Submitting Documents to the CCS Inbox
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Sending Documents via Email to CCS Inbox:

- Subject Line: Use **ONLY** client's initials and the attached document abbreviations. Do not use full name in subject line. (Example: JS – ASS, Sum, RP, RMR, CSDF, ROI, ICM)
- Body of Email: Include the client's full name and the attached document titles.
- Attachments: If possible attach only one document per email (example: client's assessment). If this is not possible, send for only one client at a time. **DO NOT** combine client documents in the same email.

Email Signatures/Approvals of Documents:

- E-mail signature/approval from the identified CCS client.
    - There must be an originating email from the SF to the client. The email should contain the following:
        - Full legal name of the client.
        - The specific CCS document(s) requiring their approval.
        - The corresponding dates of the document (e.g. Recovery Plan 7/1/2020-1/31/2021).
        - The writer should specify that their reply will constitute their approval/verification of the documents (referenced or attached in the email).
        - The full correspondence must be included for it to be considered "a signature page". It is best practice to send the signature page with the completed document at the same time.
- E-mail signatures from other providers (example: RMR) should be sent in one email. Please do not send separate email approvals, it is best to combine all email signatures into one email when sending to CCS.

Following the hints above will assist in processing documents in a timely manner.

Ways to Check on Documents Sent to CCS:

Service Facilitators will receive a weekly report on Mondays notifying them which documents are missing/incomplete. **On the bottom right corner, it will show the last date documents were processed.**

- When a secure email is sent to the CCS inbox, providers will receive an automated email stating that their email was received by CCS.
- Checking the Status of the Documents:
    - Service Facilitators and Supervisors – Review the weekly automated report.
        - The last page will state what documents were processed the week before and their statuses.
        - Please review footer of the weekly report for the last date of processing.
            - Example: **This report reflects all documents received through 11/10/2022 12:00:00 AM. Any documents received after this date may or may not be loaded into the system.**
        - Please read the comments – this will notify agencies if an issue with the document was identified.
    - Run the "My Missing Documents" and/or "My Client Documents (All)" report in the module.
    - Individual document questions should go to the CCS inbox as a last resort, as processing the documents received is priority and response time will vary.

Comments on the Chart Audit:

- If documents are sent to CCS and there is an identified issue, this will be relayed to agencies through the comments on the chart audit. Please read the comments as these comments contain instructions on what information needs to be corrected.
    - **Reminder**: When resending documents, only send missing or incomplete documents, not the entire duplicate packet.
    - **Initials on Comments**: When QA Staff initial comments on the chart audit, please reach out to that specific staff member if there are questions about the comment or if you would like them to review the changes. If comments have no initials from QA Staff, please send your questions or fixes to CCS@danecounty.gov.
        - ***JG** = Jessica Gilbert / **ER** = Erin Rodell / **SK** = Sydney Kamp / **RS** = Rachel Sadogierski / **HR** = Holly Rasmussen*
    - **RP Action Steps, RMR & CSSRS Progress Notes**: SFs must email specific staff member or CCS Inbox when the requested information has been updated, the module does not have the capability to notify staff when updates have been made to documents.
        - **RP Action Steps** – SF added/updated action steps per request.
        - **RMR Progress Note** – SF added progress note to document a RTM to match roster.
        - **CSSRS Progress Note** – Provider added progress note or addendum to document the completion of the CSSRS with the client.
    - **NEW Incomplete Module Assessment**: QA staff receive an automatic report when SFs have added domain updates and will review and update the doc audit.
- Common Abbreviations Used in the Chart Audit Comments:
    - ICM = Informed Consent for Medications
    - RMR = Recovery Meeting Roster / RTM = Recovery Team Meeting / RP = Recovery Plan
    - CSSRS = Columbia-Suicide Severity Rating Scale
    - Service Authorizations
        - S&A = Screening and Assessment / SP = Service Planning / SF = Service Facilitation
        - DE = Diagnostic Evaluation
        - MM = Medication Management
        - PHM = Physical Health Monitoring
        - PS = Peer Support
        - ISD = Individual Skill Development & Enhancement
        - ERST = Employment-Related Skill Training
        - FP = Individual and/or Family Psychoeducation
        - WM = Wellness Management and Recovery/Recovery Support Services
        - PSYCH = Psychotherapy
        - SAT = Substance Abuse Treatment

Informed Consent for Medications:

- Informed Consent for Medications (ICMs) are required to be on file for clients who are being prescribed medication from a CCS Prescriber.
- Each prescriber has their own form that they complete with the client during their medication management appointment. It is best practice for SFs to attend these appointments with the client (if client agrees and is wanting this support) to ensure the form is completed and sent to the CCS Inbox.

