

Dane County Department of Human Services



DEPARTMENT OF HUMAN SERVICES
DANE COUNTY

Medicaid (MA) Crisis Stabilization

Program Handbook

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Introduction

Crisis Stabilization services are designed to prevent or improve a mental health crisis and/or reduce acute symptoms of mental illness. Short-term, intensive, community-based services are provided to avoid the need for hospitalization. In Dane County, Crisis Stabilization services can be offered through enhanced case management, hospital diversion facilities, and residential AFH/CBRF placements. Qualified staff working in approved programs may provide Crisis Stabilization services to clients who meet clinical eligibility criteria. For covered individuals, these services are billed to Wisconsin Medicaid, in accordance with the rules and regulations outlined and referenced in this handbook. Crisis Stabilization services are overseen by Journey Mental Health Center Emergency Services Unit (Journey ESU) and Dane County Human Services (DCDHS).

This handbook provides an overview of the expectations and requirements related to the provision and billing of Crisis Stabilization services in Dane County.

Definitions

Agency: means a social service organization that provides services funded by DCDHS. An agency may have one or multiple programs that provide Crisis Stabilization services.

Client: means a person receiving Crisis Stabilization services from a program.

Clinical Supervision: The purpose of clinical supervision is to ensure the Crisis Stabilization services provided by the program are being delivered in a manner most likely to result in positive outcomes for the program's clients; the effectiveness and quality of services are improved over time; professional staff have the necessary training and experience needed to carry out their roles; and any credentialing or ongoing certification needs are met.

Clinical Supervisor: means a mental health professional qualified under DHS 34.21(3)(b) 1. - 8. Each program providing Crisis Stabilization services must have a clinical supervisor identified and approved by Journey ESU.

County Department: means Dane County Department of Human Services (DCDHS).

Crisis: means a situation caused by an individual's apparent mental disorder which results in a high level of stress or anxiety for the individual, persons providing care for the individual, or the public which cannot be resolved by the available coping methods of the individual or by the efforts of those providing ordinary care or support for the individual.

Crisis Plan: means a plan prepared under s. DHS 34.23 (7) for an individual at high risk of experiencing a mental health crisis so that, if a crisis occurs, staff responding to the situation will have the information and resources they need to meet the person's individual service needs.

Crisis Stabilization Response Plan: means the plan of action developed by program staff under DHS 34.23(5)(a) to assist a person experiencing a mental health crisis. This plan establishes the services to be billed to MA Crisis Stabilization.

Crisis Stabilization services: means optional emergency mental health services under DHS 34.22(4) which provide short-term, intensive, community-based services to avoid the need for inpatient hospitalization.

Program: means a program authorized by the county department to provide Crisis Stabilization services. Multiple programs may be operated by a single agency.

Program Administrator: The crisis program’s clinical administrator has the overall responsibility for the operation of the program and for compliance of the program with DHS 34. Dane County’s clinical administration is provided by Journey ESU.

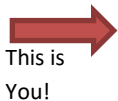
Agency Roles

Journey Mental Health Center – Emergency Services Unit (Journey ESU)

Journey ESU is Dane County’s contracted service program for DHS 34 emergency mental health services for Dane County. Journey ESU is required to maintain compliance with DHS 34 at all times, both for services provided directly by Journey ESU and for all other agencies providing Crisis Stabilization billed services. The emergency mental health services program is required to provide of all of the following services:

24/7 telephone answering service, mobile crisis services, walk-in services, short-term voluntary or involuntary hospitalization, linkage and coordination, and services for children/adolescents and their families.

ESU also provides clinical and administrative oversight in the form of the clinic director, program administrator, and some clinical supervisor roles.



Optional Crisis Stabilization Services – In addition to services required above, additional stabilization services may be provided for an individual for a **temporary transition period**, with weekly reviews to determine the need for continued stabilization services. Services provided by programs other than Journey ESU fall under this category.

