

Admission Agreement (DHS 36.13 (1m))
Comprehensive Community Services (CCS)
Dane County Department of Human Services

Name: _____

Date: _____

Nature and Purpose of CCS

The Comprehensive Community Services (CCS) Program is a voluntary, community-based program for MA eligible children and adults with mental illness and/or drug and alcohol related problems. It is operated by Dane County Department of Human Services in compliance with rules under Chapter DHS 36 of the Wisconsin Administrative Code.

Once enrolled in the CCS Program, you will:

- Work with a Service Facilitator, who will be a member of your Recovery Team and help arrange and coordinate the services you desire;
- Identify other people, who might be family, friends or professionals, to be members of your Recovery Team;
- Together with your Recovery Team, develop a recovery plan that outlines your goals and the services you desire;
- Receive the psychosocial rehabilitation services as outlined in your recovery plan; and
- Take steps, at your pace, to achieve your goals and desired level of stability, independence, and recovery.

You will choose services available through a network of providers. Most services are provided during the agency operational hours (Monday through Friday) from 8:30 a.m. to 4:30 p.m., but some providers may have hours that are a little different. Information about your care and progress may be shared between the members of your team and your service providers even though the team members and service providers may be from different agencies.

Crisis Services are available during and after hours by phoning the 24-hour crisis line of Journey Mental Health Center at (608) 280-2600.

If you have problems with this program you may contact the CCS Administrator, Julie Meister at (608) 242-6413.

Client Rights

As a client of the CCS Program, you have the right to:

- a. Choose the members of your recovery team, your services, and your service providers from the CCS Program network.
- b. Receive specific, complete, and accurate information about proposed services.
- c. Consent to treatment and to withdraw from the CCS Program at any time.

- d. File formal and informal grievance procedures in s. 51.61, WI Stats., and ch. DHS 94, and for Medical Assistance clients, the rights to a fair hearing. These are explained in the *CCS Client Rights* handout.

Notice of Confidentiality Regarding Drug and Alcohol Treatment Records

The confidentiality of your treatment records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that you are enrolled in the program or receive services from the program or disclose any information, where applicable, identifying you as a drug or alcohol abuser, unless:

1. You consent in writing;
2. The disclosure is allowed by a court order; or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation.

Violation of federal confidentiality laws is enforced by criminal penalties. Federal law and regulations do not protect any information about a crime committed at the program or against any person who works for the program, or about any threat to commit such a crime. Federal laws and regulations also do not protect any information about suspected child abuse or neglect from being reported as authorized under Wisconsin law.

See 42 USC 290dd-3 and 42 USC 290ee-3 and the regulations relating to drug and alcohol treatment records located at 42 CFR Part 2 for information about the confidentiality of drug and alcohol patient records.

Follow-Up After Discharge

Your records will be maintained by the Dane County Department of Human Services and will remain confidential within the network of providers unless you consent to their release to other organizations or persons, or the law permits such disclosure without your consent. At the time of discharge your discharge summary will be shared with providers who will be providing subsequent services with your consent.

Cost of Services

There is no cost for CCS services for clients who are Medicaid eligible.

Acknowledgement

- a. I acknowledge that I have read this Admission Agreement and understand the nature and purpose of the Comprehensive Community Services Program.
- b. I have received a copy of the grievance procedures and it has been explained to me.
- c. I have been provided with information on the costs of services, as well as, my financial responsibility for the services I receive.

I HEREBY APPLY FOR ADMISSION TO THE COMPREHENSIVE COMMUNITY SERVICES PROGRAM:

Signature of Applicant

Date

Signature of Parent/Guardian

Date

/CCS – Admission Agreement.docx
8.18.2014, 8.25.2014, 4.6.15, 4.27.15
Updated: 5.6.15