- ICMs are required on an annual basis and will change to a "Missing Document" after a year has passed since the last ICM on file **OR** if a new medication is prescribed to the client, in which Dane County needs a new ICM on file.
- ICMs **MUST** have the client's signature on the document to verify that in fact the medications, risks and side effects were reviewed with them.
- The State does provide a generic ICM form, but again, each CCS Prescriber has their own version of the form that they complete with the client.

How to Get Irretrievable Documents Removed from the Chart Audit:

Any required CCS document is considered overdue/missing/incomplete after the due date unless the current SF emails the CCS inbox with the partially complete/intended missing document AND the Irretrievable Documents Form. Unless this step is completed, any outstanding documents will appear incomplete/missing on the weekly chart audit.

Agencies should try to obtain the completed document, but when it's not possible, follow the steps below to have the document removed from the chart audit:

- Please complete the documents with as much information as possible
- Fill the Irretrievable Documents Form to identify the document type, date of approval association with RP and reason. This document requires the SF and MHP signature in order to process irretrievable documents.
    - Example: If you held an assessment meeting, but the client's signature is irretrievable, please complete the assessment summary with the assessment meeting date, attendees and all other signatures. Fill out the irretrievable Documents Form identifying why the missing client signature is irretrievable.
- Submit the irretrievable document and form to the CCS inbox like any other document.
- Remember to document attempts to get the overdue paperwork in your progress notes.

FAQs:

- What if there is an internal transfer and the Service Facilitator is no longer at the agency to complete an overdue RTM roster?
    - RTM rosters will be considered irretrievable if a SF is no longer employed at the agency and the MHP did not attend the meeting. If the MHP attended the RTM, they can attest to attendance and should send in a RTM roster.
- What if there was no RTM within a 6 month RP period?
    - **DO NOT** submit a roster if no meeting was held. The SF/**MHP** must complete the Irretrievable Documents Form to explain why there was no RTM for the 6 month RP period. This will only be considered irretrievable after the 6 month plan has expired. This is only applicable to current/active clients.
    - If the client has been discharged and there was no RTM for the 6 month RP period, then the SF must complete the Irretrievable Documents Form to explain why there was no RTM prior to discharge.
- What if the CSSRS was not completed within a 6 month RP period?
    - If the CSSRS was not completed, fill out the Irretrievable Documents Form to explain why the CSSRS was not completed for the 6 month RP period. This will only be considered irretrievable

after the 6 month plan has expired, Dane County has received the Irretrievable Document Form signed by the MHP explaining the situation **AND** there is a current CSSRS on file for the client.

- What if a SF received an outside client transfer and there are overdue documents that the new SF is unable to obtain?
    - Documents can be irretrievable for transfers where there are "irreconcilable differences" between the client and previous agency. Please complete the Irretrievable Document Form to identify the specific documents and explanation as to why documents are irretrievable.

Note for Irretrievable Documents: The document will always be considered incomplete in the client's file, however the **X** will drop off from the report if CCS receives all of the above information. So even though it will no longer appear on the report, there is still the risk of an audit and the record not being in compliance with DHS 36. ***Assessments and other current documentation for currently enrolled clients will not be marked as irretrievable. This can only be done after discharge.**

My Assessment

Name:

This is an Abbreviated assessment ☐

Agency / Program:

All this information is pulled directly from the module.

Staff Name:

Enrollment Date:

Assessment Date:

My Recovery Team

NAME	ROLE
All this information is pulled directly from the module. Ensure Team Tab is up-to-date with array providers and parent/guardians!	Me
	Service Facilitator
	Substance Abuse Professional
	Mental Health Professional
	Parent/Guardian?? - Please add this individual to the **Team Tab!**

Life Area / Domain: Life Satisfaction

Narrative:

Strengths:

Strengths and Need/Barrier text boxes are editable once the Plan/Assessment is open, please ensure this reflects the most up-to-date

Need / Barrier:

All domains must be completed in the module and will be required. Ensure all pieces have information, N/A will not be accepted. "None" is not acceptable information.
**When entering the assessment the first time for an established client, ensure you are copying ALL historical information into the module. It is best to copy and paste all the old info, but summarizing is okay as long as quality of info is not altered AND please include new info as well! New information can be entered in the general text box, or the SF can use the "Domain Update" function. Having clearly identified historical information and clearly identified current/updated information will expedite processing and reduce the frequency of your assessments being tracked as "incomplete" with comments and questions from

Goal No.	Recovery Goal:	
		Reminder - A goal does not need to be identified in every domain. It is okay to state "Client does not have an identified goal for this domain." SFs will be able to determine which goals get copied to the RP through the Goal Status Drop-Down. **If there is an identified goal and it will NOT be reflected on the RP, please provide a statement as to why the goal will not reflected in the recovery plan.**

Life Area / Domain: Basic Needs

Narrative:

Strengths:

Need / Barrier:

Goal No.

