

## Workflow

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The CCS workflow will initially be a combination of paper documentation, and documentation done in the Dane County CCS Module. The workflow, start to finish, will be as follows (items in Bold are done in CCS Module):

- *Client reaches out to Dane County Intake worker who explains the necessary information to enroll client in CCS*
- *Client selects a Service Provider for service facilitation. DC Intake worker calls the Service Provider that the client selects and schedules an Intake Appointment with the client and, when possible, the Service Facilitator.*
- **After the Intake Appointment, DC Intake worker logs into CCS Module and assigns the client to the Service Facilitation Agency.**
- SF Assignment person at the SF Agency assigns the client to a Service Facilitator (and optional Secondary Service Facilitator)**
- SF Service Facilitator creates 30-day Service Plan, and adds all necessary services.**
- SF Service Facilitator meets with client and begins paperwork*
- SF Assembles Recovery Team*
- SF Interviews with client to gather information for Assessment/Assessment Summary*
- SF Service Facilitator will Create and Complete an Assessment/Plan in the CCS Module**
- SF Assessment/Plan consists of Recovery Team, Narratives, Needs/Goals/Actions, Service Authorizations, Natural Supports, Medications List, Assessment Summary, and Discharge Criteria**
- SF Service Facilitator will submit Service Authorizations to the Mental Health Professional for Approval**
- SF Service Facilitator will submit Assessment/Plan to Substance Abuse Professional and Mental Health Professional for Approval**
- SF Once Recovery Plan approval is received, it is printed and all members of the Recovery Team will sign it.**
- SF Signed copy will be sent to DCHS to be filed.*
- SF Client meets with Providers to obtain services*
- **Providers use the CCS Module to document Progress Notes after client encounters**
- **Progress Notes are the primary method to bill for services.**
- **Provider Billing Person uses the Billing Module to Review and Submit Claims to DC by the 7<sup>th</sup> of the month following the month of service**
- **Between the 8<sup>th</sup> and the 14<sup>th</sup>, DC Submits Claims to State (from previous month of service) for Processing, then cuts checks to Agencies.**


## Intake


The Intake process is how a client gets assigned to a particular provider. The Intake is done by the Dane County Intake worker.

### Comprehensive Community Services Inbox: (1)

**Desktop Navigation** ▶ **Reports Module** ▶ **SiteMap** **LogOff**

Comprehensive Community Services » Navigation » Intake

**Current Client:** zzBaker, Arielle (917237) 

zzBaker, Arielle 

Results 1 - 1 of 1Page 1 of 1

Application Date	Start Date	End Date	Referring Provider	Provider	Notes
1/23/2023	1/23/2023		MHProfessional, Marty (Crystal Services)	Crystal Services	


Application Date:


Referring Physician:


Adult Functional Screen? ☒



Personnel/Provider:



Start Date:

End Date:  

Discharge Date:  

Last Functional Screen Date:  

Last Rx Date Period:   to  

Previous Rx Date Period:   to  



Close Reason:

CCS Close Reason:

**Discharge Destination**

Available

Another CCS  
Outpatient therapy/psychiatry  
Targeted case management (TCM) or other case m.  
Community Support Program (CSP)

Selected

Notes:

Hold Billing: ☐

The application date will be entered to reflect when the client applied to be a CCS client  
The Referring Physician field is the provider who signed the client's CCS Prescription.  
The Personnel/Provider field will be the CCS provider that the client has selected to perform service facilitation.  
The Start Date should reflect when this Referring Physician's coverage begins for the client.  
The End Date reflects when a Referring Physician's coverage ends for the client

Once all of the required information has been filled out, the DC Intake worker will press save. By saving the Intake, this will trigger an email to the Personnel/Provider, specifically, the user whom the provider has defined to receive Intake emails. In addition to the automatic email, the DC Intake worker will contact the Provider to notify them of the Client Intake.

2

Questions? Please email [HSIT@DaneCounty.gov](mailto:HSIT@DaneCounty.gov)

## Assignment

The assignment process is done by the Provider whom the Intake worker assigned to the client. Providers will designate specific users who will perform the Assignment of the client to a Service Facilitator.


