

Central Wisconsin Health Partnership (CWHP)  
Regional Comprehensive Community Services (CCS)

Administrative Overview for CCS-101  
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**Central Wisconsin Health Partnership**

- ❖ Adams County
- ❖ Green Lake County
- ❖ Juneau County
- ❖ Marquette County
- ❖ Waushara County
- ❖ Waupaca County



*Carrie is 20 years old and pregnant with her first child. Two previous pregnancies ended in miscarriages. Carrie never knew her own father. She witnessed her mother in a string of abusive relationships. Her mother and grandfather are both alcoholics. Most of Carrie's childhood memories involve the family bar. Carrie thinks she should feel joyful anticipation but all she can feel is fear and uncertainty. Who, she wonders, can she turn to for help? A mention of her anxiousness and the weight of two prior miscarriages, result in a referral to the human services behavioral health clinic which has a 6 week wait period for counseling services. Her baby will be borne by then. She feels an overwhelming sense of panic creeping in. Everywhere she turns there is a wait list. She is informed about the crisis line. Her other option is the emergency room.*

## Who is the CWHP?

- The Health Departments and Human Services Departments of Adams, Juneau, Marquette, Waushara, Waupaca and Green Lake Counties, along with Family Health /LaClinica, FQHC.
- Serving a rural population of 157,800 with an average per-capita income of \$23,500.
- Among the poorest in the state, this population historically ranks in the bottom quarter of Wisconsin counties for health determinants in a range of areas that directly impact mental health and physical well-being.

## History

- The Central Wisconsin Health Partnership formed in 2011 to explore options to enhance the behavioral healthcare delivery system.
- The Wisconsin Mental Health and Substance Abuse Infrastructure Study in 2009 and the Federal Affordable Healthcare Act in 2010 provided an impetus to explore alternate funding and pathways for consumers to enter service.
- Our partnership increases access to a range of behavioral health services through a regional collaboration that includes core benefits of 6 county human services, public health with consumer outreach, and integrated medicine. Offering a balance of population level prevention strategies and individual interventions, this unique and replicable partnership stands on a long history of successful collaboration among regional partners.

## Vision

*Wellness with Health in Mind*

## Mission

Improve health outcomes in Central Wisconsin by expanding access to behavioral health services.

## Charter

To serve as a consortium assuring equitable access to quality behavioral health services.

Across disciplines, this partnership brings together the best of integrated medicine, integrated human services and integrated public health initiatives.

By sharing best practices, innovative contracting, and prevention services, the CWHP promotes quality services to all residents across the region.

## CCS & CWHP

- The continuum of community-based psychosocial services, assured by the counties for recovering clients, is an important part of the infrastructure on which all other services depend.
- Psychosocial rehabilitation services are recognized by the partnership as an essential approach to enabling and empowering consumers into self-directed care.
- Our partnership is committed to sustaining and expanding psychosocial rehabilitation services ( HFS 36) to all eligible residents of the region.

## Philosophy

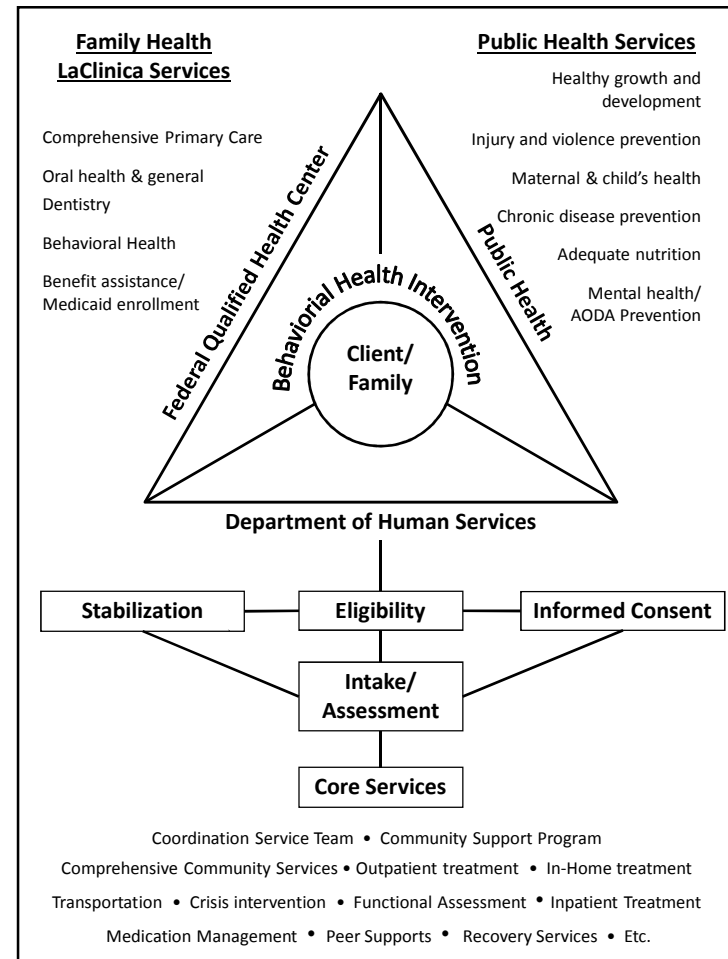
- Mental illness and addiction are treatable conditions from which most people can recover when adequate and early supports are made available.
- However, from the very beginning, accesses to behavioral health services determine this outcome. Timely access to the right support is a critical need for residents of Central Wisconsin.
- At the same time, recovery occurs in communities where individuals and families live.
- The local community is where consumers incorporate their formal and natural supports.
- To be successful, recovery requires a balance of multi-disciplinary resources and consumer voice at the local level.
- CCS assures needed access to self-directed supports for residents of Central Wisconsin.