A program offering stabilization services shall do all of the following:

- 1) Provide those services for the purpose of achieving one or more of the following outcomes:
 - a. Reducing or eliminating an individual’s symptoms of mental illness so that the person does not need inpatient hospitalization.
 - b. Assisting in the transition to a less restrictive placement or living arrangement when the crisis has passed.
- 2) Identify the staff who will provide the services and ensure they have all required orientation and training as well as completed background checks.

- 3) Have staff providing stabilization services who are qualified under DHS 34 with those staff supervised by an approved clinical supervisor.

Dane County Department of Human Services (DCDHS)

The role of the county includes billing, overseeing crisis programming through agency contracts and placement agreements, ensuring quality services, providing oversight, authorizing funds for residential services, and issuing payment for billed services in accordance with contract terms.

Crisis Stabilization Services

Under contractual agreement with DCDHS, a program may provide Crisis Stabilization services to clients who are determined to need those services as evidenced by clinical criteria established below. It is the responsibility of the program and its clinical supervisor to ensure that all clients receiving Crisis Stabilization services meet clinical eligibility.

Factors that support continued Crisis Stabilization include all of the following:

- continued risk of self-harm
- continued risk of harm to others
- impaired functioning due to symptoms of a mood and/or thought disorder
- recent failure of less restrictive options (independent living, community support program, group living)
- lack of available/effective supports (including family) to maintain functioning and safety (e.g., “If supports are withdrawn, the person would be at high risk for relapse, which would lead to more restrictive placement”)
- need for intensive monitoring of symptoms and/or response to recent medication change
- recent history of the above that supports the belief that if supports are withdrawn, the risk for more restrictive setting would be imminent

Additional factors that support continued Crisis Stabilization

- under Chapter 51 Commitment
- hospitalized for psychiatric reasons within the past 6 months
- not compliant with medications as evidenced by missing daily medications at least 5 times during the past 3 months
- one or more incidents of physical aggression or violence toward others in the past 6 months
- one or more incidents of self-harming behavior in the past 6 months

Stabilization services are only covered when necessary for the following:

- reducing or eliminating a client’s symptoms of mental illness so that the client does not need inpatient hospitalization
- assisting in the transition to a less restrictive placement or living arrangement when the crisis has passed

Documentation

In accordance with DHS 34.24, crisis stabilization programs are required to maintain accurate records of the services provided to clients, including service notes and Crisis Stabilization Response Plans (CSRP) developed. Journey ESU's program administrator is ultimately responsible for the maintenance and security of client service records.

Client service records are required to be kept in a central place that is not accessible to persons receiving care from the program, and must be kept in a safe and secure manner in accordance with the standard professional practices for the maintenance of client mental health records. Records should be arranged in a format which provides for consistent recordkeeping within the program and which facilitates accurate and efficient record retrieval. All staff are required to keep and maintain true and accurate records that reflect all services provided to clients, including service notes.

Determination of Need

Based on an assessment of the information available after an initial contact, the clinical supervisor of the program is required to determine whether the individual is in need of emergency mental health services and shall prepare and implement any necessary response. This determination of need is established initially and affirmed weekly by the clinical supervisor for the program. A template is available upon request to clinical supervisors for documenting determination of need.

Crisis Stabilization Response Plans

A Crisis Stabilization Response Plan (CSRP) is required if it is determined the client is in need of Crisis Stabilization services. Crisis Stabilization Response Plans shall:

- Define the services and referrals necessary to reduce or eliminate the client's immediate distress, de-escalate the present crisis, and help the person return to a safe and more stable level of functioning.
- Be reviewed and updated every 30 days, or as client needs dictate.
- Be documented in a standard template as established by Journey ESU, or in an alternate format expressly approved by Journey ESU.
- Be submitted to Journey ESU upon development and update.

A Crisis Stabilization Response Plan must be approved as medically necessary by the mental health professional qualified under DHS 34.21(3)(b) 1 -7 either before the services are delivered or **within 14 days after delivery of services**, not including Saturdays, Sundays or legal holidays. [see credentialed staff roles] **Any program that provides Crisis Stabilization services must have a current CSRP on hand at all times for each client receiving Crisis Stabilization services.**

Crisis Plans

If required, a crisis plan must be developed with Journey ESU in cooperation with the client, his or her parents or guardian, their case manager, if any, and the people and agencies providing treatment and support for the person, and should identify to the extent possible the interventions most likely to be

effective in helping the person resolve or manage a crisis, given the client's unique strengths and needs and the supports available to the individual.

