

Dane County CCS

Claims for Services/ Progress

Note Guidance

Progress Notes Defined by [ForwardHealth](#)

Progress notes (therapies or other treatments administered) must provide **data relative to accomplishment of the treatment goals in measurable terms**. Progress notes must also document **significant events** that are related to the person's treatment plan and assessments and that contribute to an overall understanding of the person's ongoing level and quality of functioning

Claims for Reimbursement Expectation excerpts from [DHS 106.03\(2\)\(a\)](#)

CONTENT

- (a) In the preparation of claims, the provider shall use, as applicable, diagnosis, place of service, type of service, procedure codes and other information specified by the department under s. [DHS 108.02 \(4\)](#) for identifying services billed on the claim.
- (c) Whether submitted directly by the provider, by the provider's billing service or by another agent of the provider, **the truthfulness, completeness, timeliness and accuracy** of any claim are the sole responsibility of the provider.
- (d) Every claim submitted shall be signed by the provider or by the provider's authorized agent, certifying to the accuracy and completeness of the claim and that services billed on the claim are consistent with the requirements of chs. [DHS 101](#) to [108](#) and the department's instructions issued under s. [DHS 108.02 \(4\)](#).

Provision of Services Expectation excerpts from [DHS 106.02\(9\)](#)

9) MEDICAL AND FINANCIAL RECORDKEEPING AND DOCUMENTATION.

- (a) Preparation and maintenance. A provider shall prepare and maintain truthful, accurate, complete, legible and concise documentation and medical and financial records... for specific services rendered to a recipient by a certified provider. In addition to the documentation and recordkeeping requirements specified in pars. (b) to (d), the provider's documentation, unless otherwise specifically contained in the recipient's medical record, shall include:
 1. The full name of the recipient;
 2. The identity of the person who provided the service to the recipient;
 3. An accurate, complete and legible description of each service provided;
 4. The purpose of and need for the services;
 5. The quantity, level and supply of service provided;
 6. The date of service;
 7. The place where the service was provided; and
 8. The pertinent financial records.

(b) Medical record content. A provider shall include in a recipient's medical record the following written documentation, as applicable:

1. Date, department or office of the provider, as applicable, and provider name and profession;
2. Chief medical complaint or purpose of the service or services;
3. Clinical findings;
4. Diagnosis or medical impression;
5. Studies ordered, such as laboratory or x-ray studies;
6. Therapies or other treatments administered;
7. Disposition, recommendations and instructions given to the recipient, including any prescriptions and plans of care or treatment provided; and
8. Prescriptions, plans of care and any other treatment plans for the recipient received from any other provider.

Service Delivery Expectations from DHS 36

Service delivery information, including all of the following:

1. Service facilitation notes and **progress notes**.
2. Records of referrals of the consumer to outside resources.
3. **Descriptions of significant events that are related to the consumer's service plan and contribute to an overall understanding of the consumer's ongoing level and quality of functioning.**
4. **Evidence of the consumer's progress, including response to services, changes in condition and changes in services provided.**
5. **Observation of changes in activity level or in physical, cognitive or emotional status and details of any related referrals.**
6. Case conference and consultation notes.
7. **Service provider notes in accordance with standard professional documentation practices.**
8. Reports of treatment, or other activities from outside resources that may be influential in the CCS's service planning.

Dane County CCS Guidance for Progress Notes

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Claims for Services / Progress Note Checklist

- I have been **authorized** to provide a service to the identified participant as evidenced by a **current service authorization** in the DCDHS CCS module, an **action step in the participant's CCS recovery plan** indicating how my services will assist participant in reaching their recovery goal, and I have the appropriate **qualifications** to provide the authorized service.^{1,4}
- participant name, date of service, time of service, place of service, and type of service are **true, accurate, and complete**.²
- I have documented an **accurate and complete description of the service/ intervention** I provided. ³
- I have documented the **purpose and need for the service/ intervention** I provided.³
- The **service/ intervention** I provided is an **allowable CCS service**. ⁴
- I have documented my **clinical findings**.³
- I have documented the **disposition of the participant and their response to the intervention** I provided.³
- I have documented **my recommendations, instructions, and plan of care for the participant**. ³
- I have documented **data relative to the participant's accomplishment of goals in measurable terms**. ⁵
- I have claimed **true and accurate units of time** to deliver my service/ intervention, documentation time, and travel time (if applicable). ^{2,6}

¹ [DHS36.17](#)

² [DHS 106.03\(2\)](#)

³ [DHS106.02\(9\)](#)

⁴ [Forward Health Covered Services](#)

⁵ [Forward Health Medical Records](#)

⁶ [Combating Fraud, Waste, and Abuse](#)

TIPS FOR PROGRESS NOTE REVIEW

Ask agencies to use the DAP format so the content is easier to find within the note.