## Objectives of CCS Regionalization:

- Promote access to psychosocial rehabilitation services in Central Wisconsin and
- Promote efficiencies by sharing resources.

## Development Plan for CWHP

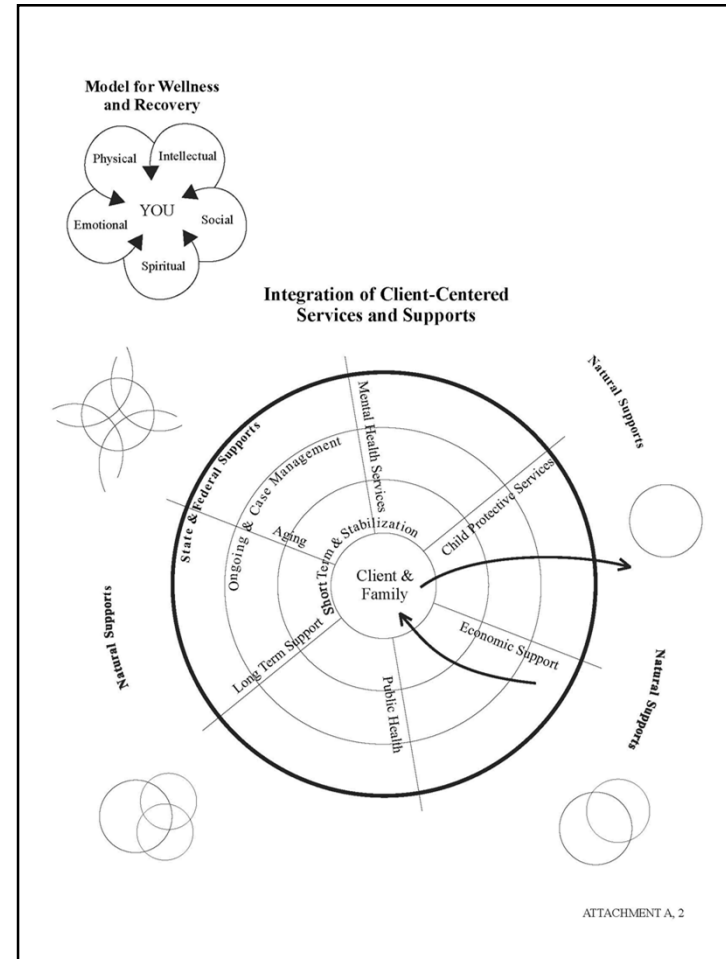
- This regional CCS will result in a program in each county that provides an array of core services to all eligible residents.
- Presently, among partners, four counties have established CCS programs. These four are certified as a shared services CCS region and are funded for all services at 100%.
- The current four counties with existing programs will strengthen or expand current services. The two new counties will begin CCS programs with support of shared services of neighboring counties while local programs are developed under the guidance of their own program director and coordinating committees.