Recovery Goal:

Life Area / Domain: Social Network/Family Involvement

Narrative:

Strengths:

Need / Barrier:

Goal No.

Recovery Goal:

Life Area / Domain: Community Living Skills

Narrative:

Strengths:

Need / Barrier:

Goal No.

Recovery Goal:

Life Area / Domain: Housing Issues

Narrative:

Strengths:

Need / Barrier:

Goal No.

Recovery Goal:

Life Area / Domain: Employment

Narrative:

Strengths:

Need / Barrier:

Goal No.

Recovery Goal:

Life Area / Domain: Education

Narrative:

Strengths:

Need / Barrier:

Goal No.

Recovery Goal:

Life Area / Domain: Finances and Benefits

Narrative:

Strengths:

Need / Barrier:

Goal No.

Recovery Goal:

Life Area / Domain: Mental Health

Narrative:

Strengths:

Need / Barrier:

Goal No.

Recovery Goal:

Life Area / Domain: Physical Health

Narrative:

Strengths:

Need / Barrier:

Goal No.

Recovery Goal:

Life Area / Domain: Substance Use

Narrative:

Strengths:

Need / Barrier:

Goal No.

Recovery Goal:

Life Area / Domain: Trauma and Significant Life Stressors

Narrative:

Strengths:

Need / Barrier:

Goal No.

Recovery Goal:

Life Area / Domain: Medications

Narrative:

Strengths:

Need / Barrier:

Goal No.

Recovery Goal:

Life Area / Domain: Crisis Prevention and Management

Narrative:

Strengths:

Need / Barrier:

Goal No.

Recovery Goal:

Life Area / Domain: Legal Status

Narrative:

Strengths:

Need / Barrier:

Goal No.

Recovery Goal:

Life Area / Domain: Culture/Religion/Spirituality

Narrative:

Strengths:

Need / Barrier:

Goal No.

Recovery Goal:

CURRENT MEDICATION LIST

Medication	Dosage	Frequency	Route	Duration	Purpose	Prescribing Physician

This information will pull directly from the module, please ensure meds are accurate in the module. If meds are referenced in the Medication Domain and does not match the list, the Assessment will be called incomplete.

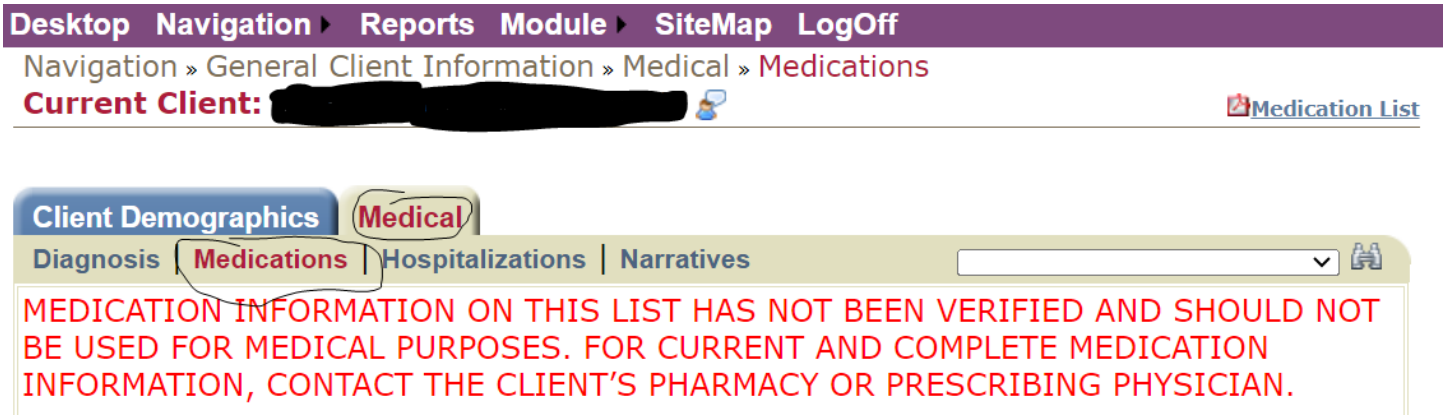
CURRENT DIAGNOSIS LIST

CCS Diagnoses	Diagnosis Date	Physician Name

This information will pull directly from the module with the current PhRx information!