BASIC INFO TO LOOK FOR:

- Only direct services to the participant (or family member in limited circumstances as allowed by the Service Array) as a means to assist with their recovery plan goals as it relates to the participant's HM/SU diagnoses)
- Remember: The duration and frequency should be appropriate for the participant's needs and stated goals, as well as consistent with the client's recovery plan and comprehensive assessment.
- Is it psychosocial rehabilitation (skill building)? **Only services found in the service array are billable services.**

D = DATA

Content of the "session" or "service" further **described**

Remember Seven Standards=who, what, where, when, why, how, how much

- **Who, When, & How Much**... indicated at top of progress note
- **Where** did the service occur? Location could be client's home, office, community, etc.

Most of the narrative is contained in answering **What, How, and Why**.....

- **Why**...**Why did you do it? What was the purpose of the service?**
**It should always relate back to the goals the provider is tagged into on the recovery plan
- **What**...**What happened? What did THE PROVIDER DO and**
- **How** **did the provider do it?** (action steps on recovery plan)
 - Specific approaches? Treatment modalities used?
 - Why was this approach, location, etc was chosen.
 - Interventions provided/attempted or any actions taken
 - Must be for direct benefit of participant
(for SF's indicated on RP & based on assessed need on CCS Assessment)

A = ASSESSMENT

What is the writer's assessment or understanding of how the session/meeting/visit went with the participant?

How did the participant respond to the interventions used?

P = PLAN

Based on the writer's assessment and observations, what is the plan? What is the participant doing in the interim? What natural supports will be utilized? Is revision to the treatment necessary? Does the writer need to follow up with specific providers or team members? What is the writer doing next and when is the next session, meeting, etc.?

Evaluating the Quality of a DAP Progress Note

The following scoring grid can be used to evaluate the quality of progress notes with the goal being to improve the quality of notes over time with a standardized scoring system.

Item	Structural Item of the Progress Note	Score of 2	Score of 1	Score of 0	Score
1	Is the note structured in the DAP format, identifying each category? D - Data A - Assessment/Response P - Plan	Note is structured in the DAP format utilizing the DAP documentation format	Note does not utilize the exact DAP documentation format but does cover all categories.	Note is not structured in DAP format nor does it cover all of the categories.	
2(D)	Does the note have a clear statement of who was present, the purpose for the meeting, the intervention/activity connected to a treatment plan goal that took place using action words?	The note clearly indicates why the meeting occurred, interventions/ activities that took place linked to a treatment plan goal, using action words.	Either the purpose for the meeting was unclear or the activity was not linked to a treatment plan goal.	There is not an indication of the purpose for the meeting or linkage of activity to the treatment plan.	
3 (A)	Does the note contain the provider's assessment of consumer's disposition and response to the session/intervention? Does the note document any significant changes since last session? Does the note document MSE?	The note included an evaluative statement that was clear regarding response and participation, also utilized clients own words. The note includes MSE.	The note contains an evaluation of the consumer's disposition, response to session, and/or MSE but the statement is vague or general (e.g. participant was satisfied with the session)	There is no indication of consumer's disposition, how consumer responded to the session, or what was achieved. There note does not document MSE.	
4 (P)	Does the note contain information regarding the plan moving forward? When is next scheduled meeting? What will be worked on?	The note contains a specific date for the next meeting and it also includes a brief statement about what will occur in the next session.	The note contains a follow up date or a brief discussion of what will occur in the next meeting, but not both.	There is no indication of a follow-up session or it is unclear when the two individuals will meet again and for what reason.	
Total Score:					

Scoring	
8	a complete and adequate DAP note
4 - 7	likely an acceptable note, although there may be suggestions for improvement
0 - 3	the note is inadequate; improvement is needed prior to approval
Note: a score of "0" in categories 3 or 4 may also indicate an inadequate note, even if the total score is 5 or above	

What is billable in CCS?

Documented **interventions** that are **Medically Necessary**, described within the defined [ForwardHealth CCS Service Arrays](#), outlined in the recovery plan, and are within your role on the team.

Progress notes should document – “What are we paying you to do???”

The *Data* portion of your progress note needs very little information about what the CCS Participant said, thought, or did during your session. This section is for telling us what **intervention you provided** and the **purpose of the intervention**. Helpful tip: reference language used in the ForwardHealth Service array you are billing for your intervention, reference the action step that describes what you have been asked to do, reference what assessed need you are addressing for the Participant.