To create the Assignment, the consumer/case must be selected. To do this:

- 1) Module > Comprehensive Community Services
- 2) Navigation > Assignment
- 3) Select the binoculars icon at the top right. Then search for the client by name.


**Comprehensive Community Services**    Inbox: (1)

**Desktop**   **Navigation** ▶   **Reports**   **Module** ▶   **SiteMap**   **LogOff**

Comprehensive Community Services ▶ Navigation ▶ Assignment ▶ Create Assignment

**Current Client:** zzBaker, Arielle (917237) 













**Create**   **Reassign**   **History**

zzBaker, Arielle 

**Current Assignments**  
**Service Facilitator:** ServiceFacilitator, Sarah  
**Secondary Service Facilitator:** None Assigned

**Filter By**  
Degree   
Specialty   
License   
**Filter**

**Available Personnel**  
Role 

Staff Name		Date Assigned	Date Closed	
MHPProfessional, Marty(9588)	<input type="checkbox"/>			
SAPProfessional, Sebastian(9589)	<input type="checkbox"/>			
ServiceFacilitator, Sarah(9586)	<input checked="" type="checkbox"/>	1/23/2017		
Training, User1(9797)	<input type="checkbox"/>			
Training, User2(9798)	<input type="checkbox"/>			
Training, User3(9799)	<input type="checkbox"/>			
Training, User4(9800)	<input type="checkbox"/>			
Training, User5(9801)	<input type="checkbox"/>			
Training, User6(9802)	<input type="checkbox"/>			
Training, User7(9803)	<input type="checkbox"/>			
Training, User8(9804)	<input type="checkbox"/>			
Training, User9(9626)	<input type="checkbox"/>			

**Assign Staff**   **Refresh**

Once the client is selected, the Assignment staff member will see a list of providers for their organization. They will have the Role of Service Facilitator selected by default. They can click the check-box next to the name that they would like to make the Service Facilitator for the Recovery Plan. Clicking the check-box will fill in the Date Assigned box with the current date. By clicking the 'Assign Staff' button at the bottom, the person selected will become the Service Facilitator for that client.

Additionally, if another person should have access to work with client's Recovery Plan, the Assignment Staff Member can assign a Secondary Service Facilitator. Just use the drop-down menu next to Role and select Secondary Service Facilitator. The same client can have one Primary Service Facilitator but many Secondary Service Facilitators. Only the staff members assigned as Service Facilitators have the ability to Create and update Recovery Plans.

## Assessment / Recovery Plan

To create the Assessment / Recovery Plan, the consumer/case must be selected. To do this:

- 1) Module > Comprehensive Community Services
- 2) Navigation > Assessment/Plan
- 3) Selecting the Dropdown list to the left of the binoculars will show you the Clients you are assigned to.


### Comprehensive Community Services Inbox: (1)

Desktop Navigation ▶ Reports Module ▶ SiteMap LogOff


Plans Service Auth Approvals


Comprehensive Community Services » Navigation » Assessment/Plan


**Assessment/Plan** Team Assets Domains Services A-Summary Med Background CSDS

▼ 

Display All plans ☐

 **View only shows the current recovery plan, check "Display All plans" to see all plans.**

Active Date:  

Expiration Date:  

☐ Substance Use Concern (CCS participant has or may have a substance use disorder)

Create Date:

Approval Date:

Service Facilitator:

Alternatively, the Binoculars icon to the right can be used to find clients.

## 30-day Service Plan

Comprehensive Community Services

Inbox: (1)

Desktop Navigation ▶ Reports Module ▶ SiteMap LogOff

Plans Service Auth Approvals

Comprehensive Community Services » Navigation » Assessment/Plan

**Current Client:** zzBaker, Arielle (917237)

**Recovery Plan Dates :** 1/23/2023 - 2/21/2023 (Created)

[Assessment/Plan Docs for Submission](#)

[Comprehensive Assessment](#)

[Recovery Meeting Roster](#)

Assessment/Plan

Services

zzBaker, Arielle

Display All plans ☐

Results 1 - 1 of 1

Page 1 of 1

Status	Active Date	Expiration Date	Approval Date	Service Facilitator
Created		2/21/2023		ServiceFacilitator, Sarah



- View only shows the current recovery plan, check "Display All plans" to see all plans.