Medications Tab and Medication List

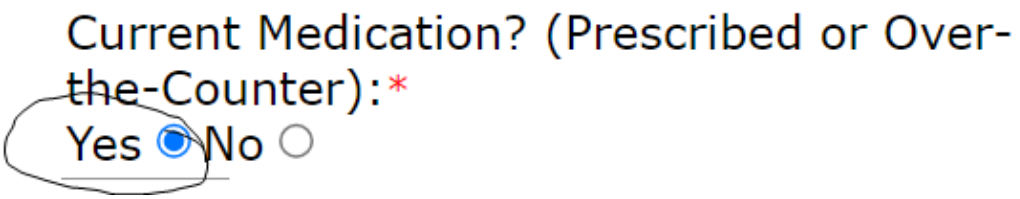
If a client is prescribed a medication whether it be for mental health needs or physical needs, all prescribed medications must be added to the Medications Tab of the module.



Medications should be continuously updated throughout the Assessment/Plan period when there are changes! **MHPs**, please ensure the medication list is updated prior to approval of the Assessment/Plan as this must be done in order for the medications to pull to the Assessment.

FAQ

1. What pieces are required in the Medications Tab per DHS 36?
    a. Medication Name
    b. Dosage
    c. Frequency
    d. Route of Administration
    e. Prescribing Doctor – Please list full name of individual prescribing the medication.
    f. Current Medication – Yes or No
    g. Intended Purpose
2. What if a client is no longer being prescribed a medication already on the list?
    a. Please put an end date as that is best practice for record keeping.
    b. Please select "No" for Current Medication.
3. What if a client is taking an Over the Counter Medication regularly?
    a. Please select "Yes" for Current Medication
    b. If a doctor is not prescribing the OTC medication, please put "OTC" for Prescribing Doctor.
4. What if a client is prescribed a medication, but is not taking it?
    a. If the medication is currently prescribed, please select "Yes" for Current Medications. The SF can clarify the client is not taking the medication through a domain update under the Medication Tab. However, if it's a current prescription, it is required to select "Yes".



5. What if a client's Assessment was called incomplete after a QA Review due to missing medications?
    a. Please add the missing medications to the medication list and notify the QA Specialist who left their initials in the comments to review and update the doc audit.

ASSESSMENT SIGNATURE PAGE

Signatures will be the electronic approval in the module.

Service Facilitator | Date

Mental Health Professional | Date

Substance abuse Professional | Date

My Assessment Summary

Name:			**This is an Abbreviated assessment** ☐
Agency / Program:	This information pulls directly from the module.		
Staff Name:		Enrollment Date:	Plan Start Date: / Update Date:

This information pulls directly from the module.

My Recovery Team

NAME	ROLE
All this information is pulled directly from the module. Ensure Team Tab is up-to-date with array providers and parent/guardians!	Me
	Service Facilitator
	Substance Abuse Professional
	Mental Health Professional
	Parent/Guardian?? - Please add this individual to the **Team Tab!**

Summary of Information On Which Outcomes and Service Recommendations Are Based

PULLS DIRECTLY FROM MODULE - This text box should be a robust summary of the current Assessment. We are no longer requiring historical information.

Desired Outcomes and Measurable Goals Desired by the Consumer

PULLS DIRECTLY FROM MODULE - This box pulls all goals from the current Recovery Plan that have been identified as "Included in Plan".

Significant Differences of Opinion, If Any, Which Are Not Resolved Among Members of the Recovery Team

PULLS DIRECTLY FROM MODULE
Do not put N/A nor leave blank! Remember to summarize any areas where not all team members agree. If there are none reported, please enter, "No significant differences of opinion."

ASSESSMENT MEETING PARTICIPANTS	
Meeting Date	**List of Attendees**
Meeting date should correlate with a S&A progress note documenting an assessment meeting w/ client.	List all individuals who participated in the assessment meeting(s).