The *Assessment* portion of your progress note needs a brief synopsis of how your CCS Participant responded to your intervention.

Please ensure your progress notes have enough clarity that a random reader would be able to interpret your note. Avoid using unknown acronyms or abbreviations. **Progress Notes** (therapies or other treatments administered) **must provide data relative to accomplishment of the treatment goals in measurable terms**. Progress notes also much document significant events that are related to the person’s treatment plan and assessments and that contribute to overall understanding of the person’s ongoing level and quality of functioning. [[Forward Health](#)]

Reasons Progress Notes Get Denied

CCS Service are **not** billable to CCS when:

- Medicaid has lapsed
- Physician prescription is expired
- Recovery plan and/or service authorization has expired
- Participant is **out of the state** of Wisconsin
- Participant is in **jail**
- Participant is in **Residential Care Center** (youth)
- Participant is enrolled in Community Support Program (**CSP**) or Targeted Case Management (**TCM**)
- Progress note is a **duplicate note** (same author, same participant, same date and time of service, same service billed).
- Progress note date/time **overlaps** with another progress note date/time from *same author*.
- Progress note date/time **overlaps** with another progress note date/time for the same participant from *different author*.
- Progress note date/time has been **forward dated/timed** to future date/time from original signature date/time after an unlock request.
- Service provided is **not a billable service**, but was identified as a billable service by the author.¹
 - Voicemails
 - Array service claims for texts or emails (SFs are the only service providers who can bill for texts or emails and can only bill if the communication is reciprocal)
 - Supervision
 - Administrative tasks
 - Reviewing your own progress notes

¹ Please reference ForwardHealth [online handbook for CCS](#), ForwardHealth [update 2014, DHS 107](#), and [Dane County CCS policies](#) for additional clarification and highlights of what is billable and not billable to CCS.

- Travel claimed, but no service was provided
- Respite services
- Observation (except for Diagnostic Evaluation service which expect clinical observation)
- Array service claim for side-by-side support without direct service provided (including attending court, attending IEP meetings, attending community groups that are facilitated by another individual providing direct service to the participant)
- Recreation –
 - Time spent at movies with participants
 - Time spent at concerts with participants
 - Time spent at the gym with participants without justification of medical necessity of how service is addressing mental health or substance use goals. Personal training and workout observations are **not** services identified in the CCS Service Arrays as billable interventions.
- Note is identified as an individual service, but the narrative indicates **group service**.
- Author is **not qualified** to provide identified service.
- Author is **not authorized** to provide identified service.
- **No** indication of actual **PSR (psychosocial rehabilitation) service** was provided in note.
- Service is **not authorized** in recovery plan (example: note identifies psychotherapy services were provided, but provider billed psychoeducation services).
- Note entered **in the wrong participant chart** (QA voids these progress notes).

How can I avoid my progress notes being denied?

- Know what services you are qualified to provide.
- Ensure your services are identified in the recovery plan authorizations and action steps.
- Ensure progress notes are entered and signed within 2 business days of the service [[Timely Exchange of Information](#)].
- Monitor your progress note entries by running your case note time report in the module.
- Know [Forward Health rules](#) about what can be billed and what is not billable.
- Ensure you document interventions you utilized during your services.
- **Utilize the unlock process and then opportunity QA Staff give you when they unlock your notes for fixes. After 2 unlock requests from QA Staff – if no fixes have been offered, the note will be denied.**
 - Reminder – QA Staff are unable to unlock notes once they have gone through the billing cycle (8th of the month) and may result in denials if fixes are unable to happen.

Generally Billable Services

Not Billable to CCS

** Impacts ALL providers on team**

Know your service array!

Direct Consumer (or family member if allowed by service array) **Contact Psychosocial Rehabilitation Services** that are written into the Recovery Plan at the frequency written in plan if agency is authorized to provide that services.

Time spent at Recovery Team meetings for all CCS Staff on team (their service category, must identify in progress note it's a Recovery Team meeting, and participant/ guardian must be present)

Travel time to meet with participant for approved services **IF** service was rendered.

Time spent to document your services.

Services do depend on who you are, your role on the team, what is authorized on the plan and what is documented in the progress notes....

Participant does not have MA coverage

Physician prescription has expired

Authorizations within recovery plan are not approved or have expired

Participant is in jail or juvenile detention

Participant is in residential care center (youth)

Service documented has no indication of psychosocial rehabilitation services provided

Voicemails

Travel to participant's home when participant is not home

Supervision

Agency administrative tasks

Participant is enrolled in CSP and targeted case management,

Service Facilitators have some options for billable time that array providers do not have:

- Discharge planning (consumer is in IMD, hospital, SNF, Day Tx, PHP)
- Texts/ emails **IF** there is reciprocal communication and **IF** it reaches threshold for billable time (activities to ensure service delivery)
- Case Consult/ activities to ensure service delivery with team members

Combining Multiple Contacts into 1 Progress Note

Many Service Facilitators (SFs) are providing an array of services to their CCS participants throughout the day and may be doing different tasks for the same participant during various parts of the day. What is the best way to capture these various contacts in 1 progress note?

