- Ages Served: all ages
- Initial Contract: 2007
- Evidence Based Practices:
  - Parent Education:
    - Nurturing Parenting Program™
    - 1-2-3 Magic!™
    - Parenting Your Out of Control Teenager™
    - Circle of Security® Parenting™
    - Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents
    - STEEP™
  - Therapy:
    - Cognitive Behavioral Therapy (we have many EBP curriculums based fall under this for many ages and issues - IE: Carey Guides and BIT's Resource, Truthought Corrective Thinking, Aggression Replacement Training, Thinking for Change, Coping Cat for Anxiety, etc)
    - Trauma Informed Cognitive Behavioral Therapy
    - Exposure Therapy
    - Cognitive Processing Therapy
    - REBT
    - Acceptance and Commitment Therapy
    - Gestalt Therapy
    - Solution Focused Therapy
    - Gottman Marital Therapy
    - Motivational Interviewing
    - Systemic Family Therapy
    - Structural Family Therapy
    - Strategic Family Therapy
    - SMART™ Recovery
  - Clinical Problem Solving:
    - Neurosequential Model of Therapeutics (NMT)

❖ **The Parenting Place**

- Ages Served: all
- Initial Contract: 2012
- Peer Support Services

❖ **VARC**

- Ages Served: all ages
- Initial Contract: 2018
- Evidence Based Practices:
  - Pyramid Model

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- [ACT \(Assertive Community Treatment\)](#) (aspects of this model)

### ❖ **Wisconsin Family Ties**

- Ages Served: all ages
- Initial Contract: 2017
- Peer Support Services

### ❖ **YMCA**

- Ages Served: youth
- Initial Contract: 2017
- Evidence Based Practices:
  - New Moves group

### **Screening & Assessment:**

Completion for each CCS consumer: initial & annual functional screens & completing of the initial comprehensive assessment & ongoing assessments as needed. The assessment must cover all the domains, including substance abuse. The assessment must cover all the domains, including substance use. 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. *(Please see Appendix VII Program Assessment Policy)*

### **Service Planning**

The assigned service facilitator and designated mental health professional (both roles/responsibilities may be carried out by one individual) will facilitate the assessment and service planning process. The 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. The service plan review is facilitated by the service facilitator in collaboration with the consumer and the recovery team. *(Please see Appendix VIII 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

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recovery 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 services include responsibility for locating; managing, coordinating, monitoring, and ensuring the effectiveness of all implemented CCS services

### **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. However, the Children Long-Term Support Waiver system does. If a child is dually enrolled in CCS and CLTSW, the specific evaluations stated above may be a covered option.

### **Employment Related Skill Training**

Contracted vendors within the 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

## Western Region Integrated Care CCS Program

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

Medication management services for **non-prescribers** include: supporting the 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.

## Western Region Integrated Care CCS Program

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 (#11) 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 (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 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

## Western Region Integrated Care CCS Program

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 (#10).

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)** *See Appenix XIX*

**Confidentiality DHS 36.07 (5) (b)** *See Appendix XXIII*

**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 contact and document on a regular basis, those services that a consumer is receiving. 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 meeting.

**Consumer Rights DHS 36.07 (5) (d)** *See Appendix XXVII*

## Western Region Integrated Care CCS Program

### **Compliance Monitoring DHS 36.07 (5) (e)** See *Appendix III (CCS QA Policy)*

**Referrals DHS 36.07 (5) (f)** La Crosse County utilizes a central intake line for all service referral requests. Partner WRIC counties will continue to utilize their individual county intake/referral systems. Any referrals to other services will be the primary function of the service facilitator in accordance with their role as the service facilitator.

**Communication about Policies DHS 36.07 (5) (g)** 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.

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

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

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

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

**Outreach DHS 36.07 (5) (j)** The WRIC CCS Program will conduct outreach activities 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 included with this application. (*Appendix X*)

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

Currently we have an updated WRIC CCS brochure describing regional CCS services for both adults and children, including a subset description for providing CST practice model for children involved in multiple systems of care and at risk for out of home placement. This brochure is made available across the WRIC consortium.

## Western Region Integrated Care CCS Program

Consumers will be able to access the WRIC CCS Program through the centralized intake lines at each WRIC county. We will be able to screen consumers locally and offer services based on eligibility and assessed needs. Once a consumer is screened as eligible and the screen is assessed by a CCS Mental Health Professional as needing CCS services, the Service Facilitator will meet with that consumer (and family or guardian if applicable) to start the enrollment process.

The WRIC CCS Program Application for Services and Screening Policy (*Appendix XI*) and Admission Criteria and Determination of Need Policy (*Appendix XII/Appendix XII*) outline how referrals to CCS will be screened and how eligibility will be determined.

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

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

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

**Service Coordination, Referrals, and Collaboration - DHS 36.07 (5) (o)**  
(service coordination, referrals and collaboration included) The Service Delivery policy and Service Coordination policy is included in *Appendix XV-XVI*.

**Advocacy - DHS 36.07 (5) (p)** See *Appendix XIV*

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 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. (*See Appendix XIII & XIV*)

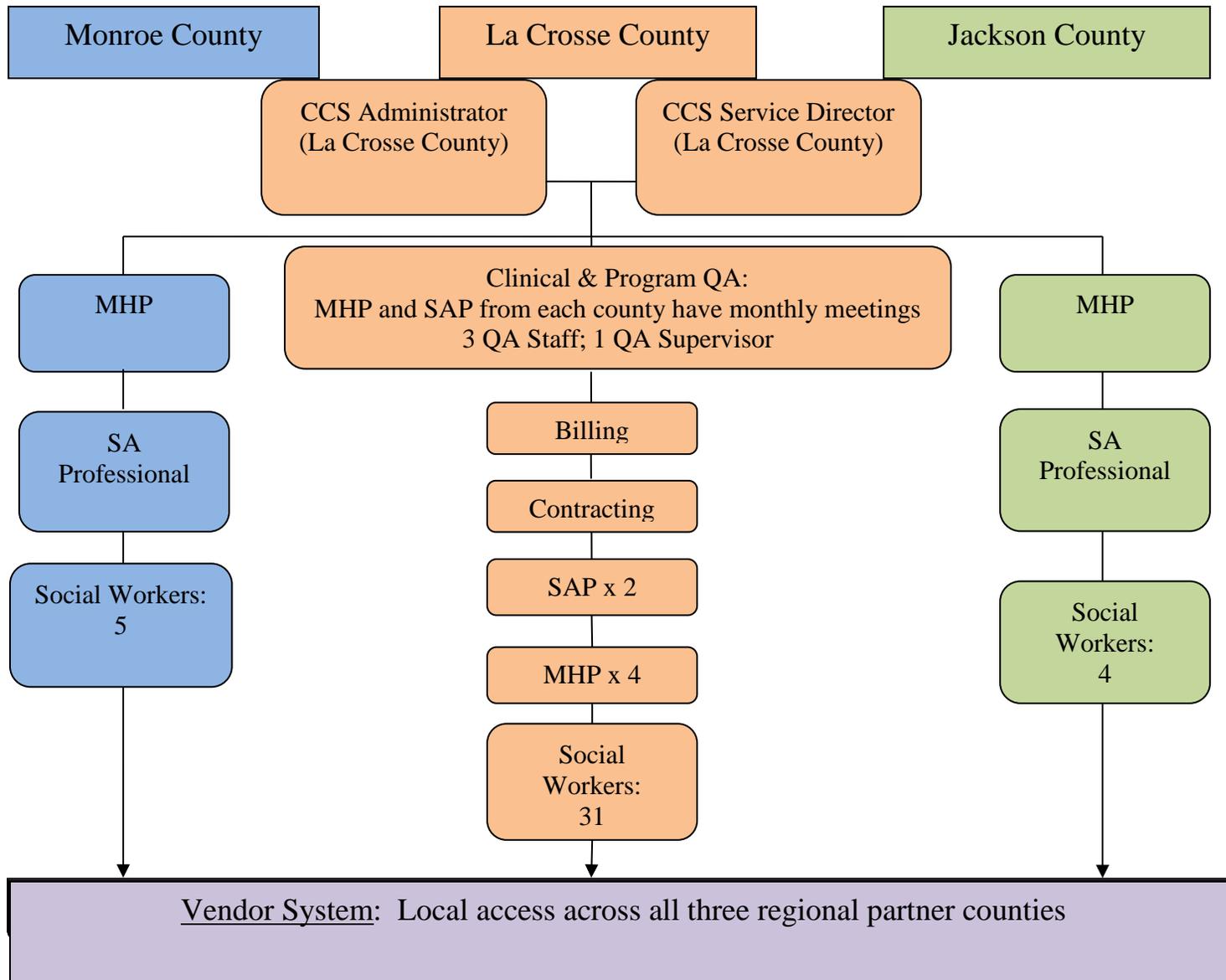
## Western Region Integrated Care CCS Program

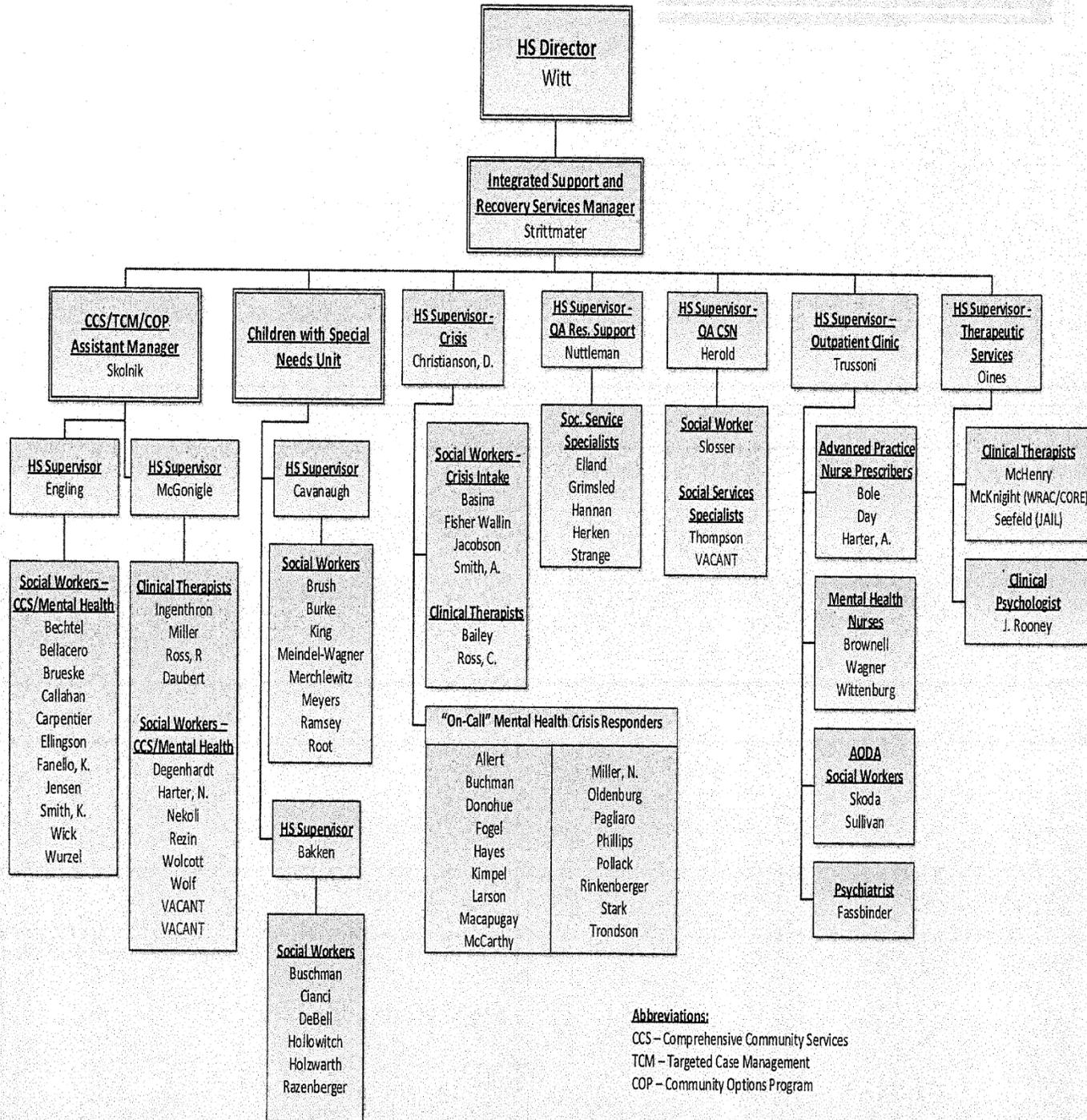
**Discharge Planning DHS 36.07 (5) (r)** See *Appendix XVII*