Submit to: \* [Select a Substance Abuse Professional] ▼

Submit to: \* [Select a Mental Health Professional] ▼

Approval Actions

☐ Void ☐ Submit for Approval

Comments:

Active Date: \* 1/23/2023

Expiration Date: \* 2/21/2023

☐ Substance Use Concern (CCS participant has or may have a substance use disorder)

☒ Initial 30-day Service Plan

Assessment of Immediate Needs \*

Identify and describe immediate needs of client for which services will be provided as documented in this Initial 30-day Recovery Plan

PLEASE UPDATE

Create Date: 1/23/2023

Approval Date: 1/23/2023

Service Facilitator: ServiceFacilitator, Sarah

Save

Cancel

The first plan for a client is a 30 day Service Plan in which the client's Immediate Needs will be addressed (this includes the need to complete a comprehensive assessment, service planning, and service facilitation). This plan is valid for 30 days from the Application Date. You will enter a narrative explaining what the client's Immediate Needs are that require the initial plan.

Select the 'Save' button along the bottom to save the Recovery Plan.

## Recovery Plan > Team

Comprehensive Community Services    Inbox: (1)

Desktop Navigation ▶ Reports Module ▶ SiteMap LogOff

Current Client: zzBaker, Arielle (917237)

Recovery Plan Dates : 2/22/2023 - 8/22/2023 (Created)

[Assessment/Plan Docs for Submission](#)

[Comprehensive Assessment](#)

[Recovery Meeting Roster](#)

Assessment/Plan    **Team**    Assets    Domains    Services    A-Summary    Med Background    CSDS

### Filters

Results 1 - 1 of 1

Page 1 of 1

Name	Type	Affiliation	Support Dates
ServiceFacilitator, Sarah	Community	Crystal Services	1/20/2017 - Present



- The page is set to only display **Team Members** in the current plan. Change the **Filters** to display more Support Members, or [click here](#) to display **All Support Members**.
- ServiceFacilitator, Sarah is affiliated with an agency in the Provider Network. This member's contact information cannot be updated.
- This provider's recovery plan roles cannot be changed, as they have either approved work or have been selected to approve work on this recovery plan.

### Member Information

Name: ServiceFacilitator, Sarah  
 Agency/Organization: Crystal Services  
 Agency Dates: 01/20/2017 - Present  
 In Provider Network: Yes  
 Job Title: Service Facilitator  
 Preferred Title:

### Support Details

Support Type: Community Support  
 Start Date: 1/20/2017    End Date:

### Plan Details

☒ Include in Plan  
 Start Date: 2/22/2023    End Date:

### Contact Information

Home Phone:    Alt Contact Nbr:     
 Work Phone: (608) 555-1111    Pager Number:     
 Cell Phone:    Fax Number:     
 Email Address:

### Address

Address Type: ☐ Street ☒ P.O. Box ☐ Rural Route  
 PO Box: 1234  
 City: MADISON    State:    Zip: 53714

Add Member    Save    Cancel

## Recovery Plan > Team

The Team tab is where you will identify members of the Recovery Team. These are the people who will be participating in the recovery planning process and will participate in recovery planning meetings. At a minimum, the Recovery Team consists of the Client, SF, and MHP who reviews and approves the plan, but the team can be anyone the client wants present during the process, like other Family Members, Providers, or any other Natural Support.

Any existing members of the Recovery Team will be listed at the top. If there is no list, then you will need to enter people by clicking the 'Add New' button at the bottom.

The Team Member Name and Relationship to the Client is required, as well as one way to contact that Team Member, either a phone number or email address.