A crisis plan must be approved as medically necessary by the mental health professional qualified under DHS 34.21(3)(b) 1 – 7 either before the services are delivered or **within 14 days after delivery of services**, not including Saturdays, Sundays, or legal holidays.

Crisis plans are required to be reviewed and modified as necessary, given the needs of the client, but at least **once every 6 months**.

Please note that Crisis Stabilization Response Plans serve a different purpose than Crisis Plans. Crisis Stabilization Response Plans are required for all individuals receiving Crisis Stabilization services, describing the services and supports that will be delivered to the client and verifying ongoing need for Crisis Stabilization services. Crisis Plans are required only if a person is found to be at high risk for recurrent mental health crises or as established by Journey ESU. They provide guidance on how best to intervene in the midst of a crisis.

Service Notes

As soon as possible and following client contacts, staff are required to prepare service notes which identify or describe all of the following:

- The time, place, duration, and nature of the contact and the person initiating the contact.
The content of the service note must substantiate the amount of time billed.
- The staff person or persons involved and any non-staff persons present or involved.
- The services provided to the person, as outlined in the Crisis Stabilization Response Plan, and the outcomes achieved.
- Significant events that are related to the client's mental health status and care.
- Assessments and information and that contribute to an overall understanding of the client's ongoing level and quality of functioning.
- Any program, agency or individual to whom a referral was made on behalf of the client.
- Follow-up and linkage services provided on behalf of the person.
- For residential settings, indicate if the client was not present at the home on that date.
Billing cannot be submitted for dates on which a client is not present in the home.

Service notes must be signed by the staff providing the services described therein. Programs and Agencies are responsible for meeting Medicaid's medical and financial documentation requirements. A service note template is available from Journey ESU.

Service notes should be completed and signed within 2 calendar days of service delivery.

The clinical supervisor will review service notes periodically and provide feedback as to the quality and content of the notes as they relate to billed hours. Service note documentation is subject to Quality Assurance review by DCDHS staff at any time. **MA billing and payment for services may be recouped or withheld by DCDHS if adequate service note documentation is not completed in a timely manner.**

Multiple Crisis Intervention Staff and Staff Time

Wisconsin Medicaid will cover more than one staff person providing Crisis Stabilization services to one client simultaneously if this ensures the client's or the program's safety (e.g., the client is threatening to hurt others). Programs are required to clearly identify the number of staff involved when billing for more than one staff person and the rationale for multiple staff in their documentation. In addition, Wisconsin Medicaid covers stabilization services by residential staff and, if necessary, by outside professional staff who come into the facility for a limited time at the same time.

Service Expectations

Crisis Stabilization programs are expected to:

- Provide and bill for services in accordance with each client's individual Crisis Stabilization Response Plan.
- Submit billing that accurately reflects the duration of services provided and maintain service note documentation to substantiate that billing.
- Possess the appropriate professional certification, training, education, experience, and abilities to carry out their prescribed duties.
- 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.
- Maintain the appropriate staff records and provide the required information to DCDHS.
- Document required supervision and clinical collaboration and submit to Journey ESU.
- Ensure that staff complete the orientation and ongoing training as required and submit records to Journey ESU.
- Maintain internet access and use the County's electronic mental health web app which will be used for recording of the services provided and billed.
- Meet minimum fiscal and service standards.

Staffing

Staff members are any individuals who are providing Crisis Stabilization services. All staff members must meet the requirements for criminal background checks, training and orientation, clinical supervision, and conduct as defined in the following sections.

Credentialed Staff Roles

Mental Health Professional

Only a mental health professional qualified under DHS 34.21(3)(b) 1-7 can determine medical necessity for a client. Approval by a qualified mental health professional is required for both Crisis Stabilization Response Plans and Crisis Plans.