- It is important that SFs are being mindful of the times when they are working with their CCS participants to ensure the times are captured in the narrative.

Best Way:

The best way to capture multiple contacts in the same day is to document the times at the top of the narrative. This way, when QA Specialists review overlapping notes, it shows that the times do not technically overlap with one another even though the notes will be flagged as an overlap.

Example: Same SF working with 2 different participants throughout the day.

Participant	Service Array	Author	Event Dates	Narrative
Participant1	Service Facilitation	DANE COUNTY CCS Jane Smith	8/2/2021 8:45a-10:15a (Service Time = 1 hr 30 min)	8:45a-8:55a; 2:00p-3:20p *then continue progress note in DAP format. D A P
Participant2	Service Facilitation	DANE COUNTY CCS Jane Smith	8/2/2021 8:30a-9:00a (Service Time = 30 min)	8:30a-8:40a; 12:00p-12:20p *then continue progress note in DAP format. D A P

*the date/time of service should reflect the start time of working with/on behalf of the participant.

How to Review Unlocked Notes

If a note has been unlocked by a supervisor or CCS QA staff, the provider will receive an email notification that a note has been unlocked. In order to see why a note has been unlocked, the provider will need to review this in the module.

Step 1: Sign into the module database and go to the module inbox messages (screenshot below).



Step 2: In the module inbox, the provider will receive a detailed message outlining which note was unlocked, who unlocked the note (please connect with the individual who unlocked the note if further clarification is needed) and what needs to be fixed.

A progress note has been unlocked.

Sarah ServiceFacilitator	10/15/2020
A progress note for client Starbucks, Sally (Client No: 922126) on 10/15/2020 08:00 AM in the CCS module was unlocked by Sydney Kamp for the following corrections: <u>Unlocked – Please review type of contact (currently mailing).</u> Click the requested correct to view the note.	

Step 3: The provider will click the **unlocking comment** (bold, blue lettering) and the module will take the provider directly to the note (there will be another pop-up when the provider goes to the note with the same info. as the module inbox message). The provider can then make the requested changes and resign the note.

How to Request a Note to be Unlocked

If a provider notices something needs to be changed about a signed note (i.e. date/time of service, service length, adding/taking away travel, service type, etc.), the provider will need to request an unlock. The only piece of a note that cannot change is the narrative (clarifying information or additional content can only be added through an addendum). **An unlock is not needed to add an addendum.**

Step 1: Sign into the module database, search the participant and select the note that needs to be unlocked.

Step 2: The provider will need to state *why* the note needs to be unlocked. Put the unlock request in the box that states: *please indicate which fields require correcting* (screenshot below). It is best to be very specific in the request. Please see some examples below.

- Date of service needs to be updated to 9/20/20.
- Service time needs to be updated to 60 minutes rather than 45 minutes.

Please indicate which fields require correcting *

Time of service needs to be updated to 2:00P rather than 2:00A

Step 3: Once a request has been put into the text box, the provider will click **unlock** at the bottom of the screen and this will prompt the supervisor or CCS QA staff to review the comment and unlock the note.

How Supervisors Unlock a Note after a Request

A provider/staff member may ask for an unlock request and this request will likely go directly to their supervisor. The supervisor will receive an email notification that a provider/staff member requested a note to be unlocked. The supervisor will need to review the unlock request in the CCS module to unlock the note.

Step 1: Sign into the module database and go to the module inbox messages (screenshot below).



Step 2: Click on the message to review the unlock request. Below is an example of an unlock request message in module.

A progress note has been requested to be unlocked by Sarah ServiceFacilitator.

Sarah ServiceFacilitator	10/15/2020
Sarah ServiceFacilitator has requested a progress note for client Starbucks, Sally (Client No: 922126) on 10/15/2020 08:00 AM in the CCS module to be unlocked for corrections.	
<u>Reason for Unlock: I need to change the date to 10/14/20.</u>	
Click the link above to view the note.	

Step 3: The supervisor will click the **unlocking comment** (bold, blue lettering) and the module will take them directly to the note. The supervisor will be *required* to write an unlock comment, which is a statement that clarifies what needs to be changed about the progress note. It is best to provide clear directions on what needs to be updated/changed about the note as this statement is what the provider/staff member will see when reviewing the unlocked note.