**Assessment/Plan** **Team** **Assets** **Domains** **Services** **A-Summary** **Med Background** **CSDS** **C-SSRS**

Show Historical Supports ☐

Results 1 - 2 of 2      Show 50 Records per Page      Page 1 of 1

Name	Relationship	Phone	Email
Sarah ServiceFacilitator	SF		sf@crystalservices.net
Marty MHProfessional	MHP		mhp@crystalservices.net

**Name:** \* Sarah ServiceFacilitator

**Role/Relationship\***  

Service Facilitator

☒

Mental Health Professional

☐

Substance Abuse Professional

☐

Legal Guardian

☐

Relationship to Client:

**Contact Information**  

Primary Phone:

Cell Phone:

Home Phone:

Work Phone:

Email Address:

Address:

**Notes**

Date Support Ended:

Add New

Save

Remove

Cancel

Assessment/Plan	Team	<b>Assets</b>	Domains	Services	A-Summary	Med Background	CSDS
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Hopes and Dreams ✖

Strengths ✖

Resources & Natural Supports

### Recovery Plan > Assets

This is a space for free-text narratives. Fill out the required fields and select the 'Update' button to save your narratives. The Narratives should be the client's own words. Ask the client these questions:

- \* What are your Hopes and Dream? What do you want out of your life?
- \* What are your Strengths? What are you good at? What are some strengths in your life?
- \* What are your Resources and Natural Supports? Who, or what, do you turn to when you need something?



Assessment/Plan
Team
Assets
**Domains**
Services
A-Summary
Med Background
CSDS

**DOMAIN - Basic Needs (D)**

Filter Options

Show : ☒ All Domains ☐ Domains With Goals In Plan

Domain : Basic Needs (D)

Narrative Summary of Domain \*

Strengths \*

**Domain Updates**
Add Domain Update

**NEEDS -**

**GOALS -**

**ACTION STEPS -**

## Domains

The Domains page is used to document a Narrative, Strengths Needs, Goals, and Action Steps for each Domain or Life Area.

### Domain

The Domain drop-down will provide a list of Life Areas. There are 16 different Domains. You must address each Domain for the client.

After selecting the Domain, fill out the Narrative. This is a summary of how the client's life is impacted by this Domain. Think of this as 'telling the client's story', through the lens of each Life Area.

You will also complete the Strengths. This should be what the client's strengths are in the selected Domain/Life Area. When the Narrative and Strength is complete, press the 'Update Domain' button. You will see the Domain name update and display "(D)" to indicate that there is a Domain Narrative associated with this Domain.

Assessment/Plan	Team	Assets	<b>Domains</b>	Services	A-Summary	Med Background	CSDS
-----------------	------	--------	----------------	----------	-----------	----------------	------

▼ DOMAIN – Basic Needs (D)

▶ NEEDS –

Narrative: ✖

▼ GOALS –

▼ ACTION STEPS –

### Needs

The next step, after choosing a Domain, is to add a Need.

Click the Needs bar to expand the Needs section. The Narrative should be, 'What does the client Need in order to meet their Goal?' and/or 'What is getting in the way and preventing the client from achieving their Goal?' Fill out the Narrative then select the 'Save Need' button to save the Need. You can add a new need if necessary or desired.

Assessment/Plan	Team	Assets	<b>Domains</b>	Services	A-Summary	Med Background	CSDS
-----------------	------	--------	----------------	----------	-----------	----------------	------

▼ DOMAIN - Basic Needs (D)

▼ NEEDS -

▶ GOALS -

Goal No: \*

Narrative \*

Status: \* [Select a Status] End Date:

Completed Goals will not copy forward onto the next Recovery Plan.

How Progress is Measured

▼ ACTION STEPS -

## Goals

Before beginning your Goals, you will need to select which Need you want to add Goals to. Select the appropriate Need from the list of Needs. The Needs bar header will display the Narrative from the Need selected. Then you can expand the Goals section of the page by clicking on the bar that says Goals. You can add one or many Goals per Need.

The Goal Number will auto fill with the next available Goal for the selected Need. You can update the Narrative to describe the Goal. Provide a Status for the Goal from the available list: No Identified Goal should be used when the client does not have a goal in this domain at this time, Include in Plan should be used for Goals the client wants to work on during the plan cycle, Completed should be used for Goals that the client has completed, and Deferred should be used when the client has a Goal but is not ready to work on it until a later date. The End Date field should be used for Completed Goals.

