

Central Wisconsin Health Partnership Comprehensive Community Services (CCS) Provider Handbook

This packet contains information needed to become a provider of Comprehensive Community Services (CCS) in counties that are part of the Central Wisconsin Health Partnership (CWHP). The CWHP operates a regional shared-services CCS program which includes Adams, Green Lake, Juneau, Marquette, Waupaca, and Waushara Counties. Contact information for each county can be found in [Appendix A](#). Although several aspects of the CWHP CCS program are regionalized, each of the six counties holds its own CCS certification, and as a result, applications, contracts, billing, and reimbursement are county-specific. Providers submit their documentation (training logs, background checks, staff lists, etc.) to the specific county or counties in which they are providing services. Additional information related to the CWHP can be found on the region's website: www.cwhpartnership.org.

Comprehensive Community Services (CCS)

Comprehensive Community Services (CCS) is certified per the requirements of Wisconsin Administrative Code DHS 36 and provides a flexible array of individual community-based psychosocial rehabilitation services authorized by a licensed mental health professional under DHS 36.15. CCS Services are provided to clients with mental health and/or substance use issues across the life span who qualify based on medical necessity and level of need as measured by a functional screen. The intent of the services and supports is to provide maximum reduction of the effects of the individual's mental health and substance use disorders and restoration to the highest level of possible functioning. The goal is to facilitate recovery and resilience. The services provided must be individualized to each person's needs and recovery goals as identified through a comprehensive assessment. The services must fall within the federal definition of "rehabilitative services" under 42 CFS s. 440.130(d) in order for the services to be reimbursed by Medicaid.

In order to qualify as psychosocial rehabilitation, a service must:

- Have been determined through the assessment process to be needed by an individual consumer
- Involve direct service
- Address the consumer's mental health and substance use disorders to maximize functioning and minimize symptoms
- Be consistent with the individual consumer's diagnosis and symptoms
- Safely and effectively match the individual's need for support and motivational level
- Be provided in the least restrictive most natural setting to be effective for the consumer
- Not be solely for the convenience of the individual consumer, family or provider
- Be of proven values and usefulness
- Be the most economic option consistent with the consumer's needs

Expectations of CCS Providers

Providers are expected to:

- A. Be recovery-focused
- B. Use evidence-based practices
- C. Attend Recovery Team meetings for the consumer they are providing services to a minimum of every six months or sooner if the consumer's needs change and if the consumer consents to your presence

- D. Have and implement written personnel policies and procedures that do not discriminate against any staff member or application for employment based on the individual's age, race, religion, color, sexual orientation, national origin, disability, ancestry, marital status, pregnancy or childbirth, or arrest or conviction record
- E. Possess the appropriate professional certification, education, training, experience, and abilities to carry out their prescribed duties
- F. Conduct and comply with the caregiver background checks and misconduct reporting requirements in s. 50.065, Stats., and ch. DHS 12, and the caregiver misconduct reporting and investigation requirements in ch. DHS 13
- G. Be a legal entity registered with the Wisconsin Department of Financial Institutions and in good standing
- H. Maintain the appropriate staff records and provide the required information to the CCS Program Manager
- I. Provide and document the required supervision and clinical collaboration under DHS 36.11
- J. Submit monthly progress notes to the county or counties you are providing services in

Staff References, Background Checks and Misconduct Reporting and Investigation

For each staff person who will be providing services under the CCS program, their resume and references obtained from at least two (2) people, including previous employers, education, or post-secondary educational institutions attended if available. References must be documented in writing either by letter or by written documentation of the verbal contact with the reference, dates of contact, person making the contact, individuals contacted, and the nature and the content of the contact. This is in compliance with DHS 36.10(2)(d)1.

Contracting agencies must comply with the caregiver background check and misconduct reporting requirements in s. 50.065, Stats., and ch. DHS 12, and the caregiver misconduct reporting and investigation requirements in ch. DHS 13. Forms for conducting a caregiver background check including the background information disclosure form may be obtained from the Department's website at <http://www.dhs.wisconsin.gov/forms/DQAnum.asp> or by writing or telephoning the Department at Office of Caregiver Quality, P.O. Box 2969, Madison, WI 53701-2969, (608) 261-8319.

Qualified agency personnel of the Provider are responsible for closely examining the results of the CBC for criminal convictions or findings of misconduct by a governmental agency; and to make employment decisions in accordance with the requirements and prohibitions in the law.

A copy of the Background Check for each staff who will be providing CCS services must be provided to each county(ies), every four years, and upon hire for new staff. Service providers shall not assign any staff to provide CCS services who do not meet the requirements of this section.

Supervision and Clinical Collaboration

In accordance with DHS 36.11, all CCS staff are required to be supervised and provided with the consultation needed to perform assigned functions to ensure effective service delivery.