Please indicate which fields require correcting *

Unlocked per request to update date of service to 10/14/20.

Step 4: Once the unlock comment is put in the text box, the supervisor will click **unlock** at the bottom of the screen and the provider will be notified that a note has been unlocked in the module. The provider needs to follow the directions of “how to review unlocked notes” to read the unlock comments in the module.

How to Request a VOID

If a provider enters a progress note into the incorrect participant chart, they will need to request a VOID. Reminder, VOIDS will only be done if a note is in the wrong participant chart. If a note was entered incorrectly, such as a duplicate note or the wrong date/time, please use the unlock function to fix the information or use the addendum function to make any clarifications to the narrative or note.

When a note has been entered into the incorrect chart, please connect with a QA Specialist via email.

Step 1: Email QA Specialists

- Erin rodell.erin@danedanecounty.gov
- Sydney kamp.sydney@danecounty.gov
- Rachel sadogierski.rachel@danecounty.gov

Step 2: Please provide as much information as possible as it will help identify the correct note to send for the VOID request.

- Participant Name and Number
- Date/Time of Progress Note
- Reason for VOID

Step 3: VOID requests will be completed at the end of the week.

How to Add an Addendum

If a note requires clarifying information after it has been signed, this would be done through an addendum. Once a note is signed, the provider cannot change the narrative. **An unlock is not needed to add an addendum.**

Step 1: Sign into the module database.

Step 2: Go to the note in the participant's chart.

- **Reminder:** An addendum can be added when a note is signed or unsigned, but only the original signer of the note can add an addendum. **Again, an unlock is not needed to add an addendum.**

Step 3: Scroll down to the narrative section and click the hyperlink that states, "Add Addendum". From there, the provider can add additional clarifying information to the note.

The screenshot shows a software interface for adding an addendum. The top section is a yellow header with the text "Narrative *". To the right of this header are two links: "Add Amendment" and "Add Addendum". The "Add Addendum" link is circled in black. Below the header is a large, empty text input area. At the bottom of this input area is a button labeled "Save Addendum".

Entering Notes for Telehealth Services

- **Telehealth** means the use of telecommunications technology by a Medicaid-enrolled provider **to deliver functionally equivalent health care services** including: assessment, diagnosis, consultation, treatment, and transfer of medically relevant data. Telehealth may include real-time interactive audio-only communication. Telehealth does not include communication between a provider and a member that consists solely of an email, text, or fax transmission. [[ForwardHealth Telehealth Policy](#)]
 - **Functionally equivalent** means that when a service is provided via telehealth, the transmission of information must be of sufficient quality as to be the same level of service as an in-person visit. Transmission of voices, images, data, or video must be clear and understandable.
- Providers delivering CCS psychosocial rehabilitation services by telehealth are expected to exercise professional judgment and use telehealth only for services that can be delivered appropriately and effectively via remote communication.
- Providers must obtain written informed consent from the CCS participant prior to providing CCS services via telehealth and at least annually thereafter. [[Dane County CCS Telehealth Policy](#)]
- **All array services and recovery team meetings via telehealth (phone or video) must be coded as a telehealth service in the module.**

Progress Note Documentation for Telehealth Services:

- Type of Contact =
 - In-Person (using both audio and video telehealth)
 - Phone (using telephone or audio only telehealth)
- Is this a telehealth Visit? Select Yes
 - Type of Telehealth Visit – Select Audio-Visual or Audio-Only
 - Place of Service – Select Telehealth Provided in Patient’s Home or Telehealth Provided Other Than in Patient’s Home

Example for Session via Audio-Video Telehealth:

Type of Contact: * In-Person ▼

Is this a Telehealth Visit? * No Yes

Type of Telehealth Visit * Audio-Visual Audio-Only

Place of Service * Telehealth Provided in Patient's Home ▼

Comprehensive Community Services Program — Service Array

The CCS program provides individuals with psychosocial rehabilitation services. All CCS programs must provide the services covered under the CCS benefit that a member needs as determined by the assessment of all the domains in Wis. Admin. Code § DHS 36.16(4). The assessment domains included in Wis. Admin. Code § DHS 36.16(4), are: (a) life satisfaction, (b) basic needs, (c) social network and family involvement, (d) community living skills, (e) housing issues, (f) employment, (g) education, (h) finances and benefits, (i) mental health, (j) physical health, (k) substance use, (l) trauma and significant life stressors, (m) medications, (n) crisis prevention and management, (o) legal status, and (p) any other domain identified by the CCS program. The service array describes the services that are covered under the CCS benefit. All services must be in compliance with Wis. Admin. Code § [DHS 36](#). All services should be person-centered and developed in partnership with the member.