If the Goal will be Included in Plan, you also need to fill out the 'How Progress in Measured' narrative. This is the metric used to gauge how the client is progressing toward their Goal. Once you have filled out all the required sections, you can click the 'Save Goal' button at the bottom. At this point, you can add a new Goal, or update existing Goals if you would like to.

If you'd like to create/update Goals that are associated with other Needs, you need to click on the Needs bar, select the appropriate Need, then click back to the Goals bar.

Assessment/Plan	Team	Assets	<b>Domains</b>	Services	A-Summary	Med Background	CSDS
-----------------	------	--------	----------------	----------	-----------	----------------	------

▼ DOMAIN - Basic Needs (D)

▼ NEEDS (1) - N

▼ GOALS -

► ACTION STEPS -

Narrative and Persons Responsible:

### Action Steps

Before outlining your Action Steps, you will need to select which Goal you want to add Action Steps to. Select the appropriate Goal from the list of Goals. Then you can expand the Action Steps section of the page by clicking on the bar that says Action Steps. You can add one or many Action Steps per Goal.

You must fill in the Action Step Narrative and Persons Responsible for every Goal that is Included in Plan.

Action Steps should consist of 3 main parts: What will the client do? What will the Service Facilitator do? and What will other providers do?

Once you have completed your work in the Action Step, you can click the 'Save Action' button at the bottom. At this point, you can add a new Action Step, or update existing Actions if you would like.

If you'd like to create/update Action Steps that are associated with other Goals, you need to click on the Goals bar, select the appropriate Goal, then click back to the Action Steps bar.

Action Steps can be edited/added on an Approved Recovery Plan.

Assessment/Plan	Team	Assets	Domains	Services	A-Summary	Med Background	CSDS
<b>Auth. Approval</b>							
Submit to: * <input type="text" value="[Select a Mental Health Professional]"/>							
<b>Auth. Details</b>							
Auth Start Date *		<input type="text" value="2/22/2023"/>		Auth End Date *		<input type="text" value="8/22/2023"/>	
Provider		<input type="text" value="Enter a Provider"/>					
Program		<input type="text"/>					
Service		<input type="text"/>					
Category		<input type="text"/>					
How often will they receive this service? *				<input type="text"/>	hour(s) per		<input type="text" value="Day"/>
Total Hours		<input type="text"/>					
<b>Goals *</b>							

## Services > Authorizations

The Service Auths page is used to show, review, and create services that the client is authorized for. To create a Service Authorization, select the type of Service Authorization that you would like to create for the client.

When you add a new Service Authorization, you will be required to select a Substance Abuse Professional/ Mental Health Professional in the "Submit Work To:" box(es). This is the person that will approve the service(s) for the client.

The next required fields are Start and End date of the contract. This represents the date range the authorization spans. The dates will default to match the dates of the Recovery Plan.

The Provider and Program will need to be selected to reflect which Agency and Program is authorized to provide the service for the client. Next, select the Service Category the authorization is for. The Service Category represents the Service Array value. Refer to your documentation to determine which Service Category to select based on the service to be provided.

You will then need to select the frequency of the service and the overall Total Units will automatically calculate. The Frequency is defined as the number of hours per Day/Week/Month. This number represents Direct Service provision, Documentation time after a service, travel time needed in order to provide the service, and additional time to cover team meetings. This number is defined by the Service Facilitator, but it needs to be a conversation with the Service Provider to ensure everyone understands.

Goals are the final values that you will need to fill in. These address what type of service will be provided and which Goal, from the 'in Plan' Goals, will be addressed by this service. The Initial 30day Plan does not require selecting Goals.

Once you have filled in all required fields, you have the option to 'Save and Submit', which submits the Service Auth to the Substance Abuse Professional/Mental Health Professional, or to 'Save', which allows you to come back and make changes.