My signature below indicates that I was in attendance at the assessment meetings as listed above:	
Name	**Signature**
List names of all who attended the assessment meeting(s).	Need signatures of all individuals who participated in the assessment meeting(s). **REMINDER - Signature for minor clients who are 14+ years old is **required**.

Participant Name: _____ Screened By: _____

Ensure client's full name is spelled correctly!

Need provider's name who completed the CSSRS.

Ensure there is documentation in the progress note the CSSRS was completed with the client.

COLUMBIA-SUICIDE SEVERITY RATING SCALE Date: _____

Must have date the CSSRS was completed!

SUICIDE IDEATION DEFINITIONS AND PROMPTS	**Since Last Visit**	
Ask questions that are bold and underlined	**YES**	**NO**
Ask Questions 1 and 2		
1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. ***Have you wished you were dead or wished you could go to sleep and not wake up?***		
2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/die by suicide, "*I've thought about killing myself"* without general thoughts of ways to kill oneself/associated methods, intent, or plan. ***Have you actually had any thoughts of killing yourself?***		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6		
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it.*" ***Have you been thinking about how you might do this?***		
4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to "*I have the thoughts but I definitely will not do anything about them.*" ***Have you had these thoughts and had some intention of acting on them?***		
5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. ***Have you started to work out or worked out the details of how to kill yourself and did you intend to carry out this plan?***		
6) Suicide Behavior ***Have you done anything, started to do anything, or prepared to do anything to end your life?*** Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		

Orange and Red responses should be reviewed with the team Mental Health Professional and team should develop plan for safety with the CCS participant which may involve further evaluation, crisis stabilization placement/services, or hospitalization.

Journey Mental Health Center Crisis: (608) 280-2600

RECOVERY PLAN SIGNATURE PAGE

My signature below indicates that the service planning process was explained to me and that I am in agreement with the goals and services described in this Recovery Plan.

Need electronic or pen to paper copy of client's signature AND parent/legal guardian below when applicable.
REMINDER - Signature for minor clients who are 14+ years old is **required.

The Recovery Plan is completed and approved in the module.

CCS Participant | Date

Parent/Legal Guardian (if applicable) | Date

Reminder: The SF, MHP and SAP do not need to physically sign - module electronic approval is acceptable.

Service Facilitator | Date

Mental Health Professional | Date

Substance abuse Professional | Date

*****Please submit signed Recovery Meeting Roster when submitting Recovery Plan Signature Page. Fax to CCS: (608) 283-2994*****

The client's name and recovery plan dates will automatically fill when you print the signature page directly from the module.

Last Name, Fist Name (Client Number)

Recovery Plan: xx/xx/xxxx - xx/xx/xxxx
Approved: xx/xx/xxxx xx:xx:xx AM/PM

CCS Recovery Meeting Roster

Check for spelling!

Client: _____ **Meeting Date:** _____

My signature below indicates that I was in attendance at the recovery planning meeting:

NAME	RELATIONSHIP	ADDRESS	PHONE	SIGNATURE
	Client	Address MUST include both street address AND city.	If there is no phone number, enter "None".	
	Service Facilitator			SF Signature is REQUIRED at minimum when using attendance addendum.
Please capture all individuals who attended the RTM.				

Please fax signed and complete Recovery Meeting Roster to DCDHS, Attn: CCS at (608) 283-2994.

Addendum: Per Dane County CCS Variance dated 3/15/2022, Service Facilitator signature on document attests to the presence at the meeting of the participants listed on the attendance roster.

DANE COUNTY MENTAL HEALTH CONSUMER STATUS DATA FORM – 2014*

A paper CSDF only needs to be completed upon discharge, otherwise this information should be completed in the module.

Last Revised April, 2014

Client: County ID #: _____ Last _____ First _____ M.I. ___

Agency _____ County Program # _____ Report Date ____/____/____

County of Residence (if not Dane) _____ Referral Source (see codes on page 2) _____ Staff Initials _____

Select code from page 2 - do not leave blank!

Legal/Commitment Status (circle 1 code)

1. None (voluntary involvement)
2. Settlement Agreement
3. Involuntary Civil - Chapter 51
4. Involuntary Civil - Chapter 55
5. Involuntary Criminal
6. Guardianship Only
9. Unknown

Presenting Problem(s) (circle up to 3 codes)

1. Marital / Family
2. Social / Interpersonal
3. Coping with daily roles and activities
4. Medical / Somatic
5. Depressed mood / Anxious
6. Attempt, threat or danger of suicide
7. Alcohol
8. Drugs
9. Involvement with Criminal Justice System
10. Eating disorder
11. Disturbed thoughts
12. Victim of Abuse, Assault or Rape
13. Runaway behavior
14. Emergency detention
99. Unknown

Must select low or high.