Supervision may be accomplished by:

- Individual sessions with the staff member case review to assess performance and provide feedback

- Individual side-by-side session in which the supervisor is present while the staff member provides assessments, service planning meetings, or services where the supervisor assesses, teaches, and gives advice regarding the staff member's performance.
- Group meetings to review and assess staff performance and provide advice or direction regarding specific situations or strategies

For Psychiatrists, Psychologists, physicians, psychiatric residents, LCSW, LPC, LMFT, adult psychiatric and mental health nurse practitioners, and advanced nurse prescribers this involves a minimum of at least one hour of either supervision or clinical collaboration per month or for every 120-clock hours of face-to-face psychosocial rehabilitation services they provide.

For all other staff, supervision involves 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.

Clinical supervision and clinical collaboration records are kept in the form of a master log, a supervisory record, in staff record for each staff person who attends the session or review, or in the consumer record. Individual case staffing notes are kept when specific cases are being staffed. Notes are included in the consumer's record to reflect discussion, outcome, and any treatment recommendations that may have been discussed. The note is dated and signed off by the staff member conducting supervision. This staff member is qualified under s. DHS 36.10 (2) (g) 1-8.

Orientation and Training

Required orientation and training are the responsibility of the provider to complete within the first three months prior to starting employment with the CCS program (an individual county may extend this timeline to three months following the start of employment). If the training is not completed the contract will not be valid. Documentation of completed orientation and ongoing training requirements is the responsibility of the provider, and must be submitted to the CCS Project Coordinator at the time of employment and annually thereafter.

Orientation Training Requirements:

- At least 40 hours of documented orientation training within 3 months of beginning employment for each staff member who has less than 6 months experience providing psychosocial rehabilitation services to children or adults with mental disorders or substance-use disorders.
- At least 20 hours of documented orientation training within 3 months of beginning employment with the CCS for each staff member who has 6 months or more experience providing psychosocial rehabilitation services to children or adults with mental disorders or substance-use disorders.
- At least 40 hours of documented orientation training for each regularly scheduled volunteer before allowing the volunteer to work independently with consumers or family members.
- In addition to the 40 or 20 hours of documented orientation training referenced above, **peer specialists and rehabilitation workers** must receive 30 hours of training during the past two years (prior to beginning employment with the CCS) on the following topics: 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, and consumer confidentiality (DHS 36.10(2)(g) 20 and 21).

For more information regarding orientation training requirements, including a log/checklist and resources to fulfil the requirements, please visit the regional training orientation webpage: <http://www.cwhpartnership.org/ccs-orientation.html>.

Ongoing Training Requirements:

Each staff member shall receive at least eight hours of training each year that is designed to increase their knowledge and skills.

For more information regarding ongoing training requirements, including an “ongoing training log”, please visit the regional CCS ongoing training page: <http://www.cwhpartnership.org/ongoing-training.html>.

Authorization of Services

Services are selected based on the needs, goals, and preferences of the consumer identified in the Recovery Plan. Services must be authorized by the CCS Program’s Mental Health Professional and/or Substance Abuse Professional if appropriate.

Service providers must obtain an authorization prior to providing any services. Service providers may contact the Service Facilitator to verify whether a service has been authorized. Services provided without authorization will not be paid.

Services not provided during the time period in which they were authorized may not be carried over to the next authorization time period. Services would need to be re-authorized for the new time period of service.

Billing/Documentation

Per Medicaid rule (see [ForwardHealth Update No. 2014-42](#)), Providers can only submit interim (e.g. monthly) claims for reimbursement for the following types of direct costs:

- **Service delivery time.** Allowable types of service are described in the CCS Service Array, which can be found in Attachment 1 of the [ForwardHealth Update](#). *The type and amount of service provided and invoiced must match what is stated in an individual consumer’s Recovery Plan.*

According to guidance provided to DHS by the Wisconsin Division of Medicaid Services in December 2017, with the exception of Service Facilitation provided by the CCS Service Facilitator, services cannot be provided via telephone. Service Facilitation activities (see CCS Service Array #3) includes collateral contacts and services delivered via phone to consumers. *This guidance does not apply to other services on the CCS service array.*

- **Provider Travel Time** – defined as time for a service provider to travel to provide a CCS service to a consumer.
If the provider does not have contact with the consumer, then the travel time is not billable as a direct service. For example, if a provider goes to a consumer’s home and the consumer is not there, then the time invested is not billable as a service. Costs associated with this time can, however, be accounted for during a provider’s rate setting process.
- **Documentation time** – defined as time after service delivery for a service provider to complete a progress note / document service delivery.