Comprehensive Community Services Program — Service Array		
Service Category (Most Applicable DHS Wis. Admin. Code Sections)	Allowable Services	Allowable Provider Types
1. Screening and Assessment (Wis. Admin. Code §§ DHS 36.03 , 36.13-36.16)	<p>Screening and assessment services include: completion of initial and annual functional screens and completion of the initial comprehensive assessment and ongoing assessments as needed. The assessment must cover all the domains, including substance use, which may include using the Uniform Placement Criteria or the American Society of Addiction Medicine Criteria. The assessment must address the strengths, needs, recovery goals, priorities, preferences, values, and lifestyle of the member and identify how to evaluate progress toward the member's desired outcomes.</p> <p>Assessments for minors must address the minor's and family's strengths, needs, recovery and/or resilience goals, priorities, preferences, values, and lifestyle of the member including an assessment of the relationships between the minor and his or her family. Assessments for minors should be age (developmentally) appropriate.</p>	<p>Providers described in Wis. Admin. Code § DHS 36.10(2) (g)1-22. * †</p> <p>All providers are required to act within their scope of practice.</p>
2. Service Planning (Wis. Admin. Code §§ DHS 36.03 , 36.16(7) , 36.17)	<p>Service planning includes the development of a written plan of the psychosocial rehabilitation services that will be provided or arranged for the member. All services must be authorized by a mental health professional and a substance abuse professional if substance abuse services will be provided. This can be a single professional for whom mental health and substance abuse services are in scope. The service plan is based on the assessed needs of the member. It must include measureable goals and the type and frequency of data that will be used to measure progress toward the desired outcomes. It must be completed within 30 days of the member's application for CCS services. The completed service plan must be signed by the member, a mental health or substance abuse professional, and the service facilitator.</p> <p>The service plan must be reviewed and updated based on the needs of the member or at least every six months. The review must include an assessment of the progress toward goals and member satisfaction with the services. The service plan review must be facilitated by the service facilitator in collaboration with the member and the recovery team.</p>	<p>Providers described in Wis. Admin. Code § DHS 36.10(2) (g)1-22. * †</p> <p>All providers are required to act within their scope of practice.</p>

<p>3. Service Facilitation (Wis. Admin. Code §§§ DHS 36.03, 36.10(2)(e) 4, , 36.17)</p>	<p>Service facilitation includes activities that ensure the member receives: assessment services, service planning, service delivery, and supportive activities in an appropriate and timely manner. It also includes 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. Service facilitation includes assisting the member in self-advocacy and helping the member obtain other necessary services such as medical, dental, legal, financial, and housing services.</p> <p>Service facilitation for minors includes advocating, and assisting the minor's family in advocating, for the minor to obtain necessary services. When working with a minor, service facilitation that is designed to support the family must be directly related to the assessed needs of the minor.</p> <p>Service facilitation includes coordinating a member's crisis services but not actually providing crisis services. Crisis services are provided by Wis. Admin. Code ch. DHS 34, certified programs.</p> <p>All services should be culturally, linguistically, and age (developmentally) appropriate.</p>	<p>Providers described in Wis. Admin. Code § DHS 36.10(2) (g)1-21.* †</p> <p>All providers are required to act within their scope of practice.</p>
<p>4. Diagnostic Evaluations</p>	<p>Diagnostic evaluations include 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 program.</p> <p>The CCS program does not cover evaluations for autism, developmental disabilities, or learning disabilities.</p>	<p>Providers described in Wis. Admin. Code § DHS 36.10(2) (g)1-14.*</p> <p>All providers are required to be licensed/certified and acting within their scope of practice.</p>
<p>5. Medication Management</p>	<p>Medication management services for prescribers include:</p> <ul style="list-style-type: none"> • 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 <p>Prescribers may also provide all services the non-prescribers can provide as noted below.</p> <p>Medication management services for non-prescribers include:</p> <ul style="list-style-type: none"> • Supporting the member in taking their 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 	<p>Providers described in Wis. Admin. Code § DHS 36.10(2) (g)1-3, 7-8, and 11.</p> <p>All providers are required to be licensed/certified and acting within their scope of practice.</p> <p>Providers described in Wis. Admin. Code § DHS 36.10(2) (g)1-22.* †</p> <p>All providers are required to act within their scope of practice.</p>