Mental Health Professionals qualified under DHS 34.21(3)(b) 1 – 7 include: psychologists, psychiatrists, psychology residents, psychiatric residents, certified independent clinical social workers, psychiatric nurses with 3000 hours of clinical experience and a masters in psychiatric mental health nursing, and professional counselors and marriage and family therapists who have completed their 3000 hours of clinical experience.

Clinical Supervisor

Clinical supervisors are responsible for providing the program with clinical oversight and consultation. Individuals performing clinical supervision are required to meet requirements under DHS 34.21(3)(b) 1 - 9. Programs may receive clinical supervision from Journey ESU or from an internal source qualified and approved to conduct clinical supervision. Each program billing Crisis Stabilization services must have an identified clinical supervisor. For additional guidance on clinical supervision, please contact Journey ESU.

Reporting Staff Changes

Staff changes (new staff, staff termination, staff credential or education change) must be reported to Dane County DHS within 2 business days. Notification of changes are emailed to the crisis billing support mailbox at crisisbillingsupport@countyofdane.com.

The following staff information is requested (*=required) for registration in the DCDHS Crisis Billing Module:

- name*
- job title*
- education / qualification level*
- agency Contact Info.*
- phone number
- program address
- individual e-mail address
- supervisor

Background Checks and Misconduct Reporting

Employees as Caregivers

A caregiver is a person who meets all of the following:

- Is employed by or under contract with an entity;
- Has regular, direct contact with the entity's clients or the personal property of the clients; and
- Is under the entity's control.

This includes employees who provide direct care and may also include housekeeping, maintenance, dietary, and administrative staff, if those persons are under the entity's control and have regular, direct contact with clients served by the entity.

The requirement for performing background checks includes contractors, agents of contractors and implied contractors. An agent of a contractor is an employee of the person who actually signed the contract. Background checks are required for volunteers.

Prior to the provision of service, a Caregiver Background Check (CBC) must be completed on all staff persons who will be providing Crisis Stabilization services as required by DHS 34. A complete background check consists of the three following required documents:

- a) A completed F-82064 [Background Information Disclosure \(BID\)](#) form.
- b) A response from the Department of Justice (DOJ) Wisconsin Criminal History Record Request consisting of either a “no record found” response or a criminal record transcript.
- c) A response letter from the Department of Health Services (DHS) that reports the person’s status, including administrative finding or licensing restrictions.
- d) Crisis Stabilization staff shall obtain an FBI Criminal Records Check (national fingerprint-based criminal history check) for any prospective direct care service provider living in the State of Wisconsin for less than three (3) years. In lieu of the FBI Criminal Records Check, Crisis Stabilization staff may submit the out-of-State background checks from all states that the prospective service program resided in within the last 3 years.

Copies of forms may be found at: <https://www.dhs.wisconsin.gov/caregiver/employee.htm>

The program is 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 person who will be providing Crisis Stabilization services must be provided to Journey ESU and the county department, upon request, every four years, and upon hire for new staff persons. The program is also responsible for keeping a physical copy in an easy to access location. Staff shall not provide Crisis Stabilization services if they cannot meet the requirements of this section.

After the initial Background Check, Crisis Stabilization staff are required to conduct a new Background search every four years, or at any time within that period when the program has reason to believe that a new check should be obtained.

If a disposition of a criminal charge is not given (other than “pending” or “open”), the disposition must be obtained by the program or agency by contacting the County Clerk of Courts.

All information above along with anything additional related to the Wisconsin Caregiver Law can be found in [The Wisconsin Caregiver Program Manual](#) (P-0038).

Journey ESU is responsible for ensuring compliance 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 for all staff, including all contracted staff.

Journey ESU requires notification within one (1) business day when a current staff member has been denied a license; had a license restricted or otherwise limited; been convicted of a crime; has been or is being investigated by a government agency for any other act, offense, or omission; has had a substantiated finding against him/her for abuse or neglect of a client or misappropriation of a client's property.