**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. (*Appendix XVIII*)

## WESTERN REGION INTEGRATED CARE-CCS PROGRAM MAP

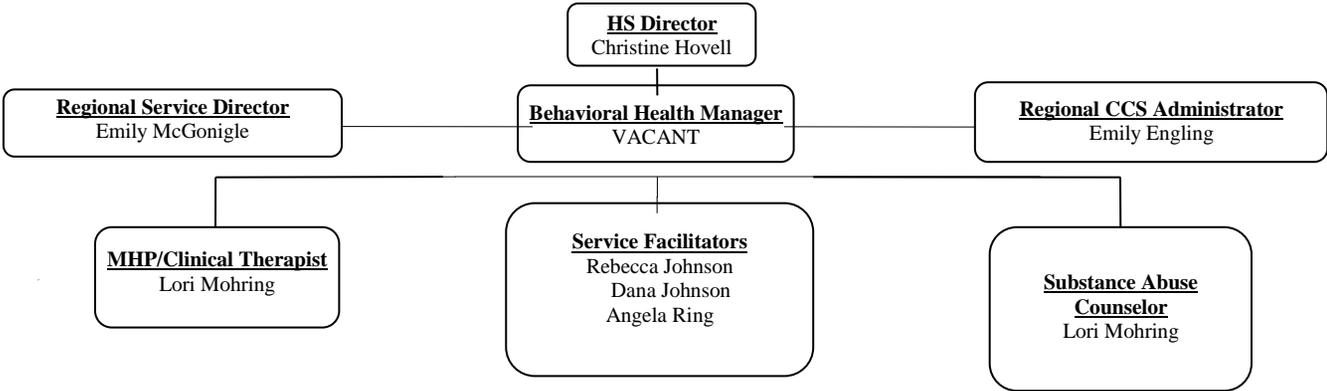




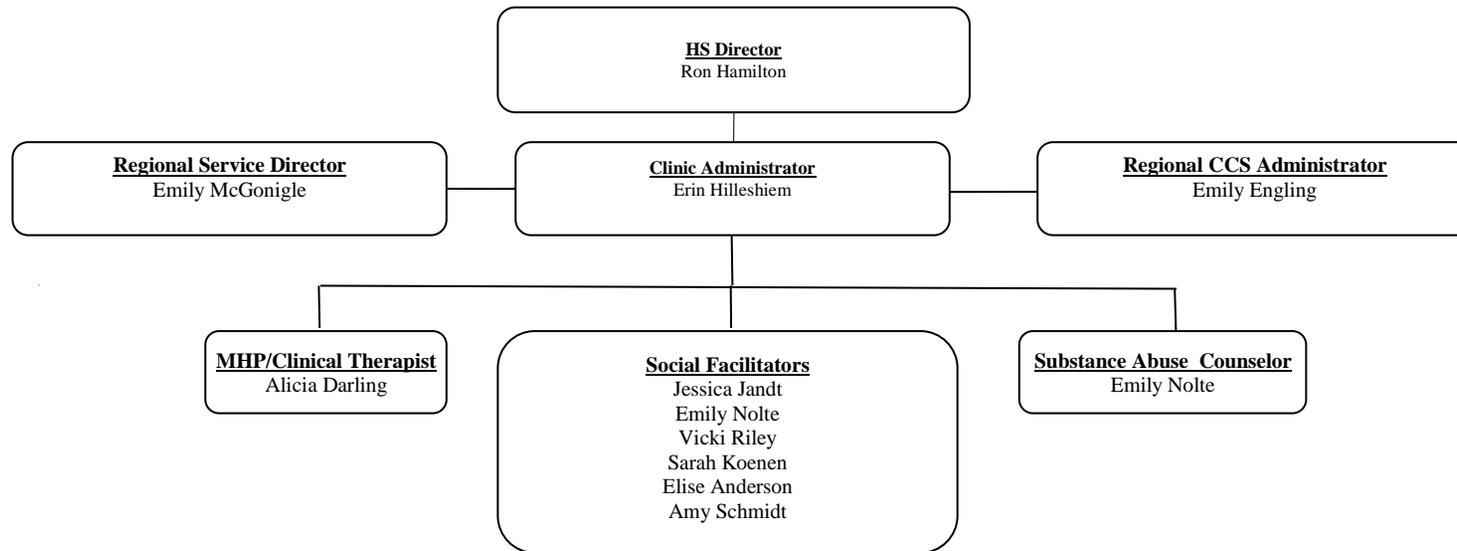
**Abbreviations:**

CCS – Comprehensive Community Services  
TCM – Targeted Case Management  
COP – Community Options Program

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



# MONROE COUNTY HUMAN SERVICES STAFF MAP WESTERN REGION INTEGRATED CARE



**APPENDIX II**

**CCS Staff Listing**  
(current staff that will offer services through CCS)

Program Name: **WRIC-CCS Program**

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

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

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

Name	Position Description	Credentials License #	Functions	Qualifications	% FTE Employed=E Contracted =C	BID	DOJ	DHS IBIS	W/I Last Four Years
Engling, Emily, E	Human Services Supervisor	11536-120	2	9	95% FTE	6/1/18	6/8/18	6/8/18	Yes
McGonigle, Emily, L	Human Services Supervisor	1002-124	3	6	95% FTE	6/4/18	6/8/18	6/8/18	Yes
Rezin, Marie	CSW	5885-120	4	9	95% FTE	May 2 18	May 15 18	May 15 18	Yes
Krause, Alexia	SW-IT	3029-127	4	9	95%	8/21/18	8/21/18	8/21/18	Yes
Callahan, Hannah	CSW	12210-120	4	9	95% FTE	June 15 16	June 15 16	June 15 16	Yes
Ellingson, Brittany	CSW	12292-120	4	9	95% FTE	June 7 16	June 7 16	June 7 16	Yes
Daubert, Ellen	MHP/Clinical Therapist	5452-125	1	6	95% FTE	Feb 8 18	Mar 5 18	Mar 5 18	Yes
Harter, Nanette	CSW; LPC	9100-120 6282-125	4	9	95% FTE	April 6 16	May 2 16	May 2 16	Yes

## CCS Staff Listing

(current staff that will offer services through CCS)

Program Name: **WRIC-CCS Program**

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

<b>Caregiver Misconduct Background Checks</b> (enter Month/Yr)
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Name	Position Description	Credentials License #	Functions	Qualifications	% FTE Employed=E Contracted =C	BID	DOJ	DHS IBIS	W/I Last Four Years
Wolcott, Rita,	CSW	9495-120	4	9	95% FTE	May 22 14	May 23 14	May 23 14	Yes
Wick, Amanda	CSW	12725-120	4	9	70% FTE	Dec 1 17	Dec 8 17	Dec 8 17	Yes
Wurzel, Krista	CSW	12463-120	4	9	95% FTE	Jan 7 2016	Jan 14 16	Jan 14 2016	Yes
Smith, Katie	CSW	2937-127	4	9	95% FTE	Jan 30 18	Feb 6 18	Feb 6 18	Yes
Ross, Ryan	MHP	8988-123	1	6	95% FTE	Oct 6 2015	Oct 12 15	Oct 12 15	Yes
Brueske, Jenny	CSW	10458-120	4	9	95% FTE	Sep 28 15	Oct 12 15	Oct 12 15	Yes
Nekoli, Gregory	CSW	8282-120	4	9	70% FTE	June 20 17	July 17 17	July 17 17	July 12 13
Bechtel, Kristina	CSW	11859-120	4	9	95% FTE	Oct 13 16	Oct 14 16	Oct 14 16	Yes

## CCS Staff Listing

(current staff that will offer services through CCS)

Program Name: **WRIC-CCS Program**

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

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

Name	Position Description	Credentials License #	Functions	Qualifications	% FTE Employed=E Contracted =C	BID	DOJ	DHS IBIS	W/I Last Four Years
Fanello, Kylie	CSW	11834-120	4	9	95% FTE	Apr 11 16	Apr 12 16	Apr 12 16	Yes
Degenhardt, Rachel	CSW	10127-120	4	9	95% FTE	June 04 18	June 05 18	June 05 18	Yes
Wolf, Kyra	CSW	11421-120	4	9	95% FTE	Sept 6 17	Sept 8 17	Sept 8 17	Yes
Miller, Lisa	MHP/Clinical Therapist	3289-125	1	6	95% FTE	Dec 4 15	Dec 8 15	Dec 8 15	Yes
Ingenthron, Kayleigh	MHP/Clinical Therapist	6921-125	1	6	95% FTE	July 26 16	July 27 16	July 27 16	Yes
Sichler, Michaela	CSW	12055-120	4	9	95% FTE	9/25/15	9/30/15	9/30/15	Yes
DeBell, Dana	CSW	11094-120	4	9	70% FTE	8/1/17	8/22/17	8/22/17	Yes
Herold, Kristine	CSW	5880-120	4	9	70% FTE	6/20/17	7/17/17	7/17/17	Yes
Root, Jenny	CSW	12252-120	4	9	50%	Mar 1 17	3/14/17	Mar 14 17	Yes

## CCS Staff Listing

(current staff that will offer services through CCS)

Program Name: **WRIC-CCS Program**

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

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

<b>Caregiver Misconduct Background Checks</b> (enter Month/Yr)
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Name	Position Description	Credentials License #	Functions	Qualifications	% FTE Employed=E Contracted =C	BID	DOJ	DHS IBIS	W/I Last Four Years
Jensen, Karlene	CSW	12080-120	4	9	95% FTE	May 14 15	May 26 15	May 26 15	Yes
Buschman, Scott	CSW	12479-120	4	9	50% FTE	2/1/18	2/6/18	2/6/18	Yes
Slosser, Brandi	APSW	129616-121	4	9	50% FTE	June 04 18	June 04 18	June 04 18	Yes
Burke, Leah	CSW	12774-120 2904-226	4	9	50% FTE	May 10 16	May 18 16	May 18 16	Yes
Skoda, Anneliese	CSW/Substance Abuse Professional	15910-132 9338-120	4	16, 9	50% FTE	May 3 16	May 9 16	May 9 16	Yes
Brush, Abby, P	CSW	10831-120	4	9	50% FTE	Nov 2 17	Nov 13 17	Nov 13 17	Yes
Merchlewitz, Ashley, E	CSW	11617-120	4	9	50% FTE	Dec 1 17	Dec 15 17	Dec 15 17	Yes
Meyers, Jenny, R	CSW	7048-120	4	9	50% FTE	3/5/18	3/23/18	3/23/18	Yes

## CCS Staff Listing

(current staff that will offer services through CCS)

Program Name: **WRIC-CCS Program**

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

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

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

Name	Position Description	Credentials License #	Functions	Qualifications	% FTE Employed=E Contracted =C	BID	DOJ	DHS IBIS	W/I Last Four Years
Root, Jenny	CSW	12252-120	4	9	50% FTE	Mar 17	Mar 14 17	Mar 14 17	Yes
Schafer, Brittany	Case Manager	N/A	4	15	50% FTE	2/13/19	2/20/19	2/20/19	Yes
Meindel-Wagner, Christine	CSW	8930-120	4	9	50% FTE	April 7 17	May 31 17	May 31 17	Yes
Ranzenberger, Nicole	CSW	9774-120	4	9	50% FTE	1/30/18	2/6/18	2/6/18	Yes
Ramsey, Jane	SW-IT	2934-127	4	9	50% FTE	1/30/18	2/6/18	2/6/18	Yes
Cianci, Corrine	SW-IT	2886-127	4	9	50% FTE	Oct 23 15	Nov 6 15	Nov 6 15	Yes
King, Alexandra	CSW	12613-120	4	9	50% FTE	Nov 22 17	Nov 22 17	Nov 22 17	Yes
Hollowitch, Megan	CW-IT	2866-127	4	9	50% FTE	Oc 20 17	Oct 20 17	Oct 20 17	Yes
Bailey, Carrie	Clinical Therapist	4916-125 15747-132	1	6, 16	40% FTE	July 5 16	July 22 16	July 22 16	Yes

## CCS Staff Listing (continued)

Program Name: **WRIC CCS Program**

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

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

<b>Caregiver Misconduct Background Checks (enter Month/Yr)</b>
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Name	Position Description	Credentials License #	Functions	Qualifications	% FTE Employed=E Contracted =C	BID	DOJ	DHS IBIS	W/I Last Four Years
Seefeld, Sam	Clinical Therapist	5846-125	5	6	20% FTE	April 6 17	April 7 17	April 7 17	Yes
Paar, Ashley	Social Worker	11697-120	4	9	95% FTE	May 2 18	May 21 18	May 21 18	Yes
Larson, Brooklynn	Social Worker/SAC	130660-121 18125-130	4	9, 16	40% FTE	3/27/ 17	3/27/1 7	3/27/1 7	Yes
Wittenburg, Lynette	RN	136195-30	5	12	20% FTE	April 29 16	May 3 16	May 3 16	Yes
Rooney, Joel	Psychologist	2525-57	5	4	10% FTE	Nov 30 16	Nov 30 16	Nov 30 16	Yes
Day, Deb	APNP	2382-33	5	8	25% FTE	Aug 21 17	Aug 22 17	Aug 22 17	Yes
Bole, Becky	APNP	6224-33	5	8	20% FTE	Sept 27 18	Oct 8 18	Oct 8 18	Yes
Harter, Amy	APNP	4392-33	5	8	20% FTE	Sept 17 18	Sept 18 18	Sept 18 18	Yes

