**Central Wisconsin Health Partnership**

**Comprehensive Community Services Regional Coordinating Committee**

**Training and Quality Improvement Committees**

**Wednesday, September 25, 2019, 1:00 – 3:30**

**Participants:** Dr. Toni Morgan-Jones, Brenda Rice, Danielle Moore, Jeremy Lee, Kate Meyer, Kay Saarinen-Barr, and Lori Martin

1. **Site updates**

* Adams – interviewing for rehabilitation worker position, have 3 applicants
* Green Lake – 35 consumers enrolled; trying to slow the process down. Some providers refer individuals to CCS so they can have access to a specific service.
* Juneau – 50 enrolled including 19 youth and 31 adults. Were down 3 service facilitators, recently hired 3 facilitators. Several new positions approved related to CCS. Hoping to make one a quality assurance / mental health professional position.
* Marquette – Amanda is leaving Marquette County, which means there will be a CCS/CLTS position open. 20 enrolled including 9 adults and 11 youth. 2 successful discharges. New therapist hired to start Oct 16th.
* Waupaca – Jan is no longer with Waupaca County. 40 ongoing, 22 in referral process. 2 newer CCS workers not at yet at full capacity. Sherrie, Behavioral Health Manager, will temporarily fill CCS coordination responsibilities until Jan’s position is filled.
* Waushara – 2 new service facilitators as of January; CCS Manager position is open; closes end of this month. New manager to take over therapists. Shared consumer group with Marquette – potentially using space in Neshkoro.

1. **Training**
2. Lori’s Recent Adventures –
   1. Lori attended the National Wraparound Conference in Baltimore Sept 9 – 11. Attended sessions related to team facilitation skill building that could benefit CCS service facilitators and CST care coordinators. Biggest takeaways – there’s a lot WI is doing right in terms of wraparound, but there are areas that can be improved upon. Two areas of focus – assessment process (hearing the family’s story and capturing it in narrative form), and developing needs statements based on “the why” (function of the behavior) as opposed to the behavior itself.
   2. Wraparound training videos. Through White Pine’s work with their CST training contract, Lori’s team worked with a video production company out of Madison (DNA Studios) to develop a set of 8 wraparound-related training videos. Purpose to provide an overview of wraparound basics to a wide range audience (e.g. service facilitator, team members, families, coordinating committee members, providers). Topics include: overview of wraparound, Wisconsin principles of wraparound, getting started with a family, youth and family engagement, and the coordinating committee
   3. Lori has had two meetings with Wraparound Milwaukee trainers regarding their training process. She be attending 4 of their care coordinator certification workshops in October and November including their initial 2-day orientation, strength-based documentation, needs and benchmarks, and running effective team meetings and conflict resolution.
   4. In the process of revamping the curriculum used for the 2-day care coordinator fundamentals workshop based on all of the above. Some counties are now requiring service providers to send their CCS workers to this 2-day workshop prior to becoming contracted CCS providers for the county.
3. Feedback from Recent workshops
   1. Listening Well workshop was well received. Lori has a follow-up phone conference with Scott and Theresa next Friday, October 4th.
4. Upcoming peer-to-peer and workshops
   1. 10/3: Service Facilitation Peer-to-Peer forum (10:00 – 12:00) and Skills Workshop (1:00 – 3:00). Marquette County is hosting.
5. Fall workshops
   1. October 9th, 1:00 – 3:30, Adams – no workshop taking place; The PLEX and Regional Coordinating Committee meetings will still take place in the morning.
   2. October 17th – Lori will facilitate a workshop in Mauston for new service facilitators; other counties are welcome to send staff
   3. November workshop in Mauston – trying to line up Jonathan Cloud to facilitate the workshop he did for the CST regional workshops on “Facilitating Stages of Behavior Change with Youth”. November 13th won’t work, but Lori is expecting to hear back from him soon regarding other potential November dates.
   4. Dec 12th full day (instead of half-day on the 11th), Montello – Peter Leidy on topic of “Making Connections: Building Bridges to Community Life”
   5. Love and Logic for Providers in Wautoma – plan for early 2020
   6. Interest expressed in training for supervisors/managers so they can better support their service facilitators
6. **Quality Improvement**
7. Service Providers going Rouge: Providers meeting with consumer and parent without the service facilitator present. These types of meetings are not considered team planning meetings and cannot be billed as such. If service provision is being claimed, it has to match what has been outlined/approved in the recovery plan.
8. Draft Guiding Documents
   1. Consumer involvement in CCS meetings and provider reimbursement (see attached)
   2. Reimbursement for documentation of necessary but non billable services (see attached)
9. Status of updated assessment, assessment summary, and recovery plan
   * Lori resent link – encouraged coordinators to consider the updates. Each county can decide whether they are going to use the updated forms or continue with what they are currently using.
10. Annual fall site visits – yet to be scheduled

**Future meetings:** Last Wednesday of each odd month, 1:00 – 3:30, Montello

Nov 27

Agenda items for future meetings: SAP involvement; 2019 consumer satisfaction surveys

**Guidance Related to Consumer Involvement in CCS Meetings and Provider Reimbursement**

**Draft – 9-19-19**

The consumer should be driving their own processes to the extent they are able, including active and meaningful involvement on their recovery team.  CCS allows a process that assumes that given the right conditions and support, individuals can have meaningful involvement and drive their own recovery/rehabilitation.

It would be up to the team (with the MHP and the service facilitator guiding the process) to discover/uncover what the conditions are where the consumer can be involved in a meaningful way.

**Youth Consumers**

If the MHP feels there is a legitimate reason why a youth shouldn’t attend a recovery team meeting, the suggestion is to document it, but to make it time-limited and build a process into the plan for building an environment/conditions where the youth can be driving their recovery/rehabilitation process. During the time the youth is not present, a parent or guardian must be present.

Provider meetings that do not include the youth consumer *or* their parent/guardian are not considered Recovery Team Meetings. In this case the Service Facilitator could bill, but the other providers should consider this type of meeting and related documentation necessary but non-billable activities and build the cost into their service rate.

**Adult Consumers**

For a competent adult CCS participant, the consumer must be at the meeting for it to be considered a Recovery Team Meeting and for all providers to bill for the interaction. The Service Facilitator could bill, but the other providers should consider this type of meeting and related documentation a necessary but non-billable activity and build the cost into their service rate.

**Reimbursement for Documentation of Necessary but Non-Billable Services**

**Challenge**

Columbia County is allowing providers to bill for documentation time related to phone calls with the consumer. (They are not allowing providers to bill for the time of the call, just the associated documentation).

**Proposed Guidance for the CWHP**

According to ForwardHealth, “documentation time” as a direct cost is defined as “Time after service delivery for a service provider to complete a member’s progress note/case note/medical record or otherwise document *service delivery*.” And “service delivery” is defined as “…providing a service identified on the CCS service array…”.

Documentation of non-service array activities would not be billable to MA on an interim basis.  It should be considered a necessary but non-billable expense (similar to the activity of phone contact with the consumer or collaterals), and figured into their overall cost / hourly rate.