Medication Management Service Array for Dane County CCS*

Prescriber¹: MD APNP PA

Diagnosing and specifying target symptoms.	<ul style="list-style-type: none"> • Direct face to face participant contact.
Prescribing medication to alleviate the identified symptoms.	<ul style="list-style-type: none"> • Submitting refill requests. • Pharmacy follow-up. • Completing or confirming re-fills. • Medication changes or titrating.
Monitoring changes in the member's symptoms and tolerability of side effects.	<ul style="list-style-type: none"> • Direct participant contact: face to face or telehealth. • Telehealth follow up with participant or legal guardian.
Reviewing data, including other medications, used to make medication decisions.	<ul style="list-style-type: none"> • Prescription drug monitoring program tasks which include reviewing all controlled substances participant is prescribed, when and where, prior to providing refills of controlled substances. • Coordination with Primary Care Physician and/ or other medical professionals of participant's care team. • Review of Hospital Discharge Summaries, previous medication records.
Supporting the member in taking his or her medications.	<ul style="list-style-type: none"> • Direct participant contact: face to face or telehealth. • Submitting refill requests. • Pharmacy follow-up. • Completing or confirming re-fills. • Coordination with schools regarding prescription medication administered at school. • Coordination with Primary Care Physician and/ or other medical professionals of participant's care team.
Increasing the member's understanding of the benefits of medication and the symptoms it is treating.	<ul style="list-style-type: none"> • Direct participant contact: face to face or telehealth. • Telehealth follow-up with participant or legal guardian.

Non-Prescriber: RN

Monitoring changes in the member's symptoms and tolerability of side effects.	<ul style="list-style-type: none"> • Direct participant contact: face to face or telehealth. • Telehealth follow up with participant or legal guardian.
Supporting the member in taking his or her medications.	<ul style="list-style-type: none"> • Direct participant contact: face to face or telehealth. • Submitting refill requests. • Prescription drug monitoring program tasks, as needed, prior to authorizing refills. • Pharmacy follow-up. • Completing or confirming re-fills. • Coordination with schools regarding prescription medication administered at school. • Review of Hospital Discharge Summaries and coordination of medication f/u post discharge. • Communication with PCP office to coordinate medications
Increasing the member's understanding of the benefits of medication and the symptoms it is treating.	<ul style="list-style-type: none"> • Direct participant contact: face to face or telehealth. • Telehealth follow-up with participant or legal guardian.

¹ [ForwardHealth No. 2014-42](#)

6. Physical Health Monitoring	<p>Physical health monitoring services focus on how the member's mental health and/or substance abuse issues impact their ability to monitor and manage physical health and health risks.</p> <p>Physical health monitoring services include activities related to the monitoring and management of a member's physical health. Services may 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 develop health monitoring and management skills.</p>	<p>Providers described in Wis. Admin. Code § DHS 36.10(2) (g)1-22.* †</p> <p>All providers are required to act within their scope of practice.</p>
7. Peer Support	<p>Peer support services include a wide range of supports to assist the member and the member's family with mental health and/or substance abuse issues in the recovery process. These services promote wellness, self-direction, and recovery by enhancing the skills and abilities of members to meet their chosen goals. The services also help members negotiate the mental health and/or substance abuse systems with dignity and without trauma. Through a mutually empowering relationship, Certified Peer Specialists and members work as equals toward living in recovery.</p>	<p>Providers described in Wis. Admin. Code § DHS 36.10(2) (g)20.* †</p> <p>Reminder: All CCS peer specialists are required to be Wisconsin Certified Peer Specialists as noted by the † throughout the array. All providers are required to act within their scope of practice.</p>
8. Individual Skill Development and Enhancement	<p>Individual skill development and enhancement services include training in communication, interpersonal skills, problem solving, decision-making, self-regulation, conflict resolution, and other specific needs identified in the member's service plan. Services also include training in daily living skills related to personal care, household tasks, financial management, transportation, shopping, parenting, accessing and connecting to community resources and services (including health care services), and other specific daily living needs identified in the member's service plan.</p> <p>Services provided to minors should also focus on improving integration into and interaction with the minor's family, school, community, and other social networks. Services 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.</p> <p>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.</p>	<p>Providers described in Wis. Admin. Code § DHS 36.10(2) (g)1-22.* †</p> <p>All providers are required to act within their scope of practice.</p>