## CCS Staff Listing (continued)

**Program Name: WRIC CCS Program**

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

<u>Staff Functions</u>	<u>Minimum Qualifications</u>	<u>Employment</u>
1. MH P	1 - 8	Full Time Employee or Part Time Employee % or Contracted Employee %
2. Administr ator	1 - 14 1 - 8	
3. Service Director	1 - 21 Any	
4. Service Facilitato r	qualification	
5. Services Array		

<b>Caregiver Misconduct Background Checks (enter Month/Yr)</b>
--

Name	Position Description	Credentials License #	Functions	Qualifications	% FTE Employed=E Contracted =C	BID	DOJ	DHS IBIS	W/I Last Four Years
Schmidt, Amy	MCDHS BH Clinician	11998-120	4	9	50% FTE	July 14 15	July 15 15	July 15 15	Yes
Brownell, Tami	RN	220368-30	5	12	75% FTE	April 26 16	May 6 16	May 6 16	Yes
Hilleshiem, Erin	MCDHS Clinical Administrator	8431-123	3	5	30% FTE	Jan 2018	Jan 2018	Jan 2018	Yes
Darling, Alicia	MCDHS BH Clinician	8559-123	1	5	85% FTE	July 11 17	July 11 17	July 11 17	Yes
Nolte, Emily	MCDHS BH Professional	11924-120 16250-132	4	9, 16	75% FTE	April 28 15	April 29 15	April 29 15	Yes
Jandt, Jessica	MCDHS BH Clinician	10668-120	4	9	85% FTE	April 24 15	April 28 15	April 28 15	Yes
Riley, Vicki	MCDHS Behavioral Health Clinician	7187-125 17312-130	4	6, 16	60% FTE	May 2 18	May 8 18	May 8 18	Yes
Anderson, Elise	MCDHS BH Clinician	MSW	4	9	50%	Nov 29 17	Nov 29 17	Nov 29 17	Yes

## CCS Staff Listing (continued)

Program Name: **WRIC CCS Program**

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

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

<b>Caregiver Misconduct Background Checks</b> (enter Month/Yr)
---

Name	Position Description	Credentials License #	Functions	Qualifications	% FTE Employed=E Contracted =C	BID	DOJ	DHS IBIS	W/I Last Four Years
Koenen, Sarah	MCDHS Behavioral Health Clinician	3079-120	4	9	95%	July 16 18	July 17 18	July 17 18	Yes
Kirklin, Lois	MCDHS BH Clinician		4	9	50%	July 30 17	July 31 17	July 31 17	Yes
Mohring, Lori	Mental Health Professional	3072-125 12672-131	1	6, 16	90%	Oct 2017	Oct 2017	Oct 2017	Yes
Kaiser, Katelyn	Social Worker	12562-120	4	9	90%	Mar 17 18	Mar 20 18	Mar 20 18	Yes
Ring, Angela	Social Worker	12779-120	4	9	90%	July 23 18	July 27 18	July 27 18	Yes
Johnson, Rebecca	Social Worker	131162 - 121	4	9	75%	July 22 18	July 23 18	July 23 18	Yes
Johnson, Dana	Social Worker	11637-120	4	9	25%	April 23 18	April 23 18	April 23 18	Yes

APPENDIX III



**WESTERN REGION INTEGRATED CARE (WRIC)  
POLICY AND PROCEDURES**

<b>WRIC CONSORTIUM</b>	<b>Policy #:CCS QA</b>	<b><u>Review Date</u></b>	<b><u>Date Revised</u></b>
<b>SUBJECT:</b> <b>Comprehensive Community Service (CCS) Quality Assurance Process</b>	<b>DATE ISSUED:</b> <b>06/01/2016</b>	<b>2/6/17</b> <b>4/23/18JN</b>	<b>2/6/17</b> <b>4/23/18JN</b>
<b>PREPARED BY:</b> <b>Julie Nuttleman</b>	<b>REVIEW CYCLE:</b> <b>Annually</b>		

**POLICY TITLE: Quality Assurance monitoring of CCS Electronic Health Record**

**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).

**POLICY/PROCEDURE:**

1. CCS QA process
2. 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 lead county Social Service Specialist (SSS) for each enrolled CCS case. The first week of every month, QA staff will inform the WRIC CCS teams (La Crosse, Monroe and Jackson) Service Facilitator SF and Mental Health Professional (MHP) which service plans are due for the upcoming two months per the QA tool, **via email**.
3. QA SSS will review WRIC CCS documents within one week following the stated review date per QA tool
  - a. QA REVIEW WILL BE COMPLETED EVERY 6 MONTHS
    - i. QA SSS will be using Service Plan Admissions Report as 1 of 2 tool to determine plan due dates.
    - ii. QA SSS will be using an Excel Spreadsheet edited by the CCS SSS.
    - iii. **[CONDENSED QA SHEET \(003\).DOCX](#)**
4. If the QA review for said WRIC CCS case is in compliance, QA SSS will send an email to the assigned SF and MHP informing them of the compliance of said case review.
  - a. QA SSS will attach QA tracking tool so assigned SF is aware of the review dates for next QA review period.
5. If the QA review indicates the case is **OUT OF COMPLIANCE (as indicated on QA form in RED)**, the SSS will be completing a QA on said case daily until in compliance. The following will occur:

- a. Direct Supervisor, CCS Administration, assigned MHP, and SF will be emailed the QA form indicating the non-compliant areas. Expectation is completion **IMMEDIATELY**.
  - b. If the assigned SF is not available, their supervisor will assign QA review to another SF to complete as this has a significant fiscal and audit impact on the WRIC CCS program.
  - c. During the QA process when the compliance areas in **RED** print are completed, direct Supervisors, CCS Administration, SF and MHP will all receive an email addressing the number of days of unbillable time.
    - i. CCS Administration will work with QA staff to complete spreadsheet for tracking and to update service authorizations for the non-reimbursable days.
6. If said QA compliances areas in **BLACK** print have not been corrected within 10 working days the following will occur:
- a. Direct Supervisor, CCS Administration, MHP, and SF will be emailed the QA form indicating the outstanding areas. The expectation is **IMMEDIATE** completion of out of compliance QA areas.
  - b. If SF is not available, the direct Supervisor will assign the QA to another SF to complete as this has a significant fiscal and audit impact on the WRIC CCS program.
  - c. At the 10 day review mark, the QA sheet will be transferred to the QA Supervisor for follow-up.
  - d. It will be the direct Supervisor, WRIC CCS Director, and Administrator's responsibility to review and work staff to ensure there are no outstanding QA forms.
7. QA staff will monitor all CCS progress and compliance using the CCS timeliness tool spreadsheet.

## APPENDIX IV

### Western Region Integrated Care- Comprehensive Community Services (CCS) Program Coordination Committee

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

**Membership:** WRIC CCS Coordination Committee continues to strive to meet to meet program requirements regarding membership and percentage of representation from consumer vs. county staff:

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

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

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

**The following is offered as further clarification:**

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

## **Membership**

There are 8 official WRIC CCS Coordination Committee members. The committee is comprised of consumers, consumer advocates, WRIC staff, vendors, and other community representatives.

### **CONSUMER OR CONSUMER ADVOCATE REPRESENTATIVE**

- Jane Latshaw

### **REPRESENTATIVE OF HO-CHUNK**

- Jackie Gunderson

### **PROVIDER OF LONG-TERM MENTAL HEALTH SERVICES**

- Katie Kress-Independent Living Resources
- Mary Jacobson -Family and Children’s Center
- Jen Steinke-Northwest Counseling & Guidance

### **REPRESENTATIVES FROM WRIC COUNTY STAFF**

- Emily Engling
- Emily McGonigle
- Erin Hilleshiem

## APPENDIX V

### Family Care/IRIS Western Region Integrated Care-CCS Program Talking Point



#### Dual Enrollment in CCS & Family Care/IRIS

<b>Point of System Overlap</b>	Comprehensive Community Services (CCS) is a mental health case management program not considered part of the benefit package of Family Care (unlike TCM and CSP). Individuals have the ability to enroll in Family Care/IRIS and CCS simultaneously. This results in a consumer being involved in two separate programs that both form teams to work with consumers to design plans of support that draw upon services from vendor networks.
<b>System Philosophies</b>	WRIC-CCS Program, Family Care, and IRIS are committed to utilizing team based and person centered processes to promote consumer independence and achievement of recovery goals.
<b>System Overlap Tension Dynamics</b>	Three separate systems both addressing mental health. Who is supposed to pay a vendor to meet the mental health need? What are the roles of the two different case managers? Who pays for what when it comes to mental health services? Why does CCS sometimes discharge a person who still has needs? Multiple clinicians from different systems. Potential for alternative perspectives on appropriate level of care. Requires high level of communication. Potential legal status complications (Ch. 51, 55, etc.).

## Helpful Information to Guide Collaboration

### ISRS philosophy on dual enrollment:

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

### When ISRS is working with a consumer that appears to be eligible for Family Care:

- Family Care is designed to address a wider array of disabling conditions than CCS. CCS will refer individuals that appear to be eligible for Family Care to the ADRC for screening and referral.

### If a CCS consumer becomes eligible for Family Care:

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

### Dually enrolled consumers

- The state of Wisconsin has directed CCS programs to not fund services for a consumer if the need can be appropriately met by the Family Care provider network.
- CCS has strong direction from the state to offer time and goal specific services. Maintenance and/or ongoing support services are not viewed as appropriate to fund within CCS for most consumers.
- When a consumer is dually enrolled in CCS and IRIS, IRIS is the payor of last resort; therefore, if any needs can be met by CCS, CCS would provide the necessary services outlined on the service plan
- CCS will authorize and coordinate a mental health service if the identified need cannot be met by the Family Care provider and CCS has an alternative vendor or service to try.
- Collaboration and active communication between systems is a basic expectation. Best practice would include coordinating treatment planning to avoid duplicative processes. Plan due dates could/should be lined up to allow for one assembled team meeting that can develop both plans at the same time.

### When/Why would CCS discharge a consumer?

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

**APPENDIX VI**

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

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

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

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

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

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

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

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

## WESTERN REGION INTEGRATED CARE – CCS PROGRAM POLICY AND PROCEDURES

<b>SECTION: Western Region Integrated Care- CCS Program</b>	<b>POLICY #:</b>	<b>PAGE:</b>	<u>Review Date</u>	<u>Date Revised</u>
			2/28/14	2/28/14
<b>SUBJECT: Program Assessment Policy</b>	<b>DATE ISSUED:</b> 2005-		6-14-14	6-14-14
			4/27/15	
			5/20/16	
<b>PREPARED BY:</b> Carol Schilling, Christin Skolnik;Reviewed: Emily Engling	<b>MANAGER APPROVAL:</b> (Signature required)		4/18/17	
			4/23/18	
<b>REVIEW CYCLE:</b> Annual	<b>BOARD APPROVAL DATE:</b> (If Applicable)			

**PURPOSE**

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

**POLICY/PROCEDURE**

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

**PROCEDURE**

## 1) ADMISSION

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

## 2) ASSESSMENT CRITERIA.

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

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

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

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

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

4) ABBREVIATED ASSESSMENT.

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

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

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

- a) The Assessment Summary shall be prepared by a service facilitator in collaboration with the mental health 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 participant.
  - iv. The names and relationship to the participant of all individuals who participated in the assessment process.
  - v. Significant differences of opinion, if any, which are not resolved among members of the recovery team.
  - vi. Signatures of persons present at meetings will be secured.

## APPENDIX VIII

<b>WRIC PROGRAM SERVICE PLANNING POLICY</b>		
<b>Section: WRIC</b>	<b>Date of Approval: 2005</b>	<b>Date Policy is Effective: 2005-updated 4/2018</b>
<b>Responsible Person:</b> WRIC-CCS Program Administrator	<b>Author:</b> Matt Strittmater Revised by: Emily Engling/Emily McGonigle	
<b>Statutory/Administrative Reference:</b> DHS 36.17	<b>Approved by:</b> LCHS-WRIC Human Service's Director	

### PURPOSE

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

### POLICY

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

### PROCEDURE

#### 1. RECOVERY PLAN PROCESS:

- a. The recovery planning process will be explained to the consumer and, if the consumer chooses, a legal representative or family member.
- b. The Service Facilitator in collaboration with the Mental Health Professional, consumer, and recovery team will carry out the recovery planning process. The process may consist of collaborative meetings with the consumer and the recovery team.
- c. In development of the Recovery Plan, the Service Facilitator will provide the consumer with 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. Recovery planning will address the assessed clinical needs and recovery goal identified in the assessment.
- e. The recovery plan shall be completed within 30 days of the consumer's application for services.