## Services > Natural Supports

Assessment/Plan	Team	Assets	Domains	Services	A-Summary	Med Background	CSDS
Authorizations	Natural Supports	Other Funded	Placements				

**Natural Supports**  
☐ The Client does not have any Natural Supports.

The Natural Supports page needs to be addressed before submitting the Recovery Plan for approval. If the client has Natural Supports, use the Add New button at the bottom and fill in the details of this Natural Support. If the client does not have any Natural Supports, indicate that by checking the box on the screen and pressing 'Update'.

## A-Summary

Assessment/Plan	Team	Assets	Domains	Services	A-Summary	Med Background	CSDS
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**Summary of Information On Which Outcomes and Service Recommendations Are Based \***

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

**Discharge Criteria \***

The A-Summary page is where you will Summarize the Client's Comprehensive Assessment, outline and Differences of Opinion amongst members of the Team, and document the Client's requirements to be discharged from the Recovery Plan.

The 'Summary' field should be 1 or 2 paragraphs that summarize the client's comprehensive assessment.

As you have had team meeting to develop the client's Assessment and Plan, if there have been any significant differences of opinion amongst the team, you will document that in the Significant Differences of Opinion field.

The Discharge Criteria field should be the client's own words. Ask the client the question: 'When do you think you will be done with CCS?' and document their answer.

Fill out the fields and click the 'Save' button to save.

## (Subsequent) Recovery Plans

Every 6 months, clients will need a new Recovery Plan. Within 60 days of the current plan's expiration date, you may begin a new Recovery Plan, but there is some work required on the current Recovery Plan before you can add a new Plan.

Prior to creating the new Recovery Plan, the Goals flagged as 'Include in Plan' must be reviewed. To review a Goal, you must 'Update Progress' on each Goal. In order to Add a New Recovery Plan, each Goals' Progress must be updated within 60 days of the current Plan's Expiration Date.

**▶ GOAL (1) - Basic Needs Need #1 Goal #1**

**Show Needs Details**



Results 1 - 1 of 1 Page 1 of 1

Goal No	Dates	Narrative	Status
1	12/1/2015 - Present	Basic Needs Need #1 Goal #1	N/A

**Goal No:** \* #1 ▼

**Narrative** \*


Basic Needs Need #1 Goal #1

**Start Date:** \* 12/1/2015  **End Date:**  **Status:** [Select a Status] ▼

**How Progress is Measured** \*

Basic Needs Need #1 Goal #1 Progress Metric

**Progress** [Update Progress](#) ▼

**Progress Date:** \* 

**Narrative** \*

Update Progress

In addition to 'Updating Progress', you must do one of two things:

1. If the Goal will no longer be a part of the next Recovery Plan, you can set an End Date for the Goal, and update the Status of that Goal to 'Complete'. This will prevent the Goal from being copied onto the next Recovery Plan.
2. If the Goal will be continued in the next plan, you can simply 'Add Progress' to that Goal. This Goal and Progress will be carried forward onto the next Recovery Plan

If you have added Progress to all the Goals, you will be able to add a new Recovery Plan.

On the Assessment/Plan tab, select the Add New button. This will present you with information about the new plan.

Assessment/Plan
Team
Assets
Domains
Services
A-Summary
Med Background
CSDS

zzBaker, Arielle

Display All plans
Page 1 of 1

Status	Active Date	Expiration Date	Approval Date	Service Facilitator
Approved	1/23/2023	2/21/2023	1/24/2023	ServiceFacilitator, Sarah

Active Date: 2/22/2023
Expiration Date: 8/22/2023

☐ Substance Use Concern (CCS participant has or may have a substance use disorder)

The Active Date will automatically fill with the day after the current plan's expiration date, and the Expiration Date will be 6 months after the Active Date. You can change the Co-Occurring Substance Abuse Condition Present checkbox (which will default based on the previous plan), if a change in status has happened in the previous 6 month period. By default, the Previous Plan data will copy onto the next plan as below...