Training Requirements

All staff providing Crisis Stabilization services must meet the orientation and training requirements outlined below. Each program is responsible for the training and orientation of its own staff. During the program initial onboarding process with Journey ESU, a clinical supervisor is identified who is responsible for the immediate oversight and review of the services provided. The clinical supervisor will review the training requirements with the program initially and annually thereafter. Programs are responsible for maintaining proof of compliance with all training requirements in required format. The clinical supervisor is responsible for ensuring that all training records are submitted to Journey ESU. A template is available for documenting staff orientation and training. Questions about training requirements should be directed to Journey ESU.

Orientation Training

The orientation program shall include the following topics:

1. pertinent parts of DHS 34
2. this handbook and any applicable internal policy and procedure manuals specific to the Crisis Stabilization services your program provides
3. job responsibilities for staff and volunteers in the program
4. Applicable parts of ch. 48, 51 and 55, Stats., and any related administrative rules
5. the provisions for s. 51.30, Stats., and ch. DHS 92 regarding confidentiality of treatment records
6. the provisions for s. 51.61, Stats., and ch. DHS 94 regarding patient rights
7. basic mental health and psychopharmacology concepts applicable to crisis situations
8. techniques and procedures for assessing and responding to the emergency mental health service needs of persons who are suicidal, including suicide assessment, suicide management and prevention
9. techniques for assessing and responding to the emergency mental health service needs of persons who appear to have problems related to the abuse of alcohol or other drugs
10. techniques and procedures for providing non-violent crisis management for clients, including verbal de-escalation, methods for obtaining backup, and acceptable methods for self-protection and protection of the client and others in emergency situations

Staff Specific Requirements

- Each newly hired staff person who has had less than 6 months of experience in providing emergency mental health services are required to complete a minimum of 40 hours of documented orientation training within 3 months after beginning work with the program.

- Staff members who have 6 months or more of prior experience shall be required to complete a minimum of 20 hours of documented orientation training within 3 months after beginning work with the program.
- Any volunteers are required to receive at least 40 hours of training before working directly with clients or their families.

Ongoing Training Requirements

Following initial orientation, each staff member is required to receive at least 8 hours per year of inservice training on emergency mental health services, rules and procedures relevant to the operation of the program, compliance with state and federal regulations, cultural competency in mental health services and current issues in client's rights and services. Staff who are shared with other community mental health programs may apply inservice hours received in those programs toward this requirement.

Crisis Stabilization programs should contact their clinical supervisor and/or Journey ESU about the specifics of the orientation and ongoing training process. As part of its central administrative records, Journey ESU is required to maintain orientation and training records for all program staff and volunteers of all Crisis Stabilization programs.

Clinical Supervision

A clinical supervisor will either be assigned or identified by Journey ESU for each program providing Crisis Stabilization services. This individual is responsible for ensuring compliance with DHS 34, providing day to day clinical oversight, and providing Journey ESU with documentation of training and clinical supervision for each staff working in the program. The clinical supervisor must meet the qualifications of a clinical supervisor as identified under DHS 34.21(3)(a). Journey ESU must be notified if the clinical supervisor for your program changes.

Clinical supervision should be provided by the clinical supervisor as identified in DHS 34.21(7) (a) – (k). Specifically, clinical supervisors must:

- Ensure that Crisis Stabilization services are being provided in the most appropriate manner and delivery in a way that is most likely to result in positive client outcomes.
- Service effectiveness and quality is improving over time based on the results from what is learned during supervision, client satisfaction surveys, reviewing the coordinated CSRP plan, comments and suggestions by staff, clients, family members, other providers, members of public and similar sources.
- Ensure that staff of the program have the training and experience needed to carry out their roles and receive the ongoing support, supervision and consultation needed to provide effective services.
- Any additional supervision required for credentialing or ongoing supervision.
- Ensure that clinical supervision of individual staff members includes direct review, assessment and feedback regarding delivery and documentation of services.

- Ensure provision of day-to-day clinical supervision and consultation for individual program staff.
- Ensure that all clinical supervision is documented in writing in an approved format and submitted to Journey ESU on a monthly basis.
- Ensure that clinical supervisors are not delivering more than 60 hours per week of face-to-face mental health services and supervision in any combination of clinical settings.