## 2. RECOVERY PLAN DOCUMENTATION

- a. The recovery plan will include a description of all of the following:
  - i. Consumer strengths, assessed needs, and barriers.
  - ii. Goals – Measurable goals and type and frequency of data collection that will be used to measure progress toward desired outcomes.
  - iii. Service facilitation – The service facilitation activities that will be provided for the participant or on the consumer’s behalf.
  - iv. Psychosocial Rehabilitation and Treatment Services – The psychosocial rehabilitation and treatment services, to be provided or arranged for the consumer, including the schedules and frequency of services provided.
  - v. Service Providers and Natural Supports – The service providers and natural supports who are or will be responsible for providing the consumer’s treatment rehabilitation, or support services and the payment source for each.
  - vi. Crisis Plan– A strategic plan of the mobilization of services and supports in times of increased difficulty (separate document outside of the CCS assessment/service plan)
- 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 recovery plan will be signed by the consumer, Mental Health Professional, substance abuse professional (if applicable), guardian (if applicable), and the Service Facilitator.
- d. Documentation of the recovery plan will be available to all members of the recovery team.
  - i. The Service Facilitator will obtain appropriate authorizations to release information to the recovery team members who are not members of La Crosse County Human Services (or contracted employees)
  - ii. The recovery plan document will be maintained in the consumer’s treatment record.

## 3. RECOVERY PLAN REVIEW

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

## APPENDIX IX

<b>WRIC ORIENTATION AND ONGOING TRAINING POLICY</b>		
<b>Section: WRIC</b>	<b>Date of Approval: 2005</b>	<b>Date Policy is Effective:</b> 2005-updated 4/2018
<b>Responsible Person:</b> <b>WRIC- CCS Program Administrator</b>	<b>Author:</b> Carol Schilling Revised by: Emily Engling	
<b>Statutory/Administrative Reference:</b>	<b>Approved by:</b> LCHS-WRIC Human Service's Director	

### **PURPOSE:**

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

### **POLICY:**

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

### **PROCEDURE:**

#### 1. Orientation Program

##### a. Required hours of orientation for staff members:

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

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

##### b. Required hours of orientation for volunteers:

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

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

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

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

## 2. Ongoing Training Program:

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

## 3. Training records:

Updated, written copies of the orientation and ongoing training programs and documentation of the orientation and ongoing training received by staff members and volunteers shall be maintained by the WRIC CCS administrator and or/director.

APPENDIX IX (continued)



ISRS Core Orientation

Employee Name \_\_\_\_\_

Start Date \_\_\_\_\_

Supervisor Facilitated	Location of Information		Date Completed
Review org chart & take a walking tour of the building	<a href="#">HHS SharePoint Org Chart Folder</a>		
Discuss Code of Conduct being 24 hr nature & personal social media ramifications	<a href="#">HHS SharePoint Forms Folder</a>		
Review badge, office space, mail box, office space, furniture that needs approval			
Discuss Time sheet process	<a href="#">HHS SharePoint Admin Policy &amp; Procedure Manual Folder</a>	<a href="#">ISRS SharePoint Policy &amp; Procedure Folder (look in Talking Points...)</a>	
Overview of orientation plan (HR, Kathy, ISRS Core, Unit Specific Supplemental)	Various tabs in this document		
Overview of first year evaluation/input process (30 day, 120 day, 3 EDR's)	<a href="#">HHS SharePoint Employee EDR Process &amp; Checklist pdf</a>		
Review 2 week schedule			
Introduce to mentor			
Discuss documentation standards/expectations			
Discuss Motivational Interviewing expectations			

Meet with Matt/Christin for ISRS/WRIC overview		
Provide/review safety response grid	<a href="#">HHS SharePoint Safety Forms Folder</a>	
Discuss AWS options & email final request to fiscal when all parties have signed	<a href="#">HHS SharePoint Admin Policy &amp; Procedure Manual Folder</a>	
Discuss Comp Time availability/expectations	<a href="#">Handbook info in policies folder of La Crosse County Employee Extranet (scroll down)</a>	<a href="#">ISRS SharePoint Policy &amp; Procedure Folder (look in Talking Points...)</a>
Discuss Sick/Vacation (when, why, process, etc.)	<a href="#">Handbook info in policies folder of La Crosse County Employee Extranet (scroll down)</a>	
Provide overview of Random Time Study		
Discuss TIMER - what to pick, deadlines, etc	<a href="#">ISRS SharePoint Policy &amp; Procedure Folder (look in Talking Points...)</a>	
Provide overview of CRIS		
Discuss training (how much needed , approval process, logged in TLC, etc.)		
Review travel process (consider providing examples)	<a href="#">Travel Menu Choice in La Crosse County Employee Extranet</a>	Scroll down to travel documents in <a href="#">HHS Sharepoint Forms Folder</a>
Review cell phone, computer, texting expectations, email (esp. confidentiality)		
Review Procurement card process/expectations	<a href="#">HHS SharePoint Admin Policy &amp; Procedure Manual Folder</a>	
Outlook calendar expectations		
Review Severe Inclement Weather Policy	<a href="#">Policies menu choice in La Crosse County Employee Extranet</a>	

Mentor Facilitated			Date Completed
Overview of information locations (Sharepoint, L-S-W drives, CountyView, etc.)			
Overview of reserving rooms/smart board	Calendars Menu Choice in <a href="#">La Crosse County Employee Extranet</a> .		
Review printer use			
AVATAR coaching			
Review role/resources of E.S., ADRC/SOAT			
Discuss duress button			
Employee Facilitated			Date Completed
Meet with each ISRS supervisor for overview of their services			
Review Acronym Sheet (ask if you have questions)			
View mandated reporting training and bring any questions to Supervisor	<a href="#">Wisconsin Child Welfare Professional Development System Online Training</a>		

## APPENDIX X

<b>WRIC PROGRAM OUTREACH POLICY</b>		
<b>Section: WRIC</b>	<b>Date of Approval: 2005</b>	<b>Date Policy is Effective:</b> 2005-updated 4/2018
<b>Responsible Person:</b> WRIC-CCS Program Administrator	<b>Author:</b> Carol Schilling <b>Revised By:</b> Emily Engling	
<b>Statutory/Administrative Reference:</b> DHS 36.07	<b>Approved by:</b> LCHS-WRIC Human Service's Director	

### PURPOSE

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

### POLICY

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

### PROCEDURE

#### 1) OUTREACH

- a. Comprehensive Community Services shall seek referral from potential sources such as psychiatric hospitals, law enforcement and correctional agencies, other community agencies, departments with Western Region Integrated Care programs (La Crosse, Jackson and Monroe counties), other Health and Human Service Departments within La Crosse, Jackson and Monroe counties, family members, significant others and potential participants.
- b. Comprehensive Community Services shall provide updated information including pamphlets and referral forms regarding services and admission criteria/procedures to the referral sources. Information on Comprehensive Community Services will be available through the Resource Centers of La Crosse, Jackson, and Monroe Counties, the Community Link, and Great Rivers 211 taxonomy of services.
- c. Comprehensive Community Services shall provide service information and consultation regarding potential Comprehensive Community Services participants, including:
  - i. In-services and presentations
  - ii. Written articles in monthly newsletters
  - iii. Participation in ongoing education to the public about services including presentations on local radio stations, and presentations to the local NAMI organization and local support groups.
  - iv. Case specific consultation to community agencies and service providers.
  - v. Outreach conducted through the Resource Center of La Crosse, Jackson and Monroe Counties.

#### 2) Referral

- a) Each county has a centralized intake line where referrals to be taken

- 1) La Crosse County Health and Human Services: 608-784-HELP
- 2) Jackson County Department of Health and Human Services: 715-284-4301
- 3) Monroe County Department of Health and Human Services: 608-269-8600

**APPENDIX XI**

<b>WRIC PROGRAM APPLICATION FOR SERVICES AND SCREENING POLICY</b>		
<b>Section: WRIC</b>	<b>Date of Approval: 2005</b>	<b>Date Policy is Effective: 2005; revised 4/2018</b>
<b>Responsible Person:</b> WRIC-CCS Program Administrator		<b>Author: Matt Strittmater</b> Revised by: Emily McGonigle
<b>Statutory/Administrative Reference:</b> DHS 36.13; DHS 36.19		<b>Approved by:</b> LCHS-WRIC Human Service's Director

**PURPOSE**

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

**POLICY:**

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

**PROCEDURE:**

<- Select Checklist Format

**CCS New Admission Checklist**

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Service Facilitator: \_\_\_\_\_ Avatar: \_\_\_\_\_  
 Mental Health Prof: \_\_\_\_\_

<i>Next Reports Due:</i>			
Referral Date:	Functional Screen Date:	Annual Functional Screen:	
Pre-Admit Date:	Assessment Completed:	Annual Review:	
Admission Date:	Service Plan Completed:	6-Month Review:	

**CCS Pre-Admit (Code: 032210)**

Date Completed	Item	Who	Location of Item
	Review team assesses case and assigns case to Service Facilitator	Review Team	
	Open Pre-Admit Episode	Supervisor	Avatar: Pre Admit
	File initial Functional Screen (FS) into Avatar Pre-Admit	Supervisor	Avatar: Pre Admit
	Supervisor notifies MHP and SF of case (via email screenshot of avatar)	Supervisor	
	Validate client MA with Gail Eiland	MHP	
	MHP review Functional Screen and note completion date	MHP	Avatar: Pre Admit
	MHP will ask SF for anticipated enrollment date & inform supervisor	MHP	
	MHP will update pre-admit w/anticipated enrollment date	MHP	Avatar: Pre Admit
	* "Determination of Need" (DON) completed based on FS and medical records. Complete on or close to date of admission If AODA: DON to be signed by Substance Abuse Professional (SAP)	MHP	<a href="#">Sharepoint: Case Management: Staff Information: CCS Forms</a> ISRS Mailbox
	* "Physician Script" completed based on FS and medical records on or before admission Place script in blue folder for K Fassbinder	MHP	<a href="#">Sharepoint: Case Management: Staff Information: CCS Forms</a> ISRS Mailbox
	MHP notifies SF & QA via email when DON and Script are complete	MHP	
	MHP files DON and Script	MHP	Avatar: Pre Admit
	Consult with referral source (CPS, Crisis, JJ)	SF	
	SF schedule first visit with consumer and guardians <i>Scheduled for: _____</i>	SF	

"Pre Admit Discharge" to Close CCS Pre-Admit episode	SF	Avatar: Pre Admit Discharge
"Admission" to Open CCS Episode (Avatar: Admission: Add)	SF	Avatar: Admission
"Admission" to Open CST Episode (Avatar: Admission: Add) *CST Episode if youth is also open to JJ, CPS, and/or has an IEP	SF	Avatar: Admission
Email date of CCS Admission to Supervisor, MHP, QA, SAP; If Adult: Crisis, Nurse Admission "Progress Note" (006600) Notate Forms Reviewed & Signed, Summary of Information Gathered	SF	Avatar: Individual Note
Request Educational Records (IEP, Evaluations, Behavior Reports) <a href="#">Letter Template</a>	SF	Sharepoint: Case Management: Staff Information: CCS Forms
Request Health & Behavioral Health Records " <a href="#">Mental Health Diagnosis Confirmation Form</a> " <a href="#">Letter Template</a>	SF	Sharepoint: Case Management: Staff Information: CCS Forms Sharepoint: Case Management: Staff Information: CCS Forms

**Admission Appointments to Arrange within first 30 days**

Financial Review [adults for residential] <i>Scheduled For: _____</i> Contact Karee Dunham x53496		
Substance Abuse Professional Assessment <i>Scheduled For: _____</i> <a href="#">(Follow AOD Screen instructions to determine if SAP referral necessary)</a> Contact Anneliese Skoda x94898	SF	Sharepoint: Case Management: Staff Information: CCS Forms
Service Plan Meeting <i>Scheduled For: _____</i> Invite client identified supports and proposed vendors	SF	

