****

**Comprehensive Community Services**

**Service Array Summary**

1. **Screening and Assessment**

* completion of initial and annual functional screens
* completion of the initial comprehensive assessment and ongoing assessments as needed

**2. Service Planning**

* the development of a written plan of the psychosocial rehabilitation services that will be provided or arranged for the member.
* The service plan must be reviewed and updated based on the needs of the member or at least every six months.
* The service plan review must be facilitated by the service facilitator in collaboration with the member and the recovery team.

**3. Service facilitation**

* activities that ensure the member receives: assessment services, service planning, service delivery, and supportive activities in an appropriate and timely manner.
* 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.
* assisting the member in self-advocacy and helping the member obtain other necessary services such as medical, dental, legal, financial and housing services.
* coordinating a member’s crisis services, but not actually providing crisis services.
* For minors it includes advocating, and assisting the minor’s family in advocating, for the minor to obtain necessary services. Service facilitation that is designed to support the family must be directly related to the assessed needs of the minor.

**4. Diagnostic Evaluations**

* 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 programs.
* The CCS program does not cover evaluations for autism, developmental disabilities, or learning disabilities.

**5. Medication Management**

* Prescriber Services
  + Diagnosing and specifying target symptoms.
  + Prescribing medication to alleviate the identified symptoms.
  + Monitoring changes in the member’s symptoms and tolerability of side effects.
  + Reviewing data, including other medications, used to make medication decisions.
  + Prescribers may also provide all services the non-prescribers can provide as noted below.
* Non-prescriber Services
  + Supporting the member in taking his or her medications.
  + Increasing the member’s understanding of the benefits of medication and the symptoms it is treating
  + Monitoring changes in the member’s symptoms and tolerability of side effects.

**6. Physical Health Monitoring**

* 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.
* include activities related to the monitoring and management of a member’s physical health
* 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 to develop health monitoring and management skills.

**7. Peer Support** (Note: Services must be provided by Wisconsin Certified Peer Specialists)

* assist the member and the member’s family with mental health and/or substance abuse issues in the recovery process.
* promote wellness, self-direction, and recovery by enhancing the skills and abilities of members to meet their chosen goals.
* help members negotiate the mental health and/or substance abuse systems with dignity, and without trauma.

**8. Individual Skill Development and Enhancement**

* training in communication, interpersonal skills, problem solving, decision-making, self-regulation, conflict resolution, and other specific needs identified in the member’s service plan.
* training in daily living skills related to personal care, household tasks, financial management, transportation, shopping, parenting, accessing and connecting to community resources and services, and other specific daily living needs identified in the member’s service plan.
* Services provided to minors should
  + also focus on improving integration into and interaction with the minor’s family, school, community, and other social networks.
  + include assisting the minor’s family in gaining skills to assist the minor with individual skill development and enhancement. Services that are designed to support the family must be directly related to the assessed needs of the minor.
* Skill training may be provided by various methods, including but not limited to modeling, monitoring, mentoring, supervision, assistance, and cuing.
* Skill training may be provided individually or in a group setting.

**9. Employment-Related Skill Training**

* Services address the member’s illness or symptom-related problems in finding, securing, and keeping a job and 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
  + individual therapeutic support.
* The CCS program does not cover time spent by the member working in a clubhouse. The CCS program covers time spent by clubhouse staff in providing psychosocial rehabilitation services, as defined in the service array, if those services are identified in the member’s service plan.

**10. Individual and/or Family Psychoeducation**

* Providing education and information resources about the member’s mental health and/or substance abuse issues.
* Skills training.
* Problem solving.
* Ongoing guidance about managing and coping with mental health and/or substance abuse issues.
* Social and emotional support for dealing with mental health and/or substance abuse issues.
* Psychoeducation may be provided individually or in a group setting to the member or the member’s family and natural supports.
  + Family psychoeducation must be provided for the direct benefit of the member.
  + Family psychoeducation may include anticipatory guidance when the member is a minor.
* If psychoeducation is provided without the other components of the Wellness Management and Recovery service array category (#11), it should be included under this service category.

**11. Wellness Management and Recovery / Recovery Support Services**

* Wellness management and recovery services (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
  + teaching them the knowledge and skills necessary to help them make informed treatment decisions
  + psychoeducation;
  + behavioral tailoring;
  + relapse prevention;
  + development of a recovery action plan;
  + recovery and/or resilience training;
  + treatment strategies;
  + social support building
  + coping skills.
  + Services can be taught using motivational, educational, and cognitive-behavioral strategies.
  + If psychoeducation is provided without the other components of wellness management and recovery, it should be included under the Individual and/or Family Psychoeducation service array category (#10).
* Recovery support services (generally provided as substance abuse services), include:
  + emotional, informational, instrumental, and affiliated support.
  + assisting the member in increasing engagement in treatment
  + assisting the member in developing appropriate coping strategies
    - providing aftercare and assertive continuing care designed to provide less intensive services as the member progresses in recovery, including relapse prevention support and periodic follow-ups.

**12. Psychotherapy**

* the diagnosis and treatment of mental, emotional, or behavioral disorders, conditions, or addictions through the application of methods derived from established psychological or systemic principles for the purpose of assisting people in modifying their behaviors, cognitions, emotions, and other personal characteristics, which may include the purpose of understanding unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics.
* Psychotherapy may be provided in an individual or group setting.

**13. Substance Abuse Treatment**

* day treatment (DHS 75.12, Wis. Admin. Code)
* outpatient substance abuse counseling (DHS 75.13, Wis. Admin. Code)
* can be in an individual or group setting.
* The CCS program *does not* cover
  + Operating While Intoxicated assessments,
  + urine analysis and drug screening,
  + detoxification services,
  + medically managed inpatient treatment services, or
  + narcotic treatment services (opioid treatment programs)

**14. Non-Traditional of Other Approved Services**

* Services 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:
  + Be approved by Medicaid for an individual consumer
  + Have a psychosocial rehabilitative purpose.
  + Not be merely recreational activities.
  + Not otherwise be available to the member.
* 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 service plan must document the corresponding measurable goals of the nontraditional service.
* 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.