Staff-Specific Clinical Supervision Requirements

- Staff providing Crisis Stabilization who have not had 3000 hours of supervised clinical experience, or who are not qualified under DHS 34.21(3)(b) 1 to 8, must receive a minimum of one hour of clinical supervision per week or for every 30 clock hours of face to face mental health services provided. The default should be one hour per week unless actual documentation of logged hours can be proven to justify less supervision is required.
- Staff providing Crisis Stabilization who have completed 3000 hours of supervised clinical experience and who are qualified under DHS 34.21(3)(b) 1 to 8, must receive a minimum of one hour of clinical supervision per month or for every 30 clock hours of face to face mental health services provided. The default should be one hour per month unless actual documentation of logged hours can be proven to justify less supervision is required.

Clinical supervisors are required to submit supervision documentation/logs to Journey ESU monthly.

Conduct

Prohibited Conduct

- 1) Staff shall not provide any crisis service that they are not professionally qualified to provide and for which they lack necessary licensure or certification.
- 2) Staff shall not violate any law in any jurisdiction that relates directly to the practice of crisis services.
- 3) Staff shall not misrepresent their education, professional credentials, or professional experience.
- 4) Staff shall not engage in false or fraudulent billing practices.
- 5) Staff shall not make false or misleading statements during the provision or documentation of crisis services.
- 6) Staff shall not discriminate on the basis of age, race, ethnicity, religion, color, gender, disability, marital status, sexual orientation, national origin, cultural differences, ancestry, physical appearance, arrest/conviction record, military participation, or political beliefs with regard to service provided or denied.

7) Staff shall not provide or attempt to provide crisis services while impaired due to the use of alcohol or other drugs, or as a result of an illness which impairs the personnel's ability to safely carry out their crisis functions.

8) Staff shall not violate confidentiality or HIPAA.

9) Programs shall not engage in any mistreatment of crisis clients including physical, verbal, sexual, or emotional abuse. Programs shall not engage in sexual contact or sexual/seductive conduct with a crisis client or member of the crisis client's immediate family.

10) Staff shall not engage in dual relationships or relationships that create a conflict of interest. This includes the prohibition against programs providing crisis services to close friends or relatives, employees, employers, supervisors, supervisees, or any other person with whom the program shares a close ongoing relationship.

11) Staff shall not operate a residential facility or a motor vehicle on crisis business without legally required licensure/certification and insurance.

12) Programs shall not engage in financial transactions with crisis clients including lending money, borrowing money, or taking possession of the crisis client's funds unless expressly authorized to do so.

13) Crisis Stabilization agencies and/or programs shall not exchange anything of value with or offer gifts that have a retail value of more than \$15 individually or a total of \$75 per year per client to a crisis client. Gifts of cash or cash equivalents are always prohibited.

Billing and Claiming

Client Registration

Client registration for Crisis Stabilization billing is derived from standard County client registration for contracted programs (600/610 process). Contracted agencies may submit Crisis Stabilization billing for any client associated with the contracted program. It is the responsibility of the contracted program to ensure that billing is submitted only for clients who meet eligibility under the contract. For programs that do not complete client registration directly through the County contract data collection process, client registration is completed directly by DCDHS staff.

Required information for client registration includes:

- client name
- date of birth
- sex
- race
- ethnicity

Submission of claims

Programs must designate an agency representative(s) who will be responsible for approving the submission of claims to DCDHS for payment. This process will be completed via the Crisis billing module, and the selected representative(s) will be identified therein as the agency's claim approval agent(s).

Timeframes

1. Claims for services rendered shall be submitted via the Crisis billing module weekly, but no later than the 7th of the following month after the date of service.
2. DCDHS will submit program claims to Forward Health monthly.
3. Once Forward Health has processed the claims and produced a remittance report, DCDHS will share the remittance details with contracted programs for review.

Denial of claim

DCDHS will notify programs of denied claims, and reason(s) for denial, through the remittance report. Programs can follow-up with a DCDHS accountant with questions regarding denied claims.

Quality Assurance

Each program's clinical supervisor is responsible for ongoing quality assurance of Crisis Stabilization services and related documentation. Additionally, DCDHS will conduct internal quality reviews for all programs submitting Crisis Stabilization billing.