**Complete Admission Forms**

* "State of Wisconsin PPS General Information CWS" Form <a href="#">See Instruction Guide &amp; Checklist for additional guidance</a>	SF	Avatar: State of Wisconsin PPS General Information CWS Sharepoint: Avatar Management: PPS Training: ISRS PPS
* "State of Wisconsin PPS Mental Health CWS" Form <i>*(Only if MH is primary diagnosis)</i> <a href="#">See Instruction Guide &amp; Checklist for additional guidance</a> Add SPC Codes relevant to Program CCS hourly services (510.10)	SF	Avatar: State of Wisconsin PPS Mental Health CWS Sharepoint: Avatar Management: PPS Training: ISRS PPS
* "State of Wisconsin PPS AODA CWS" Form <i>**[Only if AODA is primary diagnosis]</i> Consult with SAP regarding completion	SAP	Avatar: State of Wisconsin PPS General Information CWS Sharepoint: Avatar Management: PPS Training: ISRS PPS
* "Diagnosis" Form to input most recent confirmed mental health diagnoses <i>**Date of Initial Diagnoses must match date of admission</i>	SF	Avatar: Diagnosis
"Update Client Data" Form - ensure "Responsible County" is filled out	SF	Avatar: Update Client Data
* "Medication List"	SF	Avatar: Medication List: Add
"Parent/Guardian Information" Form (if applicable)	SF	Avatar: Parent/Guardian Information
"Emergency Contact Information" Form	SF	Avatar: Emergency Contact Information
Contact Proposed Vendors for Availability Prior to Service Plan <a href="#">Referral Forms for Vendors</a> <i>**Consumer Affairs Coordinator <b>must be offered</b> to all CCS clients/families</i> If CAC, refer to ILR Referral F.	SF	Sharepoint: Case Management: Staff Information: WRIC Service A Sharepoint: Case Management: Staff Information: Vendor Info

**Prepare & Print Forms for Initial Visit Under Pre-Admit Episode**

<a href="#">"CCS/CST" brochure</a>		Sharepoint: Case Management: Staff Information: CCS Forms ISRS QA Office
ISRS/CCS Welcome Packet		
* <a href="#">Functional Screen Informed Consent ("MH/AODA Consent")</a>	*[Adult Only]	Sharepoint: Case Management: Staff Information: CCS Forms
* <a href="#">Functional Screen Informed Consent</a>	**[Youth Only]	Sharepoint: Case Management: Staff Information: CCS Forms
<a href="#">Functional Screen Behavior Checklist</a>	**[Youth Only]	WI Human Services Gateway: FSIA Production: Reports: Forms
<a href="#">Functional Screen Age-Specific ADL/IADL Checklist</a>	**[Youth Only]	WI Human Services Gateway: FSIA Production: Reports: Forms
* <a href="#">HIPPA/La Crosse County Human Services Notice of Privacy Practices</a>		Sharepoint: Case Management: Staff Information: CCS Forms
<a href="#">"Your Rights and the Grievance Procedure" brochure</a>		Sharepoint: Case Management: Staff Information: CCS Forms
* <a href="#">WRIC CCS Application</a>		Sharepoint: Case Management: Staff Information: CCS Forms
* Consent for Treatment CWS		Avatar: Pre Admit: Consent for Treatment
-- *Right Click within "CCS" box for "System Template" -> "Answered Yes"		
* Releases of Information	**[consumer signs if 14+, parent/guardian signs if applicable]	Avatar: Pre Admit: Release of Information
-- (Medical, Education, Foster Parents, Community Programs, Attorney, etc)		
* <a href="#">Medication Tracking Sheet (submit in Avatar)</a>		Sharepoint: Case Management: Staff Information: CCS Forms
<a href="#">ACE (Adverse Childhood Experiences) Questionnaire</a>		Sharepoint: Case Management: Staff Information: CCS Forms
<a href="#">AOD Screening Tool (AUDIT/DAST)</a>	**[Age 12 and Older]	Sharepoint: Case Management: Staff Information: CCS Forms
<a href="#">GAIN-SS (Global Appraisal of Individual Needs) [Optional]</a>	**[Age 12 and Older]	Sharepoint: Case Management: Staff Information: GAIN SS
* <a href="#">CCS Team Meeting Roster</a>		Sharepoint: Case Management: Staff Information: CCS Forms
Questions for Gathering Bio-Psycho-Social Assessment data (CANS, ANSA, or self-create)		

**CCS Admission/Assessment (Codes: 006600, 006500)**

Date Completed	Item	Who	Location of Item
	First Visit	SF	
<i>Asx/Plan Due within 30 Days</i>	Review CCS program and treatment philosophy Review/Update Functional Screen Gather Bio-Psycho-Social Assessment data Complete Admission Packet forms (see above)		
<i>Due Date: / /</i>	<u>Forms that Must be Completed During First Visit</u> CCS Application signed by Consumer & Parent/Guardian Consent for Treatment HIPPA/Privacy Notice Acknowledgement Releases of Information (consumer signs if 14+) Functional Screen Informed Consent (to complete update) CCS Team Roster Discuss Consumer Long-term/Discharge goals		
	* <a href="#">Update Functional Screen</a> Create a "Rescreen" to Complete the Update Utilize Information from Diagnosis Confirmation, Health, School Records Send Updated Functional Screen to MHP & File Room	SF	WI Human Services Gateway: FSIA Production

	<a href="#">AOD Screening Tools (AUDIT/DAST)</a> <b>**[12 years and Older]</b> Make Referral to Substance Abuse Professional (SAP) if needed Send completed AOD assessments to File Room and SAP	SF	Sharepoint: Case Management: Staff Information: CCS Forms
	<a href="#">CANS Assessment</a> Send completed CANS assessments to ISRS QA & File Room	SF	Sharepoint: Case Management: Staff Information: CST
	* "CCS/CRS/CST/CLTS Assessment" (Code: 006600) <a href="#">See "Assessment" Instruction Guide for additional guidance</a> <i>**Have Final Assessment with signatures to MHP at least 5 days prior to due date</i> <input type="checkbox"/> Consumer <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Service Facilitator <input type="checkbox"/> Mental Health Professional <input type="checkbox"/> Substance Abuse Professional Required Signatures Date of Last Signature [MHP] is the Completed Date	SF/MHP	Avatar: CCS/CRS/CST/CLTS Assessment Sharepoint: Avatar Management: ISRS Training
	* "CCS/CRS/CST/CLTS Service Plan" (Code: 066100) <a href="#">See "CCS Service Plan" Instruction Guide for additional guidance</a> <i>**Have Final Service Plan with signatures to MHP at least 5 days prior to due date</i> <input type="checkbox"/> Consumer <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Service Facilitator <input type="checkbox"/> Mental Health Professional <input type="checkbox"/> Substance Abuse Professional Any Team Members Present at Service Plan Meeting Required Signatures Date of Last Signature[MHP] is the completed Date	SF/MHP	Avatar: CCS/CRS/CST/CLTS Service Plan Sharepoint: Avatar Management: ISRS Training
	* "Crisis Plan" Signed by Consumer, Parent/Guardian (if applicable) Route to Donna Christensen (Crisis Supervisor) when submitting	SF	Avatar: Crisis Plan
<b>Follow-Up (Codes 069100/069200)</b>			
	<a href="#">Complete "Service Plan Update Form" and Send to ISRS QA</a>	MHP	Sharepoint: Case Management: Staff Information: Service Plan
	Complete Service Authorizations based on Service Plan	QA	Avatar: Service Authorization Bundle
	Send Copies of Assessment, Service Plan, Crisis Plan to Vendors & Client (if appropriate)	SF	
	<a href="#">Send Any Remaining Paper Documents Collected/Completed to File Room.</a> Each Form Needs a Separate Scanning Label	SF	Scanning Basket
	Update Due Dates for Next Review on Checklist	SF	

Service Facilitator: \_\_\_\_\_ Date: \_\_\_\_\_

Checklist Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

## APPENDIX XI (cont)

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

### **General Description:**

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

### **Who is Eligible?**

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

### **Program Components:**

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

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

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

### **When Will CCS be Available?**

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

### **Program Application:**

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

If you are not already enrolled in an existing WRIC program, please complete the application for services form and schedule an appointment with the lead WRIC County (La Crosse County SOAT unit) at 300 North 4<sup>th</sup> Street North PO Box 4002, La Crosse, WI 54602-4002, 608-784-43

**Western Region Integrated Care  
Comprehensive Community Services Program  
Application for Services**

Name of Applicant: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Female  Male

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Referral Source: \_\_\_\_\_

Medical Assistance: Yes:  No:  Medical Assistance Number: \_\_\_\_\_

Other Insurance: \_\_\_\_\_

***If applicable:***

Guardian or Parent(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different): \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

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


***If applicable:***

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


Consumer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

## APPENDIX XII

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

### **PURPOSE**

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

### **POLICY**

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

### **PROCEDURE**

#### 1. Eligibility

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

#### 2. Determination of need for psychosocial rehabilitation services.

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

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

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

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

- Yes    DSM Diagnosis: \_\_\_\_\_
- No

**There is an existing functional impairment:**

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

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

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

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

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

Date: \_\_\_\_\_



**WRIC Comprehensive Community Services Admission Agreement**

**Client Name:**

**Consent Date:**

**Comprehensive Community Service: Yes**

**Comprehensive Community Services:** The Comprehensive Community Services (CCS) program is a community-based psychosocial rehabilitation service that provides or arranges for psychosocial rehabilitation services for eligible adult or child participants. Psychosocial rehabilitation services are medical and remedial services and supportive activities that assist the participant to achieve his or her highest possible level of independent functioning, stability, and to facilitate recovery.

Services are provided during the agency operational hours (Monday through Friday from 8:00 a.m. to 4:30 p.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 608-784-4357. 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:**

**Parent/guardian Signature:**

**Date:**

## APPENDIX XIII

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

### **PURPOSE**

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

### **POLICY**

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

### **PROCEDURE**

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

3. The 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.

1. RECOVERY TEAM MEMBERS. The recovery team shall include:

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

## 5. TEAM MEMBER ROLES AND RESPONSIBILITIES

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

## 1. COORDINATED SERVICES TEAMS APPROACH

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

## APPENDIX XIV

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

### PURPOSE

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

### POLICY

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

### PROCEDURE

#### 1. Provision of Services

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

#### 2. Coordination of Service Delivery

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

#### 3. Consumer Support and Mentoring

- a) The WRIC Comprehensive Community Services Program will make diligent efforts to reduce barriers to successful engagement and participation; this will

include providing practical supports to enable the consumer to fully participate in Comprehensive Community Services and in their recovery process.

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

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

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

### **The Team**

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

2. Service Principles for Family Teams
  - a) Services are child/family-centered, strength-based and oriented to the least restrictive options.
  - b) Decisions are reached by consensus whenever possible. All members have input into the plan and all members have ownership of the plan.
  - c) Teams meet regularly not just around crises.
  - d) Teams address a full range of life needs that could impact on the child/family.
  - e) Teams stay focused on reaching attainable goals and regularly measure progress.
  - f) Teams celebrate success.
  - g) Care is unconditional - services change if something doesn't work.
  
3. Phases of Team Involvement
  - a) Assessment & Planning (**Completed during CCS intake**)
    - a. Intensive team involvement consisting of team meetings at least once every two weeks, lasting no longer than 60 minutes each (for approximately 2 months)
    - b. Determine strengths and needs of the child, family, and team
    - c. Complete Assessment Summary, which assesses the 12 areas (domains) of the child and family's life, including: Living Situation; Basic Needs/Financial; Family; Mental Health; Social; Community; Cultural; Spiritual; Educational; Legal; Medical; and AODA.
    - d. Develop Plan of Care. The team selects the top three priorities from the Assessment Summary domains – these are then the areas of focus in the Plan of Care.
    - e. Develop Crisis Response Plans for home and school. In developing crisis response plans, teams preplan crisis intervention with the people and/or agencies who may be involved in the crisis resolution – outlining responsibilities and communication procedures.
  
  - b) Ongoing Monitoring
    - a. Implementation of the Plan of Care. When the plan is completed, it will be reviewed, approved, and signed by all team members – once this occurs, the plan will be implemented.
    - b. Team provides on-going support and monitoring; meeting when necessary to review the plan, progress toward goals, and need for plan modification. Teams typically meet every 3 to 6 weeks, depending on individual team's needs (the statutory minimum is at least every 6 months). This phase typically lasts 6 – 9 months.
  
  - c) Transition & Closure
    - a. The family has knowledge of and access to services and a voice in decisions that are made about their child and family.
    - b. Team develops a Transition Plan, which focuses on planning around long-term services the family will continue to use or will need to access after the formal team process has ended.
    - c. Team provides minimum contact and monitoring, typically meeting every 2 to 3 months (the statutory minimum is at least every 6 months).
    - d. Formal team participation is ended. Once families feel they know how to plan for the future (they have ownership of their plan) and no longer need the support of the team, the formal team process should end.

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

## APPENDIX XV

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

### **PURPOSE**

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

### **POLICY**

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

### **PROCEDURE**

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

referral of CCS consumers who are in crisis so that appropriate follow-up can be conducted.