BRC Target Population (circle 1 code)

H - Need Ongoing, High Intensity, Comprehensive Services
L - Need Ongoing, Low Intensity, Comprehensive Services
S - Need Short-term Situational Services

Need ICD-10 codes and matching diagnosis.

Principal/Primary Diagnosis (ICD-10): ____

Effective October 1st, 2015, all service authorizations with a start date on October 1, 2015 or later will need to use the ICD-10 diagnosis codes. Services authorizations that started prior to October 1 will use the ICD-9 diagnosis codes.

If BRC Target Population is "S", stop here. If BRC is H or L, the entire form must be filled.

Psychosocial & Environmental Stressors (circle 1 code)

0 - Inadequate Information
1 - None
2 - Mild
3 - Moderate
4 – Severe
5 – Extreme
6 - Catastrophic

Health Status (circle 1 code)

1 - No health condition
2 - Stable / Capable
3 - Stable / Incapable
4 - Unstable / Capable
5 - Unstable / Incapable
6 - New Symptoms / Capable
7 - New Symptoms / Incapable
9 - Unknown

Suicide Risk (circle 1 code)

1 - No risk factors
2 - Presence of risk factors
3 - High potential for suicide
9 - Unknown

Living Arrangement (circle 1 code)

1. Street, shelter, no fixed address, homeless
2. Private residence or household; living alone or with others without supervision; includes persons age 18 and older living with parents (ADULTS ONLY)
3. Supported residence (ADULTS ONLY)
4. Supervised licensed residential facility
5. Institutional setting, hospital, nursing home
6. Jail or correctional facility
7. Child under age 18 living with biological or adoptive parents
8. Child under age 18 living with relatives, friends
9. Foster Home
10. Crisis stabilization home/center
11. Other living arrangement
99. Unknown

Employment Status (circle 1 code)

1. Full-time competitive employment (35 or more hours/week)
2. Part-time competitive employment (less than 35 hours/week)
3. Unemployed (but looking for work in past 30 days)
5. Not in the labor force - homemaker
6. Not in the labor force – student
7. Not in the labor force – retired
8. Not in the labor force - disabled
9. Not in the labor force - jail, correctional or other institutional facility
10. Not in the labor force - sheltered non-competitive employment
11. Not in the labor force - other reason
12. Supported competitive employment
98. Not applicable - Children 15 and under
99. Unknown

Daily Activity (circle up to 3 codes)

1. No educational, social or planned activity
2. Part-time educational activity
3. Full-time educational activity
4. Social activity
5. Volunteer or planned activities
6. Other respected status
9. Unknown

Criminal Justice System Involvement within the last 6 months (circle up to 4 codes)

1 - None
2 - On probation
3 - Arrest(s)
4 - Jailed / Imprisoned
5 - On parole
6 - Juvenile Justice System
9 - Unknown

Number of Arrests in the Past 30 Days (circle code AND enter number)

0-98 Number of arrests _____
99 Unknown

Number of Arrests in the Past 6 Months (circle code AND enter number)

0-98 Number of arrests _____
99 Unknown

Need actual number of arrests - if none, enter 0.

Remember page 2!

Revised 12/26/2023

==========ADDITIONAL INFORMATION===

Use these codes for the referral source info on the top of page 1.

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Referral Source			
Code	**Value**	**Code**	**Value**
1	Self	13	IV Drug Outreach Worker
2	Family, friend, or guardian	14	Other
3	AODA program/provider (includes AA, Al-Anon)	15	Drug court
4	Inpatient hospital or residential facility	16	OWI court - monitors the multiple OWI offender
5	School, college	17	Screening Brief Intervention Referral Treatment (SBIRT)
6	IDP - Court	18	Mental health program/provider
7	IDP - Division of Motor Vehicle (DMV)	19	Hospital emergency room
8	Corrections, probation, parole	20	Primary care physician or other health care program/provider
9	Other court, criminal or juvenile justice system	21	Law enforcement, police
10	Employer, Employee Assistance Program (EAP)	22	Mental health court
11	County social services	23	Homeless outreach worker
12	Child Protective Services agency	99	Unknown

This form must be filled out for all Mental Health clients initially, and every six months by the System Wide Case Manager for BRC Target Population “H” and “L” clients.