Other types of *direct to service costs* that are necessary to support the CCS services an agency provides (e.g. time providing supervision, in person or phone contact with collateral contacts, phone calls with consumers, orientation and training, etc.), and allocable *general overhead costs* (e.g. utility costs,

accounting, financial, agency administration, etc.) are reimbursable, *but should not be billed/invoiced on a monthly basis*. Rather, these costs can and should be built into the provider's hourly rate(s).

Providers may be asked to provide documentation of actual costs / justification of rates to the county(ies) they are providing services in. Technical assistance is available to assist providers in the rate setting process. Please contact the CCS Coordinator (Appendix A) in the county(ies) in which you are providing CCS services for additional information.

Providers are required to document the services provided, and to submit claims for service delivery time, documentation, and provider travel time. The standard documentation format used by the CWHP is the TARP Progress Note (see Appendix B). Alternative formats may be considered but must be reviewed and approved by the Coordinator(s) of the CCS programs for which you are providing services. During contract development, specific guidelines will address how to turn in documentation and when it will be due.

The CCS Coordinator will:

- Review the application and supporting materials for completeness
- determine that staff members have the professional certification, training, experience, and abilities to carry out prescribed duties
- review and affirm that the agency/service provider is in compliance with the caregiver background check and misconduct reporting requirements under DHS 36.10(2)(c),
- determine that there is sufficient staff with the appropriate credentials to provide the needed clinical supervision and collaboration
- verify any training received from other CCS certified counties and determined any additional training that may be required,
- review the application for compliance with regulations, policies, and procedures; for applications that are not complete provide a written notice of what is missing, and for applicants deemed qualified, provider information will be given to the Contract Administrator who will send a contract to the provider.

APPENDIX

Central Wisconsin Health Partnership Comprehensive Community Services (CCS) CCS Provider Contacts

Adams County

Kay Saarinen-Barr
Adams County DHHS
(608) 339-4505
kay.saarinen-barr@co.adams.wi.us

Green Lake County

Kate Meyer
Green Lake County HHSD
(920) 294-4070
kmeyer@co.green-lake.wi.us

Juneau County

Danielle Moore
Juneau County Department of Human Services
(608) 847-2400
dmoore@co.juneau.wi.us

Marquette County

Jeremy Lee
Marquette County DHS
(608) 297-3186
jlee@co.marquette.wi.us

Waushara County

Dr. Toni Morgan Jones
Waushara County DHS
(920) 787-6600
toni.morganjones@co.waushara.wi.us

Waupaca County

Kathy Kent (contracts, QA) Waupaca County DHHS (715) 258-6319 kathy.kent@co.waupaca.wi.us	Tina Lintner (program supervisor) Waupaca County DHHS (715) 258-6319 tina.lintner@co.waupaca.wi.us
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Regional Coordination

Lori Martin
White Pine Consulting Service
(715) 258-0877
lori.martin@cwpartnership.org

TARP Progress Note

Date of Service: _____

Consumer Name: _____

Type of Contact: Face to face Phone with consumer *(billable only by Service Facilitator)*
 Collateral contact *(billable only by Service Facilitator)*
 Other (specify): _____

Place of Service: _____

Contact Time: _____ *Include only face-to-face service delivery time. If you went under or over your authorized service time, please note the reason in the "Activity" section*

Travel time *(billable time to and from office to place of service)* _____ **Mileage:** _____

Recordkeeping Time: _____

Provider Name/Agency: _____

Treatment Goal(s) Addressed: *(must match current Recovery Plan)*

Activity / Assessment:

Please select the service/activity category

- | | |
|---|---|
| <input type="checkbox"/> Screening and Assessment | <input type="checkbox"/> Individual Skill Development and Enhancement |
| <input type="checkbox"/> Service Planning | <input type="checkbox"/> Employment Related Skill Training |
| <input type="checkbox"/> Service Facilitation | <input type="checkbox"/> Individual and/or Family Psychoeducation |
| <input type="checkbox"/> Diagnostic Evaluations | <input type="checkbox"/> Wellness Management and Recovery/Recovery Support Services |
| <input type="checkbox"/> Medication Management | <input type="checkbox"/> Psychotherapy |
| <input type="checkbox"/> Physical Health Monitoring | <input type="checkbox"/> Substance Abuse treatment |
| <input type="checkbox"/> Peer Support | |

Description: *(Include mental status observations, details of the service/activity you provided, how it related to the goal, how you supported the consumer with the activity)*

Response / Progress: *(describe the consumer's response to/participation in the service/activity)*

Plan: *(describe the plan for the next meeting or next step in services/the intervention)*

Activities not Included in "Contact Time" above: *(Activities not billable on an interim basis such as in-person or phone collateral contacts and phone contact with consumer)*

Provider's Name

Provider's Credentials

Provider's Signature