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

**APPENDIX XVI**

<b>WRIC PROGRAM STAFF QUALIFICATIONS AND CREDENTIALS POLICY</b>		
<b>Section: WRIC</b>	<b>Date of Approval: 2005</b>	<b>Date Policy is Effective:</b> 2005-Updated 4/2018
<b>Responsible Person:</b> WRIC-CCS Program Administrator	<b>Author:</b> Carol Schilling, Revised by Emily Engling	
<b>Statutory/Administrative Reference:</b> DHS 12; DHS 34; DHS 36; DHS 61; DHS 63; DHS 75	<b>Approved by:</b> LCHS-WRIC Human Service’s Director	

**PURPOSE**

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

**POLICY**

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

**PROCEDURE**

**I) Minimum Qualifications**

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

**2) Staff Credentials**

- a) Staff members providing services within WRIC-CCS Program shall have the professional certification, training, experience and ability needed to carry out prescribed duties as outlined in the position description and DHS 36.
- b) Each staff will also be required to adhere to state and county standards for professional codes of conduct.

**3) Documentation/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 references regarding professional abilities from at least 2 people and if requested by the program, references or

transcripts from any post secondary educational institution attended and employment history reports or recommendations from prior employers.

b) References and recommendations shall be documented.

c) WRIC-CCS Program or designee shall review and investigate application information carefully to determine whether employment of the individual is in the best interests of the program's participants. This shall include a check of relevant and available conviction records. Subject to ss. 111.322 and 111.335, Stats., an individual may not have a conviction record. This shall be done in collaboration with the Personnel Department of the county.

d) WRIC-CCS Program or designee shall confirm an applicant's current professional licensure or certification if that licensure or certification is a condition of employment. This shall be in accordance with the Department of Human Services Administrative section of the county's Personnel Department.

e) Consideration will be given to each applicant's competence, responsiveness and sensitivity toward and training in serving the characteristics of the service's participant population, including gender, age, cultural background, and sexual orientation, developmental, cognitive or communication barriers and physical or sensory disabilities.

#### 5) Specific CCS Staff Functions

1) ADMINISTRATOR FUNCTIONS shall be fulfilled by a Supervisor from the WRIC-CCS Program Lead County who shall hold one of qualifications listed in this policy under (3)(e) (2) (g) 1 to 14.

2) SERVICE DIRECTOR FUNCTIONS shall be fulfilled by an individual from within the WRIC-CCS Program Lead County who meets the minimum qualifications listed in this policy under (3)(e)(g)(1) through (8).

3) MENTAL HEALTH PROFESSIONAL FUNCTIONS shall be fulfilled locally within each WRIC partner county by the Clinical Services Psychologist, CCS Supervisor, or qualified designee meeting the minimum qualifications listed in this policy under (3)(e)(1).

4) SUBSTANCE ABUSE PROFESSIONAL duties shall be fulfilled locally within each WRIC partner county by the Clinical Services AODA counselor or other qualified designee meeting the minimum qualifications listed in this policy under (3)(e)(1).

5) SERVICE FACILITATION FUNCTIONS shall be conducted locally within each WRIC partner county by various Human Services and contracted staff who are assigned to CCS and meet one of the minimum qualifications listed in this policy under (3)(e)(4).

## APPENDIX XVII

<b>WRIC DISCHARGE POLICY</b>		
<b>Section:WRIC</b>	<b>Date of Approval: 2005</b>	<b>Date Policy is Effective:</b> 2005-Reviewed 4/2018
<b>Responsible Person:</b> <b>WRIC-CCS Program Administrator</b>	<b>Author:</b> Christin Skolnik. Reviewed: Emily Engling	
<b>Statutory/Administrative Reference:</b>	<b>Approved by:</b> LCHS-WRIC Human Service's Director	

### **PURPOSE:**

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

### **POLICY:**

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

In addition, on the Recovery plan, there is sufficient space allotted for the recovery team to add any additional individualized discharge criteria.

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. It is again ultimately the consumer's choice if clinically and functionally eligible to remain in the CCS program.

When a consumer is discharged from the CCS program, the participant will be given written notice of the discharge, to include:

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

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

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.

## APPENDIX XIX

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

### **PURPOSE:**

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

### **POLICY:**

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

### **PROCEDURE:**

- a. Services provided will be reflected in the service plan.
- b. Each provider will be identified in the service plan
- c. Each provider will document services provided monthly and submit to the Fiscal Department who in turn delivers documentation to the CCS Social Service Specialist. If more frequent documentation is requested, the service facilitator or social service specialist will make these requests known to the service provider.

**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 statements.
- (d.) Any request by the consumer for a change in services or services provider and the response by the CCS to such a request.
- (e.) Service delivery information, including all of the following:
  1. Service facilitation notes and progress notes.
  2. Records of referrals of the consumer to outside resources.
  3. Description of significant events that are related to the consumer's service plan and contribute to an overall understanding of the consumer's ongoing level and quality of functioning.
  4. Evidence of the consumer's progress, including response to services, changes in condition and changes in services provided.
  5. Observation of changes in activity level or in physical, cognitive or emotional status and details of any related referrals.
  6. Case conference and consultation notes.
  7. Service provider notes in accordance with standard professional documentation practices.
  8. Reports of treatment or other activities from outside resources that may be influential in the CCS's service planning.
- (f.) A list of current prescription medication and regularly taken over the counter medications. Documentation of each prescribed medication shall include all of the following:
  1. Name of medication and dosage.
  2. Route of administration.
  3. Frequency.
  4. Duration, including the date the medication is to be stopped.
  5. Intended purpose.
  6. Name of the prescriber. The signature of prescriber is also required if the CCS prescribes medication as a service.
  7. Activities related to the monitoring of medication including monitoring for desired responses and possible adverse drug reactions, as well as an assessment of the consumer's ability to self-administer medication.
  8. Medications may be administered only by a physician, nurse, a practitioner, or a person who has completed training in a drug administration course approved by the department, or by the consumer.

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

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

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

(i.) Discharge summary and any related information.

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

**APPENDIX IX**

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

**PURPOSE:**

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

**POLICY:**

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

**PROCEDURE:**

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

**APPENDIX XX**

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

**POLICY STATEMENT:**

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

1) Compliance Assurance & Training

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

2) Penalty for Failure to Report Incidents of Caregiver Misconduct

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

3) Participant Notification

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

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

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

#### 4) Reporting Caregiver Misconduct

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

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

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

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

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

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

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

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

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

#### 6) Completion of the Health and Human Services Incident Summary

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

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

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

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

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

c) Reports to Law Enforcement.

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

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

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

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

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

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

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

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

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

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

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

f) When Reporting to BQA is NOT Required

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

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

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

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

g) Notifying the Subject of the Report

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

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

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

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

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

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

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

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

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

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

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

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

**APPENDIX XXI**

<b>WRIC CCS QUALITY IMPROVEMENT POLICY</b>		
<b>Section: WRIC</b>	<b>Date of Approval: 2005</b>	<b>Date Policy is Effective:</b> 2005-revised 4/2019
<b>Responsible Person:</b> <b>WRIC Supervisor</b>		<b>Author:</b> Matthew Strittmater Supervisor
<b>Statutory/Administrative Reference:</b>		<b>Approved by:</b> LCHS-WRIC Human Service Director's

**PURPOSE:**

**POLICY:**

The WRIC CCS Quality Improvement Plan is as follows:

1. A consistent level of monitoring, and responding as needed to data collected through CCS service planning and assessment process. WIC CCS will collect data on participant 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 a quarterly basis.
2. A yearly MHSIP (child and family) and ROSI (adult) surveys will be conducted annually so consumer and family input can be given regarding program strengths and weaknesses, and to invite recommendations for improvement. Results will be shared with WRIC CCS Coordination Committee & recommendations for improvement/feedback will be asked for from the committee.
3. The MHSIP (child and family) survey will also be utilized annually for consumers and their families enrolled in the Coordinated Services Teams Approach within the WRIC CCS program.
4. At least one Quality Improvement project will be implemented each year. 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.

## Western Region Integrated Care CCS Vendor Listing

SERVICE CATEGORY	DESCRIPTION OF ACTIVITY	ADULT ONLY SERVICE	ADULT & KIDS SERVICE	KIDS ONLY SERVICE
<p><b>Screening and Assessment</b></p>	<p>Assessments and Activities involved in the process used to identify and evaluate the strengths, needs and desired outcomes of a consumer. Grou</p>		<ul style="list-style-type: none"> <li>• WRIC CCS Service Facilitators</li> </ul>	
<p><b>Individual Skill Development &amp; Enhancement</b></p>	<p>Services include training in communication, interpersonal skills, problem solving, decision making, self-regulation, conflict resolution, and other specific needs identified I the member’s service plan. Services also include training in daily living skills related to personal care, household tasks, financial management, transportation, shopping, parenting, accessing and connecting to community resources and services (including health care 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</p>	<ul style="list-style-type: none"> <li>• Aurora Services (Jackson only)                             <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• Catholic Charities-live by                             <ul style="list-style-type: none"> <li>○ Individual</li> </ul> </li> <li>• Flocks Guardians, Inc.                             <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> </ul> <p>Residential Placements</p> <ul style="list-style-type: none"> <li>• Gilman Phoenix</li> <li>• Assisted Care</li> <li>• Blackberry Hill</li> <li>• Brotoloc</li> <li>• Deer Path</li> <li>• Evergreen Manor</li> </ul>	<ul style="list-style-type: none"> <li>• ABLE (Manitowoc)                             <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• Aptiv                             <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> <li>○ 2:1 (staff to child)</li> </ul> </li> <li>• CA Counseling &amp; Consultants LLC (Williams Bay, WI)                             <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• Caillier Clinic                             <ul style="list-style-type: none"> <li>○ Individual</li> </ul> </li> <li>• Catholic Charities                             <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• Counseling Associates</li> </ul>	<ul style="list-style-type: none"> <li>• Person First Supportive Services                             <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> <li>○ 2:1 (staff to child)</li> </ul> </li> </ul>

	<p>the minor's family in gaining skills to assist the minor with individual skill development and enhancement. Services that are designed to support the family must be directly related to the assessed needs of the minor.</p>	<ul style="list-style-type: none"> <li>• Farnam House - THCC</li> <li>• Gundersen</li> <li>• Maplewood</li> <li>• Mayo</li> <li>• Neshonoc</li> <li>• Settle Inn LLC</li> <li>• Unique Living</li> <li>• W R Home Again</li> </ul>	<ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> <li>• Chippewa River Industries <ul style="list-style-type: none"> <li>○ Individual</li> </ul> </li> <li>• Enigma Psychological, Inc <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• Family &amp; Children's Center <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• Flying Horse Stables <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• Independent Living Resources <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• Innovative Wisconsin <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• Life In Harmony <ul style="list-style-type: none"> <li>○ Individual (1:1)</li> <li>○ Small group</li> <li>○ Large Group</li> </ul> </li> <li>• Mastering Life Skills <ul style="list-style-type: none"> <li>○ Individual (1:1)</li> <li>○ Group</li> </ul> </li> <li>• Moving On LLC (Beloit, WI) <ul style="list-style-type: none"> <li>○ Individual (1:1)</li> <li>○ Group</li> </ul> </li> </ul>	
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			<ul style="list-style-type: none"> <li>• Nicklaus' Martial Arts America: <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• Peace of Mind <ul style="list-style-type: none"> <li>○ Individual</li> </ul> </li> <li>• Trinity Equestrian Center <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• VARC <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• Viroqua Nutrition Counseling Laura Poe <ul style="list-style-type: none"> <li>○ Individual</li> </ul> </li> <li>• YMCA <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> </ul>	
<b>Medication Management for Prescribers and Non-Prescribers</b>	Medication management service for prescribers includes: <ul style="list-style-type: none"> <li>• Diagnosing and specifying target symptoms</li> <li>• Prescribing medication to alleviate the identified symptoms</li> <li>• Monitoring changes in the member's symptoms and tolerability of side effects</li> </ul>	Med Management for Prescribers: WRIC Co prescribers  Med Management for Non-Prescribers:  Residential Placements	<ul style="list-style-type: none"> <li>• Aptiv</li> <li>• Catholic Charities</li> <li>• Innovative Wisconsin</li> <li>• Flocks Guardians, Inc.</li> <li>• Mastering Life Skills</li> </ul>	