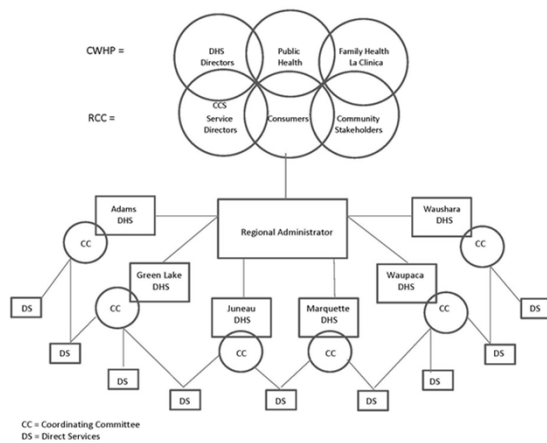
**HEALTH & HUMAN SERVICES DEPARTMENT TABLE OF FUNCTIONS & PROGRAMS**

Health & Human Services Board				
Director				
<b>PUBLIC HEALTH</b> Public Health Nursing Communicable Diseases Immunizations Maternal Child Health W/C Program School Nursing Environmental Health Well Woman Program Agriculture Advisory Dental Health Foreign Workers Disaster Preparedness Biorecursion Emergency Management Tobacco Control Blood borne Pathogen Mini Agent Community Health Needs Assessment Assurance of Services Family Planning Guidance to child, prog. Billing/Data Entry Clinical Records	<b>FISCAL &amp; SUPPORT SERVICES</b> Reception/Scheduling Clerical Support Office Support Inventory Accounts Payable Accounts Receivable Voucher Preparation Bookkeeping Billing Collections Supplies Client Payroll Data Entry Computer Support State Service Reporting State Fiscal Reporting Contract Management	<b>AGING &amp; LONG TERM SUPPORT</b> Senior Center Meal Sites Meals on Wheels Benefit Specialist Health & Wellness Family Caregiver Program Alzheimer's Caregiver Senior Care Senior Home Repair Volunteer Services Outreach/Call Pal Peer Support Information & Referral Transportation (§85.21) Case Management Cocommunity Support Personal Care Program Adult Day Services Thrift Shop Supported Employment Residential Placement AFH Certification Adult Protective Serv. Adult Abuse Risk Investigation Supportive Home Care	<b>MENTAL HEALTH CLINIC CHILDREN &amp; FAMILY SERVICES</b> Child Protective Services Juvenile Justice JFS/Trauma Kinship Care Child Foster Care Out of Home Placement Foster Care Licensing Family Based Services Coordinated Support Teams Program Central Intake/Access Mental Health Clinic AODA Clinic Crisis Services Inpatient Treatment Residential Placement Case Management Community Support Psychiatric Services Psychological Services Nursing (Medication Management) Clinical Records	<b>ECONOMIC SUPPORT/ WISCONSIN WORKS</b> Income Maintenance Prescreening & Resourcing Eligibility & Monitoring Emergency Assistance Medical Assistance Budget Care Food Stamps Day Care Wisconsin Works (W-2) WHEAP (contracted) Case Management Medical Assistance Budget Care Food Stamps Day Care Wisconsin Works (W-2) FS Employment Training Job Center Partner General Relief MA-OR, Burial Fraud Investigation Third Party Liability Benefit Recovery Emergency Management Rep. Payee (Social Sec.) Transportation (MA) Transportation Coordination

Attachment A, 1



## CWHP CCS Organization



## Components of the CWHP- CCS

- Different Regional Models
- How Shared Services fits CWHP
- Authority and Governance
- Administration of Program
- Staff or Providers
- Clinical Supervision
- Training
- Records/Documentation
- Billing/Claims
- Quality Improvement
- Facilities



### CWHP Roles & Responsibilities

- Compliance with HFS 36
- Functional Screen, Initially & Annually
- Consumer Surveys; ROSI / MHSIP
- Outcome Data Reporting, PPS
- Growing a Recovery Community

### Medical Necessity

(96m) "Medically necessary" means a medical assistance service under ch. DHS 107 that is:

(a) Required to prevent, identify or treat a recipient's illness, injury or disability; and

(b) Meets the following standards:

1. Is consistent with the recipient's symptoms or with prevention, diagnosis or treatment of the recipient's illness, injury or disability;
2. Is provided consistent with standards of acceptable quality of care applicable to the type of service, the type of provider and the setting in which the service is provided;
3. Is appropriate with regard to generally accepted standards of medical practice;

### Medical Necessity

4. Is not medically contraindicated with regard to the recipient's diagnoses, the recipient's symptoms or other medically necessary services being provided to the recipient;

5. Is of proven medical value or usefulness and, consistent with s. DHS 107.035, is not experimental in nature;

6. Is not duplicative with respect to other services being provided to the recipient;

7. Is not solely for the convenience of the recipient, the recipient's family or a provider;

8. With respect to prior authorization of a service and to other prospective coverage determinations made by the department, is cost-effective compared to an alternative medically necessary service which is reasonably accessible to the recipient; and

9. Is the most appropriate supply or level of service that can safely and effectively be provided to the recipient.

### Essential Logic of Medical Necessity

- Doing the right thing, at the right time, for the right reason
- A covered diagnosis that negatively affects a major area of life and the services will benefit the person
- Standard of service and quality
- Five elements
- Indicated
- Appropriate
- consider issues of culture
- Trauma informed
- Effective
- Efficient