<p>9. Employment-Related Skill Training</p>	<p>Employment-related skill training services address the member's illness or symptom-related problems in finding, securing, and keeping a job. Services 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; and individual therapeutic support.</p> <p>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, for the member if those services are identified in the member's service plan.</p>	<p>Providers described in Wis. Admin. Code § DHS 36.10(2)(g)1-22. * ‡</p> <p>All providers are required to act within their scope of practice.</p>
<p>10. Individual and/or Family Psychoeducation**</p>	<p>Psychoeducation services include:</p> <ul style="list-style-type: none"> • 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 <p>Psychoeducation may be provided individually or in a group setting to the member or the member's family and natural supports (i.e., anyone the member identifies as being supportive in their recovery and/or resilience process). Psychoeducation is not psychotherapy.</p> <p>Family psychoeducation must be provided for the direct benefit of the member. Consultation to family members for treatment of their issues not related to the member is not included as part of family psychoeducation. Family psychoeducation may include anticipatory guidance when the member is a minor.</p> <p>If psychoeducation is provided without the other components of the Wellness Management and Recovery/Recovery Support Services service category (#11), it should be included under this service category.</p>	<p>Providers described in Wis. Admin. Code § DHS 36.10(2)(g)1-22. * ‡</p> <p>All providers are required to act within their scope of practice.</p>

<p>11. Wellness Management and Recovery**/Recovery Support Services</p>	<p>Wellness management and recovery services, which are 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, and teaching them the knowledge and skills necessary to help them make informed treatment decisions. These services include psychoeducation, behavioral tailoring, relapse prevention, development of a recovery action plan, recovery and/or resilience training, treatment strategies, social support building, and coping skills. Services can be taught using motivational, educational, and cognitive-behavioral strategies.</p> <p>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 category (#10).</p> <p>Recovery support services, which are generally provided as substance abuse services, include emotional, informational, instrumental, and affiliated support. Services include assisting the member in increasing engagement in treatment, developing appropriate coping strategies, and providing aftercare and assertive continuing care. Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery.</p>	<p>Providers described in Wis. Admin. Code § DHS 36.10(2) (g)1-22. * ‡</p> <p>All providers are required to act within their scope of practice.</p>
<p>12. Psychotherapy</p>	<p>Psychotherapy includes 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.</p>	<p>Providers described in Wis. Admin. Code § DHS 36.10(2) (g)1-10, 14, 22.*</p> <p>All providers are required to be licensed/certified and acting within their scope of practice.</p>
<p>13. Substance Abuse Treatment</p>	<p>Substance abuse treatment services include counseling of persons affected by problems related to the abuse of alcohol or drugs including individual, group, and family counseling. Substance abuse treatment services can be provided in day treatment (Wis. Admin. Code § DHS 75.52), outpatient (Wis. Admin. Code §§ DHS 75.49, 75.50, or 75.51), and residential (Wis. Admin. Code § DHS 75.54 or Wis. Admin. Code § DHS 75.53) settings. Substance abuse treatment services can be in an individual or group setting.</p> <p>The other categories in the service array also include psychosocial rehabilitation substance abuse services that support members in their recovery.</p> <p>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). Some of these services may be covered under Medicaid and BadgerCare Plus outside the CCS program.</p>	<p>Providers described in Wis. Admin. Code §§ DHS 36.10(2) (g)1, 2 (with knowledge of addiction treatment),4 (with knowledge of psychopharmacology and addiction treatment) and 16.</p> <p>Substance abuse professionals include:</p> <ul style="list-style-type: none"> • Licensed Psychotherapists • Certified Substance Abuse Counselor • Substance Abuse Counselor • Certified Psychotherapists with MPSW (Marriage & Family Therapy, Professional Counseling & Social Worker) Examining Board 1.09 specialty <p>All providers are required to be licensed/certified and acting within their scope of practice.</p>

* Type I QTTs (qualified treatment trainees) are described in Wis. Admin. Code § [DHS 36.10\(2\)\(g\)22.](#), (clinical students) and Type II QTTs are described in Wis. Admin. Code § [DHS 36.10\(2\)\(g\)9.](#), (certified social workers, certified advance practice social workers, and certified independent social workers). Type I and Type II QTTs are required to be working through a Wis. Admin. Code § [DHS 35](#), certified outpatient clinic. For the purposes of the CCS program, all clinical students are required to be Type I QTTs. For the purposes of Medicaid reimbursement, APSWs (advanced practice social workers) and ISWs (independent social workers) are required to enroll as certified psychotherapists.

** Information for these service categories is based on information provided by the federal SAMHSA (Substance Abuse and Mental Health Services Administration).

‡ Wis. Admin. Code § DHS 36.10(2)(g)20, describes peer specialists. For the purposes of the CCS program, all CCS peer specialists are required to be Wisconsin Certified Peer Specialists. Individuals who are not Wisconsin Certified Peer Specialists could potentially act as rehabilitation workers if they meet the requirements described in Wis. Admin. Code § [DHS 36.10\(2\)\(g\)21.](#) Refer to the service array for which services rehabilitation workers can provide.