	<ul style="list-style-type: none"> <li>• Reviewing data, including other medications, used to make medication decisions.</li> </ul> <p>Prescribers may also provide all services the non-prescribers can provided as noted below:</p> <p>Services for <b>non-prescribers</b> include: supporting the member in taking his or her medications; increasing the member's understanding of the benefits of medication and the symptoms it is treating; and monitoring changes in the member's symptoms and tolerability of side effects.</p>	<ul style="list-style-type: none"> <li>• Gilman Phoenix</li> <li>• Assisted Care</li> <li>• Blackberry Hill</li> <li>• Brotoloc</li> <li>• Deer Path</li> <li>• Evergreen Manor</li> <li>• Farnam House</li> <li>• Gundersen</li> <li>• Maplewood</li> <li>• Mayo</li> <li>• Neshonoc</li> <li>• Settle Inn LCC</li> <li>• Unique Living</li> <li>• W R Home Again</li> </ul>		
<p><b>Employment Related Skill Training</b></p>	<p>Services that address the person's illness or symptom-related problems in order to secure and keep a job. Services to assist in gaining and utilizing skills necessary to undertake employment may include: employment and education assessments; assistance in accessing or participating in educational and employment related services; education about appropriate job-related behaviors; assistance with job preparation activities such as personal hygiene, clothing, and transportation; on-site employment evaluation and feedback sessions to identify and</p>	<ul style="list-style-type: none"> <li>• Independent Living Resources</li> </ul>	<ul style="list-style-type: none"> <li>• Family &amp; Children's Center-Supported Employment <ul style="list-style-type: none"> <li>○ Individual</li> </ul> </li> <li>• Chippewa River Industries</li> </ul>	

	manage work-related symptoms; assistance with work-related crises; and individual therapeutic support.			
<b>Physical Health and Monitoring</b>	<p>Focus is on how the member’s mental health and/or substance abuse issues impact his or her ability to monitor and manage physical health and health risks.</p> <p>Physical health monitoring services include activities related to the monitoring and management of a member’s physical health. Services may include assisting and training the member and the member’s family to: identify symptoms of physical health conditions, monitor physical health medications and treatments, and develop health monitoring and management skills.</p>	<ul style="list-style-type: none"> <li>• La Crosse County ISRS Nursing (no need to authorize Avatar – only list on Service Plan)</li> <li>• TCHC-Blair Apartments (Trempealeau County only)</li> <li>• Gundersen</li> </ul>		
<b>Diagnostic Evaluations and Specialized Assessments</b>	<p>Psychiatric evaluations and specialized assessments including, but not limited to neuropsychological, geropsychiatric, specialized trauma, &amp; eating disorder evaluations. For minors, diagnostic evaluations can also include functional behavioral evaluations and adolescent alcohol/drug assessment intervention program.</p>		<ul style="list-style-type: none"> <li>• Caillier Clinic</li> <li>• McHenry Counseling &amp; Therapeutic Services</li> <li>• Moonlight Psychotherapy &amp; Psychological Services</li> <li>• Moving On LLC (Beloit, WI)</li> <li>• Stein Counseling and Consulting (master) <ul style="list-style-type: none"> <li>○ Behavioral Modification Evaluation</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Aptiv (master level)</li> <li>• Person First Supportive Services</li> </ul>

<p><b>Individual and/or Family Psycho-Education</b></p>	<p>Education and information resources provided about the member’s mental health and/or substance abuse issues, skills training, problem solving, and ongoing guidance about managing and coping with mental health and/or substance abuse issues; and social and emotional support for dealing with mental health and/or substance abuse issues. May be provided individually or in group setting to the member of the member’s family and natural supports (ie: anyone the member identifies as being supportive in his or her recovery and/or resilience process). Psycho education is not psychotherapy.</p> <p>Family psycho education must be provided for the direct benefit of the member. Consultation to family members for treatment of their issues not related to the member is not included as part of family psycho education. Family psycho education may include anticipatory guidance with the member is a minor.</p>		<ul style="list-style-type: none"> <li>• Aptiv <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• CA Counseling &amp; Consultants LLC (Williams Bay, WI) <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• Catholic Charities <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• Caillier Clinic <ul style="list-style-type: none"> <li>○ Individual</li> </ul> </li> <li>• Clear Water Therapy <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• Enigma Psychological, Inc <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• Forward Learning Youth &amp; Young Adults <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• Gundersen Health System <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• Insightful Therapeutics <ul style="list-style-type: none"> <li>○ Group</li> </ul> </li> <li>• Mayo <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• McHenry Counseling &amp; Therapeutic Services <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Person First Supportive Services <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> </ul>

			<ul style="list-style-type: none"><li>• Moving On LLC (Beloit, WI)<ul style="list-style-type: none"><li>○ Individual</li><li>○ Group</li></ul></li><li>• Peace of Mind<ul style="list-style-type: none"><li>○ Individual</li><li>○ Group</li></ul></li><li>• Stein Counseling<ul style="list-style-type: none"><li>○ Individual</li><li>○ Group</li></ul></li><li>• YMCA<ul style="list-style-type: none"><li>○ Individual</li></ul></li></ul>	
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<p><b>Psychotherapy</b></p>	<p>Diagnosis and treatment of mental, emotional, or behavioral disorders, conditions, or addictions through the application of methods derived from established psychological or systemic principals for the purpose of assisting people in modifying their behaviors, cognitions, emotions, and other personal characteristics, which may include the purpose understanding unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics.</p> <p>Psychotherapy may be provided in an individual or group setting.</p>		<ul style="list-style-type: none"> <li>• CA Counseling &amp; Consulting LLC (Williams Bay, WI) <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• Caillier Clinic <ul style="list-style-type: none"> <li>○ In-home</li> <li>○ Individual</li> </ul> </li> <li>• Clear Water Therapy <ul style="list-style-type: none"> <li>○ In-home</li> </ul> </li> <li>• Counseling Associates: <ul style="list-style-type: none"> <li>○ Individual</li> </ul> </li> <li>• Counseling Connection of Medford <ul style="list-style-type: none"> <li>○ Individual</li> </ul> </li> <li>• Enigma Psychological, Inc <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• Family Solutions Associates <ul style="list-style-type: none"> <li>○ In-home</li> </ul> </li> <li>• Fireback LLC <ul style="list-style-type: none"> <li>○ Individual</li> </ul> </li> <li>• Forward Learning Youth &amp; Young Adults <ul style="list-style-type: none"> <li>○ Individual</li> </ul> </li> <li>• Garrison Counseling <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• Gundersen Health System: <ul style="list-style-type: none"> <li>○ Individual</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Family and Children’s Center <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> </ul>
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			<ul style="list-style-type: none"> <li>○ Group</li> <li>● Innovative Wisconsin <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>● Insightful Therapeutics <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>● Juneau County Human Services <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>● La Crosse, Jackson, or Monroe County Human Services (no service authorizations) <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> **Ask about specific groups and ages </li> <li>● Lamont McPherson <ul style="list-style-type: none"> <li>○ Individual</li> </ul> </li> <li>● Maple Tree Wellness <ul style="list-style-type: none"> <li>○ Individual</li> </ul> </li> <li>● Mayo Clinic Health System <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>● McHenry Counseling &amp; Therapeutic Services <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>● Moonlight Psychotherapy &amp; Psychological Services, LLC</li> </ul>	
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			<ul style="list-style-type: none"><li>○ Individual</li><li>○ Group</li><li>● Peace of Mind Counseling<ul style="list-style-type: none"><li>○ Individual</li><li>○ In-home</li><li>○ Group</li></ul></li><li>● Red Feather Therapy<ul style="list-style-type: none"><li>○ Individual</li></ul></li><li>● Stein Counseling and Consulting<ul style="list-style-type: none"><li>○ Individual</li><li>○ Group</li></ul></li><li>● The Caring Tree<ul style="list-style-type: none"><li>○ Individual</li><li>○ Group</li></ul></li><li>● Vernon Memorial Hospital<ul style="list-style-type: none"><li>○ Individual</li><li>○ Group</li></ul></li><li>● YMCA<ul style="list-style-type: none"><li>○ Individual</li></ul></li></ul>	
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<p><b>Wellness Management and Recovery Services</b></p>	<p><b>Wellness management and recovery services</b>, include: empowering members to manage their mental health and/or substance abuse issues, helping them develop their own goals, and teaching them the knowledge and skills necessary to help them make informed treatment decisions. These services include: psycho education; behavioral tailoring; relapse prevention; development of a recovery action plan; recovery and/or resilience training; treatment strategies; social support building; and coping skills. Services can be taught using motivational, educational, and cognitive-behavioral strategies.</p> <p>Recovery support services (provided as substance abuse services) include: emotional, informational, instrumental, and affiliated support. Services include assisting the member in increasing engagement in treatment, developing appropriate coping strategies, and providing aftercare and assertive continuing care. Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery.</p>	<ul style="list-style-type: none"> <li>• Aurora Services (Jackson Co only): <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• Gundersen Health System: <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> </ul> <p>Residential Placements</p> <ul style="list-style-type: none"> <li>• Gilman Phoenix</li> <li>• Assisted Care</li> <li>• Blackberry Hill</li> <li>• Brotoloc</li> <li>• Deer Path</li> <li>• Evergreen Manor</li> <li>• Farnam</li> <li>• Gundersen</li> <li>• Maplewood</li> <li>• Mayo</li> <li>• Neshonoc</li> <li>• Settle Inn LCC</li> <li>• Unique Living</li> <li>• W R Home Again</li> </ul>	<ul style="list-style-type: none"> <li>• Aptiv <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• Attic Correctional Services <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• CA Counseling &amp; Consulting LLC (Williams Bay, WI) <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• Caillier Clinic <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• Catholic Charities <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• Counseling Associates <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• Enigma <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• Family &amp; Children’s Center <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• Flocks Guardians, Inc. <ul style="list-style-type: none"> <li>○ Individual</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Person First Supportive Services <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> </ul>
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			<ul style="list-style-type: none"> <li>• Flying Horse Stables <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• Forward Learning Youth &amp; Young Adults <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• Independent Living Resources <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• Innovative Wisconsin <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• Lamont McPherson <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• Life In Harmony <ul style="list-style-type: none"> <li>○ Individual (1:1)</li> <li>○ 2:1</li> <li>○ Small group</li> <li>○ Large Group</li> </ul> </li> <li>• Mastering Life Skills <ul style="list-style-type: none"> <li>○ Individual (1:1)</li> <li>○ Group</li> </ul> </li> <li>• Moving On LLC (Beloit, WI) <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> <li>○ Sex Offender Group</li> </ul> </li> <li>• Peace of Mind <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> </ul>	
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			<ul style="list-style-type: none"><li>• Stein Counseling<ul style="list-style-type: none"><li>○ Individual</li><li>○ Group</li></ul></li> <li>• Tammy Zee Yoga Studio<ul style="list-style-type: none"><li>○ Individual</li><li>○ Group</li></ul></li> <li>• The Parenting Place<ul style="list-style-type: none"><li>○ Individual</li></ul></li> <li>• Trempealeau County Health Care Center<ul style="list-style-type: none"><li>○ Individual</li></ul></li> <li>• Trinity Equestrian Center<ul style="list-style-type: none"><li>○ Individual</li><li>○ Group</li></ul></li> <li>• VARC<ul style="list-style-type: none"><li>○ Individual</li><li>○ Group</li></ul></li> <li>• Wisconsin Family Ties<ul style="list-style-type: none"><li>○ Individual</li><li>○ Group</li></ul></li> <li>• YMCA<ul style="list-style-type: none"><li>○ Individual</li><li>○ Group</li></ul></li></ul>	
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<p><b>Substance Abuse Treatment</b></p>	<p>Substance abuse treatment services include day treatment (Wisconsin Administrative Code DHS 75.12) and outpatient substance abuse counseling (DHS 75.13). Substance abuse treatment services can be in an individual or group setting.</p> <p>The other categories in the service array also include psychosocial rehabilitation substance abuse services that support members in their recovery.</p> <p>The CCS program does not cover Operating While Intoxicated assessments, urine analysis and drug screening, detoxification services, medically managed inpatient treatment services, or narcotic treatment services (opioid treatment programs). Some of these services may be covered under Medicaid outside of the CCS program.</p>	<ul style="list-style-type: none"> <li>• Gundersen Health System (Substance Abuse Counseling) <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Attic Correctional Services-Group <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• Peace of Mind Counseling <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> </ul>	
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<p><b>Peer Support</b></p>	<p>Peer support services include a wide range of supports to assist the member and the member’s family with mental health and/or substance abuse issues in the recovery process. These services promote wellness, self-direction, and recovery by enhancing the skills and abilities of members to meet their chosen goals. The services also help members negotiate the mental health and/or substance abuse systems with dignity, and without trauma. Through a mutually empowering relationship, Certified Peer Specialists and members work as equals toward living in recovery.</p>		<ul style="list-style-type: none"> <li>• Family &amp; Children’s Center-Supported Employment <ul style="list-style-type: none"> <li>○ Individual</li> <li>○ Group</li> </ul> </li> <li>• Independent Living Resources</li> </ul>	
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**LA CROSSE COUNTY (Lead WRIC County)  
POLICY ON CONFIDENTIALITY**

**PURPOSE**

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

**WHAT DOES CONFIDENTIAL MEAN?**

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

**EXAMPLES OF RECORDS**

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

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

**WHAT INFORMATION IS COVERED?**

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

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

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

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

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

## PAGE 2 – POLICY ON CONFIDENTIALITY

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

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

### WHAT IS THE PROCEDURE IF THERE IS A BREACH?

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

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

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

### MUST I REPORT A BREACH?

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

### WHAT WILL BE DONE AFTER I REPORT A BREACH?

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

### CAN I BE RETALIATED AGAINST?

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

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

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

Date\_\_\_\_\_ Name\_\_\_\_\_

Signature\_\_\_\_\_

**LA CROSSE COUNTY DEPARTMENT OF HUMAN SERVICES  
POLICY AND PROCEDURES**

<b>SECTION:</b> ADMINISTRATIVE	<b>POLICY # :</b>	<b>PAGE:</b> 1	<u>Review Date</u> KS 3/2016 KS 6/2017	<u>Date Revised</u> KS 3/2016
<b>SUBJECT:</b> Exchange of Confidential Information within HS		<b>DATE ISSUED:</b> 3/2016		
<b>PREPARED BY:</b> Kathy Serres / Matt Strittmater	<b>MANAGER APPROVAL:</b> (Signature required)			
<b>REVIEW CYCLE:</b> Yearly	<b>BOARD APPROVAL DATE:</b> (If Applicable)			

**POLICY TITLE:** EXCHANGE OF CONFIDENTIAL INFORMATION WITHIN HUMAN SERVICES

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

**POLICY/PROCEDURE:**

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

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

**COORDINATED CARE EXPECTATION:** County and consortium staff are expected to effectively communicate when a consumer or family is involved in multiple services. Accessible information brings an opportunity for improved care, but only when active communication occurs among service providers. This can be especially important if one service system needs to act upon information they become aware of when viewing progress notes, etc. placed in the consumer file by another service system. *Staff should reach out to other service system staff prior to acting upon information that may have an impact on working relations with other service system staff when possible.* (i.e. – JSS staff communicates with ISRS social worker to discuss concerning information in ISRS social worker’s progress note about consumer substance abuse before addressing the concern with the consumer).

