**Central Wisconsin Health Partnership**

**Comprehensive Community Services Regional Coordinating Committee**

**Training and Quality Assurance/Improvement Committee**

Thursday, July 19, 2018

**Participants:** Clara Voightlander, Dr. Toni Morgan-Jones, Danielle Moore, Kate Meyer, Jan McDonough, Wade Rasmussen, and Lori Martin

1. **Site updates**

* Green Lake – several recent discharges; expecting referrals to increase as summer comes to an end.
* Juneau – 56 or 57 enrolled. 12 individuals applied for the open service facilitator position; the position has been offered to one of the applicants. Due to lack of qualified candidates, the dual SU/MH position will remain unfilled for an undetermined amount of time.
* Marquette – 29 currently enrolled. One consumer will be transferring to Marquette from Columbia County.
* Waushara – 36 currently enrolled; 7 in referral. 1 to 2 service facilitator positions have been posted, as well as a mentor-type position.

1. **Training**
2. Upcoming workshops
   1. Aug 1: New Provider Orientation workshop at Waupaca DHHS. Lori shared the registration list to-date (15). Space is still available. Registration is scheduled to close tomorrow (Friday, July 20th), but Lori will leave it open until the end of the day on Wednesday, July 25th.
   2. September 12: Statewide CCS/CST meeting. Lori shared a list of who has registered from the 6-county region. Adams, Green Lake, Marquette, Waupaca, and Waushara Counties all have representation. Registration is going to be capped at 385; Lori encouraged registering ASAP. The intended audience is Service Facilitators, Supervisors, and Administrators (not contracted providers). For more information including online registration: <http://www.wicollaborative.org/state-meetings.html>
   3. Oct, Nov, Dec and beyond…
      * Oct Regional Provider Meeting(?). Topics could include: the Service Array, TARP note Documentation, billable activities. Discussion – group likes this idea, focus on leadership/owners (as opposed to line staff). Lori will send the provider spreadsheet to group for updating.
      * Ethics and Boundaries for paraprofessionals. Lori gave Lisa Anderson, trainer with the Behavioral Health Training Partnership, November 7th and December 5th as possible dates and is waiting to hear back.
      * Ethics and Boundaries for clinicians – there will be 2 sessions on Oct 31st in Mauston (Juneau County). Scott Ethun sent a “save the date”; registration information to come.
      * 1 to 2-day workshop for Service Facilitators. Lori would like to include a service facilitator or program coordinator as a co-presenter and to help develop the curriculum. Dr. Toni suggested Greg Erikson as a possibility – she will follow-up with him to see if there’s interest. Danielle may also be available if needed.
      * Public Health and CCS – Lori is working with Jodi Field, Public Health Nurse in Juneau County, and Kate Meyer to plan a workshop/meeting. Jan shared that Waupaca and Kenosha are part of a pilot - “One Key Question”. As part of this, they will be adding intentional pregnancy questioning to their CCS assessment.
      * Jonathan Cloud – Sparks for consumers (Marquette offered to host). Lori will follow-up.
3. **Quality Improvement**
4. Quarterly Enrollment data due Friday – Green Lake, Juneau, Waupaca, and Waushara data has been submitted. Wade shared Marquette’s numbers; Lori will follow-up with Allison re: Adams’ numbers.
5. Collateral contacts by providers (follow-up discussion). An email sent to the Service Directors by Lori on June 29th was shared as a handout. Per guidance provided by the Division of Medicaid Services, the only service that can be provided by telephone and billed to MA on an interim basis is Service Facilitation. Collateral contacts or providing a service on the service array via phone is not billable to MA, but can be built into a provider’s rate OR reimbursed by a county through means other than MA (e.g. county levy).
6. Site visits
   * Lori’s QA-I visits: Wade and Lori spoke to the site visit that took place in Marquette County – overall a valuable experience. Green Lake, Juneau, and Waushara are scheduled in August. Lori will follow-up with Allison regarding scheduling Adams County’s visit. Update since meeting – Waupaca is scheduled for October 1.
   * DQA site surveys:
     + sites from other regions who have had recent DQA surveys report that the focus is on provider documentation (proof of needed training, supervision logs, background checks, etc.), and the role of the Mental Health Professional (MHP). There needs to be evidence that the MHP is involved with each team at some level. While attendance at all team meetings isn’t a requirement, DQA is looking for involvement in the assessment and plan development, as well as 6-month plan updates.