DCDHS staff may review any and all documentation related to Crisis Stabilization billed services to ensure the submissions meet all criteria outlined in this handbook. If documentation does not meet the standards outlined, claims may be denied and as a result would not be reimbursed or may be recouped. Payment may be withheld for non-compliance with quality assurance activities or non-compliance with quality assurance standards.

Upon request for submission of documentation by DCDHS, programs have five (5) business days to produce any and all materials requested.

Client Rights and Grievance Resolution Policy

Client Rights

Crisis Stabilization clients have a number of rights under Wisconsin Statute sec. 51.61(1) and Wis. Admin. Code DHS 94. Patient rights with an asterisk (*) behind them may be limited or denied for certain reasons. See [Client Rights – Limitations or Denial](#) for further information. Each Crisis Stabilization program is required to:

1. Have an established process for explaining client rights to new and continued clients. The process should follow the requirements under DHS 94.04.
2. Post the client rights poster in a highly visible area in each patient area.

3. Explain these rights to each crisis client orally and in writing.
4. Provide a copy of the Your Rights and the Grievance Procedure brochure to each client.
5. Have treatment rights/grievance process information readily available and in writing to crisis clients.

Client Rights include:

- Treatment rights - Every patient has the right to:
 - Receive prompt and adequate treatment.
 - Participate in their treatment planning.
 - Be informed of their treatment and care.
 - Refuse treatment and medications unless court-ordered.
 - Be free from unnecessary or excessive medications.
- Record privacy and access (See also Confidentiality of Treatment Records)
 - Staff must keep patient information confidential
 - Records cannot be released without patient consent with some exceptions
 - Patients may see their records
 - They can always see records of their medications and health treatments
 - During treatment, access may be limited if the risks outweigh benefits
 - Patients may challenge the accuracy, completeness, timeliness or relevance of entries in their records
- Communication rights - Every (in)patient has the right to:
 - Have reasonable access to a telephone
 - See (or refuse to see) visitors daily *
 - Send or receive mail
 - Contact public officials, lawyers or patient advocates
- Personal rights - Every (in)patient has the right to:
 - Have the least restrictive environment, except for forensic patients
 - Not be secluded or restrained except in an emergency when necessary to prevent harm to self or others
 - Wear their own clothing and use their own possessions *
 - Have regular and frequent exercise opportunities
 - Have regular and frequent access to the outdoors
 - Have staff make reasonable (non-arbitrary) decisions about them
 - Refuse to work – except for personal housekeeping tasks
 - Be paid for work they agree to do that is of financial benefit to the facility

- Privacy rights - Every (in)patient has the right to:
 - Not be filmed or taped without his or her consent
 - Have privacy in toileting and bathing *
 - Have a reasonable amount of secure storage space for his or her possessions *

- Miscellaneous rights - Every patient has the right to:
 - Be treated with dignity and respect by all staff of the program
 - Be informed of his or her rights
 - Be informed of any costs of his or her care
 - Refuse electro-convulsive therapy (ECT)
 - Refuse drastic treatment measures
 - File complaints about violations of his or her rights
 - Be free from any retribution for filing complaints

Grievance Resolution Policy

The Crisis Stabilization Client Rights Specialist (CRS) is:

Terry Murphy
Journey Mental Health Center
25 Kessel Court, Ste. 105 Madison, WI 53711
(608) 280-2632

All Crisis Stabilization programs are required to follow the Journey ESU grievance process. If you have not done so already, contact Journey ESU directly for the most recent copy of their client rights and grievance process. Programs need to make sure that all active clients have been informed of their rights and the grievance process and can obtain the procedure in writing if requested.

- Clients who feel their rights have been violated may file a grievance.
- A client, a parent, or someone acting on the client's behalf may file a complaint.
- Clients cannot be threatened or penalized in any way for filing a grievance.
- Programs must inform clients of their rights and how to use the grievance process.
- Clients may, at the end of the grievance process or at any time during it, choose to take the matter to court.
- There is a 45-day time limit to file a grievance, but an extension can be granted for good cause.