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

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

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

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



## Western Region Integrated Care (WRIC)

“A La Crosse, Monroe, and Jackson County  
Behavioral Health Collaborative.”

### NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND IS  
DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE READ IT CAREFULLY**

This notice applies to Western Region Integrated Care (WRIC) and its staff, volunteers, and students. This notice also applies to other health care providers that come to Western Region Integrated Care (WRIC) to provide health care to our clients.

Western Region Integrated Care (WRIC) must maintain the privacy of your personal health information and give you this notice that describes 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 you have requested.

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 at:

<http://www.co.la-crosse.wi.us/Departments/humanservices>

**We will not use or disclose your health information 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 and 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.** Western Region Integrated Care (WRIC) 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 785-5875 or by writing to:

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

**WE WILL NOT RETALIATE AGAINST YOU FOR FILING SUCH A COMPLAINT**

Appendix XXVI



## Release of Information

**Client Name:**  
**Client ID#:**  
**Date of Birth:**

**AUTHORIZES**

**Authorization Date:**

**Individuals/Agency/Organization making disclosure:**

**Street Address:**  
**City:**  
**State:**  
**Zip Code:**

**Individual(s)/Agency/Organization receiving information:**

**Street Address:**  
**City:**  
**State:**  
**Zip Code:**

**For the purpose of:**

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

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

**Start Date for Requested Information:**

**End Date for Requested Information:**

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

### **YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION**

**Right to Receive a Copy of This Authorization-** I understand if I sign this authorization, I will be provided with a copy of this authorization. **Right to Refuse to Sign this Authorization-** I understand that I am under no obligation to sign this form and that the provider may not condition treatment, or payment on my decision to sign this authorization, except WI law does require the resident/legal representatives authorization to disclose 252.15 or

51.30 records for payment purposes **Right to Withdraw to This Authorization-** I understand that I have the right to withdraw this authorization at any time by providing a written statement of withdrawal to La Crosse County departmental Privacy Officer. I understand that my withdrawal will not be effective until received by the Privacy Officer and will not be effective regarding the uses and/or disclosures of my health information that the department has made prior to receipt of my withdrawal statement. I understand if the authorization was obtained as a condition of obtaining insurance coverage, other law gives the insurer with the right to contest a claim under the policy or the policy itself. **Right to Inspect or Copy the Health Information to Be Used or Disclosed-** I understand that I have the right to inspect or copy (may be provided at a reasonable fee) the health information to obtain copies of my health information by contacting the department Privacy Officer. **HIV TEST RESULTS:** I understand my HIV test results may be released without authorization to persons/organizations that have access under State law and a list of those persons/organizations is available upon request.

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

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

## **Expiration cannot exceed 12 months of Authorization Date.**

**Expiration Date:**

**Expiration Event:**

**Consumer Signature**

**Date:**

## Appendix XXVII

### 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 31<sup>st</sup> 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 form
- 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.

# COMPREHENSIVE COMMUNITY SERVICE PROGRAM ORIENTATION AND TRAINING PROGRAM LOG

Provider: «VendorName» Staff Name: \_\_\_\_\_

Position: \_\_\_\_\_ Required by (date): \_\_\_\_\_

**Training Hours, circle one:** 20 (for new employees with 6 months experience) 40 (for new employees with less than 6 months experience and volunteers) 8 (annual renewal)

Date of Completion	Duration in hours	Employee Initials	Supervisor Initials	TOPIC
				*required within three months of employment
				*DHS 36
				*CCS Policy and Procedure Manual
				*Job Description
				*CCS Assessment and Planning Forms
				*Progress Notes/Record Keeping
				*DHS 92 - Confidentiality
				*DHS 94- Participant Rights
				*Civil Rights Law and ADA
				*Non-Violent Crisis Intervention
				*Recovery Concepts and Principles
				*Training on Mental Health and Substance Use Disorders
				Other Topic:
				Other Topic:
				Other Topic:

TOTAL HOURS: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

La Crosse County Program Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Return this form within 90 days of initial contract and annually on or before January 31<sup>st</sup>, of the following year, to:**

*Emily Engling  
La Crosse County Human Services  
300 4<sup>th</sup> Street N  
La Crosse, Wisconsin 54601*



**WESTERN REGION INTEGRATED CARE (WRIC)  
POLICY AND PROCEDURES**

<b>WRIC CONSORTIUM</b>	<b>Policy #:</b>	<b><u>Review Date</u></b>	<b><u>Date Revised</u></b>
<b>SUBJECT:</b> <b>WRIC CCS Complaint/Grievance Process</b>	<b>DATE ISSUED:</b> <b>5/5/16</b>	<b>4/10/17</b> <b>MS/RW</b> <b>4/8/19 EE</b>	<b>4/10/17</b> <b>MS/RW</b> <b>4/8/19 EE</b>
<b>PREPARED BY:</b> <b>Matt Strittmater/Renee Weston</b>	<b>REVIEW CYCLE:</b> <b>Annual</b>		

**POLICY TITLE:** WRIC CCS Complaint/Grievance Process

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

**POLICY/PROCEDURE:**

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

- All complaints/grievances received in La Crosse, Monroe and Jackson Counties regarding the CCS Program will be directed to Christin Skolnik
- All complaints/grievances are covered under rights guaranteed in DHS 94/WI Statute 51.61, HIPAA or civil rights)
- Immediately upon receipt, Christin Skolnik 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 Christin Skolnik for county level review and decision
  - WRIC Leadership Team will provide oversight to this process
  - WRIC CCS Administrator Emily Engling, CCS Coordination Committee, and WRIC Leadership Team will need to learn about the conclusion/resolution for WRIC CCS to implement any recommendation as a result of the grievance outcome, monitor internal service delivery consistency, and ensure quality assurance/improvement purposes.

**WRIC Leadership Team Members:**

Chrstin Skolnik, La Crosse County  
Integrated Support & Recovery  
Services Manager  
Jason Witt, La Crosse County Director  
Audra Martine, La Crosse County  
Deputy Director  
Ron Hamilton, Monroe County Director  
Chris Hovell, Jackson County Director

**CCS Coordinating Committee Members:**

Emily Engling (WRIC- LA CROSSE)  
Emily McGonigle (WRIC-LA CROSSE)  
VACANT (WRIC-JACKSON)  
Erin Hilleshiem (WRIC-MONROE)  
Mary Jacobson (FCC CSP)  
Jane Latshaw (LACROSSE COUNTY)  
Katie Kress (INDEPENDENT LIVING  
RESOURCES)  
Jen Steinke (NORTHWEST GUIDANCE  
CLINIC)  
Jackie Gunderson (HO-CHUNK)

**Appendix XXIX**

**LA CROSSE COUNTY DEPARTMENT OF HUMAN SERVICES  
POLICY AND PROCEDURES**

<b>SECTIONS: ISRS/JSS/WRIC (CSP &amp; CCS only)</b>		<b>PAGE:</b> 1 of 1	<u>Review Date</u> 9/9/09 6/4/10 3/1/17 1/18/18 KF	<u>Date Revised</u> 11/11/09 6/4/10 3/20/17 2/07/18 KF
<b>SUBJECT: Death Reporting / Investigation</b>		<b>DATE ISSUED:</b> <b>11-11-09</b>		
<b>PREPARED BY:</b> Matt Strittmater		<b>REVIEW CYCLE: Annual</b>		

**POLICY TITLE:** Death Reporting / Investigation

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

**POLICY/PROCEDURE:**

- I. There shall be a Core Death Review Team in the lead county (La Crosse) that will consist of the La Crosse County Outpatient MH/SA Clinic Administrator, the La Crosse County APS Unit, and the WRIC Medical Director. Other potential participants for the review process are identified in section V. below.
- II. JSS/ISRS/WRIC CCS & CSP staff will notify via email La Crosse County ISRS Outpatient MH/SA Clinic Administrator, La Crosse County APS Unit ([apsreferrals@lacrossecounty.org](mailto:apsreferrals@lacrossecounty.org)), and the APS Unit in county of residence of deceased client (if Jackson or Monroe County), as soon as possible when an “**active**” consumer of ISRS, JSS, or WRIC CSP & CCS passes away.
  - A. “**Active**” refers to any consumer open to service up to 90 days prior to death, but does not include individuals who only had isolated Mobile Crisis contacts (1-2) within the past 90 days.
  - B. Deaths of clients from WRIC CCS and WRIC CSP will be reviewed in the county of residence of the deceased client, but will include one or more members from the lead county’s Core Death Review Team. (Only CCS children/youth follow this process; other CSN/JSS child/youth deaths are addressed in another process.)
  - C. All active client deaths should be reported regardless of the cause of death, though not all cases will be subject to formal review. The following criteria will be utilized to determine if a death will undergo formal review:
    - i. All cases will be formally reviewed if the subject died under any of the following circumstances: known or presumed suicide, substance overdose (intentional or unintentional), complication of psychotropic

- medication, neglect or abuse, unknown cause of death in an otherwise medically healthy client.
- ii. All cases will be formally reviewed if the death needs to be reported to the State based upon criteria listed on form DDE 2470. (Both the La Crosse County Internal Death Review Form as well as the State form DDE 2470 must be completed for these cases.)
  - iii. If the death occurred by “natural” or known “medical” causes in an individual with known physical illness (i.e. elderly, pneumonia, heart attack, cancer), the Core Death Review Team will determine if a formal review is needed. There may be cases in which a formal review would reveal areas for improvement in services and/or collaboration between service providers in the community.
- III. Program administration will ensure that staff are debriefed and referred for additional assistance (EAP, etc.) as needed.
- IV. La Crosse County APS will:
- A. Create a folder to track each case inside the Internal Death Review folder on the W Drive.
  - B. Determine within 24 hours whether or not the death needs to be reported to the State based upon criteria listed on form DDE 2470. \* 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.
  - C. Complete form DDE 2470 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.
- V. The Outpatient Clinic Administrator in the county of origin of the deceased client will collaborate with a member of the Core Death Review Team to plan the death review meeting. Participants will include (i) one or more members of the Core Death Review Team, (ii) an APS professional, and (iii) 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 County/Monroe County/WRIC CSP and CCS administrators should be consulted on who to include on review teams for non-La Crosse County residents who were consumers of WRIC CSP and CCS.
- VI. 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 (DQA 2486), but has additional items we have identified as useful to our review process. Answers from our form will be utilized by APS staff to complete the Event Analysis (DQA 2486) form if the State requests an investigation. Any action needed should have a target date for completion/responsible party assigned.
- VII. APS or Outpatient MH/SA Clinic Administrator will file completed Internal Death Reviews in the consumer’s chart in the appropriate Electronic Health Record (i.e. Avatar, Procentive, CarePaths). In La Crosse County, review documents will also be filed in the Internal Death Review folder on the W. drive.
- VIII. Administration from ISRS, JSS, WRIC CCS, and WRIC CSP will be notified by APS or La Crosse County Outpatient MH/SA Clinic Administrator when the process is complete to ensure that follow