     + Group discussed the role of the MHP. Across our region, the individuals identified as MHP’s also have other responsibilities. Document shared as handout – “Roles and Responsibilities of Various CCS Staff”. Lori look to other counties who have the MHP as an FTE to gather information related to responsibilities, case load, and productivity.
     + Group discussed supervision requirements. As a request of a clinic DQA survey, Juneau had to revise their process and forms. Danielle offered to share Juneau’s supervision log format with the group.
7. Evaluating TARP notes – Lori shared an updated worksheet/guide for evaluating the quality of a TARP progress note. It is available for download on the regional website: <http://www.cwhpartnership.org/regional-ccs-forms.html> (under “Optional Tools”)
8. Provider Development – Lori is available to partner with sites to meet with providers regarding development, rate setting, and documentation. Jan shared how was been beneficial to meet with two providers in Waupaca County.
9. At a statewide QA-I workgroup meeting earlier this week, Lori received clarification from the DCTS related to orientation training hours for rehabilitation workers and peer specialists.
   * In addition to the 40 or 20 hours of documented orientation training, peer specialists and rehabilitation workers must receive 30 hours of training during the past two years prior to beginning employment with the CCS (DHS 36.10(2)(g) 20 and 21).
   * Related information on the website, CCS Orientation Training Checklist, and Provider Handbook have been updated and posted.
   * Lori will seek clarification on ongoing training requirements (8 hours?)
   * For future discussion – consider formalizing more of the orientation training expectations / curriculum. Danielle referenced Dane County’s website as a good example.
10. Role of Service Facilitator (service facilitation vs other services on service array)
    * Group reviewed “Service Facilitation” on service array as well as other services a service facilitator may provide such as Individual Skill Development, Psychoeducation, and Wellness Management. If a service facilitator provides a service outside the realm of “service facilitation”, they should document the service they are providing and not document everything as service facilitation. The use of TARP notes are encouraged.
11. Day treatment and CCS
    * This topic was brought up at the Statewide QA/I workgroup meeting Lori attended. Caution should be used when working with a day treatment or group home providers (providers who typically charge a daily rate) to provide CCS services. The amount of time documented and billed to MA needs to clearly be related to a service being provided on the service array. Danielle Graham-Heine stated that they need to be providing a service that is different from what they typically provide other individuals in their facility – they need to be providing psychosocial rehabilitative services.
12. **Other** 
    * + 1. List of things CCS can pay for and can’t pay for
           - Danielle M. receives requests from other units for CCS to pay for a variety of things, for example, equipment, summer camp, registration fee for a conference. Group consensus was to use the service array or service array summary document as a tool to give individuals who are wondering what CCS can pay for – only approved services as outlined on the service array. The Service Array Summary is available for download from the regional website: <http://www.cwhpartnership.org/regional-ccs-forms.html> (under “Optional Tools”)
        2. New rules for SU treatment and confidentiality
        3. Title IV and CCS

* Group reviewed July 2016 message from the DHS entitled “Intersection of CCS and Title IV-E Funding”. Following is a summary of their guidance:
* DCF pays child welfare placement providers for "care and supervision" using IV-E funds. Care and supervision includes activities that may also be described on the CCS service array.
* County CCS programs need to be aware that child welfare placement providers receive IV-E funds. If CCS programs contract with these same providers to provide CCS services, the CCS program should not pay for services or administrative costs that have already been paid for by IV-E funding.
* The Wisconsin Medicaid program provides funds to cover medically necessary services for eligible beneficiaries. Except for a few instances, Medicaid is the "payer of last resort." The payer of last resort is an entity that pays for services only after other third parties have met their legal obligation to pay. Topic #251 and Topic #242 in the ForwardHealth Online Handbook contain additional information regarding when Medicaid is, or is not, the payer of last resort.
* CCS programs should refer to the most recent cost reporting manual for additional guidance on how to report third party funds that have already been provided for CCS service cost

1. **Future Committee Meetings**

* Thursday, September 20th
* Thursday, November 15th