Step 1 – (Optional) Informal discussion/resolution

Rather than file a formal grievance, a client may request an informal discussion of his/her complaint with the staff and/or manager of the program with which the client has the complaint.

Clients should be encouraged to share their complaints, disagreements or concerns directly with program staff and the staff worker's supervisor. The client may also directly contact the Journey ESU's CRS, to discuss options for resolution or seek assistance with a potential complaint/grievance.

Step 2 – Program level review

Within 45 days of the incident, a complaint, either verbal or in writing, should be filed with either the program manager, CRS, or any staff person. The CRS can assist in writing a complaint. After receiving the referral, the CRS will meet directly with the client and may interview the client, staff and/or others involved and review the client's clinical treatment record. At any time during a formal level review, the client may decide to use or return to the informal resolution process.

Unless the grievance is resolved informally, or an extension was agreed upon, the client and those who assist the client in filing the complaint/grievance and the program manager, will receive a report of the CRS's recommendations and findings within 30 days.

If the report is determined to be founded, the report must describe the specific actions recommended by the CRS. If all parties agree with the recommendations for resolution those recommendations should be put into effect.

If there is a disagreement over the report, more discussion may be had to come up with a mutually agreed upon plan for resolution of the grievance. If, through further discussion, their still remains disagreement with the resolution, the program manager must prepare a written decision describing the matters which remain in dispute and stating the findings and determinations and recommendations which form the official position of the program. The program manager's report must include a notice and explain how, where and by whom a request for administrative review of the decision may be filed including the time limits for requesting administrative review. The report must be given personally or sent via first class mail to the client and all staff who received as copy of the CRS report.

Step 3 – Administrative review by Dane County or state

Within 14 days of the date the grievant receives the written decision from the program manager, a person may file a request an administrative review by the Dane County Director. A request for Dane County Director review of a program manager's decision shall include the basis for the grievant's objection and may include a proposed alternative resolution. The county director, or their designee, will review a copy of the original grievance, the report of the CRS, the written decision and the request for review to the director of the county, or their designee. The County may make further inquiry into the allegations which may include: personal interviews, telephone calls and inspection of documentation of facilities relevant to the grievance.

After completion of the review, the county will prepare a written report and determine if the grievance was founded or unfounded. If the county review is conducted by the county director's designee, the designee must submit a draft report to the county director who must issue the written decision in the matter. Distribution of the county director's decision shall go to the client and/or grievant, program manager, CRS, parent/guardian of client, as required, and all staff who received a copy of the program manager's decision. The county director's decision shall include a notice to the client and the program manager which explains how and where a state level review of the decision can be requested and the

time limits for the further review to the state. A state level review must be requested by any part within 14 days from the date the party receives the county director's administrative review.

Step 4- Review of County Decision by the State of Wisconsin

Within 14 days of the Dane County director's administrative decision, a person may file a request for review by the State Grievance Examiner:

State of Wisconsin Grievance Examiner
Wisconsin Department of Health Services
Client Rights Office
PO Box 7851
Madison, WI 53707-7851

The Grievance Examiner will review the county's decision, gather additional information as necessary and issue a decision within 30 days of receiving the request for state review.

Step 5 – Final State Review

The Grievance Examiner's decision will describe the process and time limits for requesting final state review. A final state review decision will be made within 30 days of receiving the request for final state review.

Note: The timeframes stated above can be extended by agreement of all parties and are shorter if one or more people are at significant risk of physical or emotional harm due to the circumstances identified in the complaint.

Questions

- Questions related to billing, claim denial, or payments should go to accountant Laura Yundt at yundt@countyofdane.com.
- Questions related to system use, logon issues, submission issues should go to hsit@countyofdane.com.
- Program related questions about eligibility, allowable services, authorizations, etc. should go to our general mailbox: crisisbillingsupport@countyofdane.com.
- Questions related to clinical supervision, orientation and training, background checks, or documentation should go to Journey ESU: peter.zallar@journeymhc.org or hannah.flanagan@journeymhc.org.
- Questions about your contract should be directed to your DCDHS contract manager.