- All Members of the Client's Recovery Team will copy, unless the member has an End Date prior to the Active Date of the New Plan. Members of the Recovery Team can be Added or Removed after the plan is copied.
- All fields on the Assets Tab will copy. These fields can be modified after the copy.
- Domains Tab information will copy forward as documented below:
  - All Domain Narratives and Strengths will be copied forward.
  - All Needs will be copied forward.
  - All Goals that do not have an End Date prior to the start of the New Plan will be copied forward. Goal Progress on copied Goals will be copied forward.
  - All Action Steps, associated with copied Goals, will be copied forward, so there is a complete trail of the steps taken.
- Services will copy forward as documented below:
  - If the Authorization End Date matches the End Date of the current Plan, it will copy forward with start and end dates that match the new Recovery Plan.
  - If the Authorization End Date is prior to the End Date of the current Plan, it will not copy forward.
  - On all copied Service Authorizations, the Hours and Frequency will copy forward.
  - On all copied Service Authorizations, the Goals must be reselected prior to submitting for Approval.
  - All Natural Supports will be copied forward onto the New Plan.
- The A-Summary Tab will not be copied forward. This Tab must be addressed with each Plan.

After creating the new Recovery Plan, it should be reviewed with the CCS Recovery Team to develop the next plan. Domains should be give a Domain Update, to outline how that domain has changed. All Goals will need to have their Status set. After the New Plan has been completed, it is sent through the approval process prior to becoming active.



## General Client Info

General Client Info will be where the Service Facilitator can document any client information that is part of the overall client's medical record. This is also where other providers can review that same client information.

To review or document General Client Information, the consumer/case must be selected. To do this:


- 1) Module > Comprehensive Community Services
- 2) Navigation > General Client Info
- 3) Select the binoculars icon at the top right. Then search for the client by name. The Service Facilitator, alternatively, can find the client in the dropdown list to the left of the binoculars.

### Comprehensive Community Services    Inbox:(252)

Desktop   Navigation ▶   Reports   Module ▶   SiteMap   LogOff

Client Demographics   Medical   Support Members

Comprehensive Community Services » Navigation » General Client Information » Client Demogra

**Current Client:** zzNelson, Two (917714) 

Client Demographics   **Medical**

Address | Phone | Placements | Insurance

zzNelson, Two



☐ Show History


Add New

### Comprehensive Community Services    Inbox:(252)

Desktop   Navigation ▶   Reports   Module ▶   SiteMap   LogOff

Client Demographics   Medical   Support Members

Navigation » General Client Information » Client Demographics » Phone

**Current Client:** zzNelson, Two (917714) 

Client Demographics   **Medical**

Address | **Phone** | Placements | Insurance

zzNelson, Two



Contact Information

Home Phone:  -

Alt Contact Nbr:  -

Work Phone:  -

Pager Number:  -

Cell Phone:  -

Fax Number:  -

Email Address:


Update

General Client Info is comprised of three tabs. The Client Demographics tab will show basic client information. The Support Members tab is where you can document and review people the client has ever had relationships with. And the Medical tab is where you can document and review the client's medical history to give a complete medical record of the client. The Medical tab is where you can document past and current client diagnoses, medications, and hospitalizations.

**Client Demographics** **Medical**

Diagnosis | Medications | Hospitalizations | Narratives

**Therapist**

Diagnosis Date: \*  

Therapist Making Diagnosis: \*  Title: \*

Organization:

**Add New**

The Diagnosis section of the Medical tab requires you to click the 'Add New' button to create a new diagnosis. You must document the date of diagnosis, as well as the Physician making the diagnosis before you can save and select the official diagnosis.

You can, then, specify a Code Set, as well as search the database for the diagnosis. Finally, you would Save your documentation.

**Client Demographics** **Medical**

Diagnosis | **Medications** | Hospitalizations | Narratives



zzNelson, two

**MEDICATION INFORMATION ON THIS LIST HAS NOT BEEN VERIFIED AND SHOULD NOT BE USED FOR MEDICAL PURPOSES. FOR CURRENT AND COMPLETE MEDICATION INFORMATION, CONTACT THE CLIENT'S PHARMACY OR PRESCRIBING PHYSICIAN.**

Medication: \*  **Rx**

Dosage:

Frequency:

Start Date:   End Date:  

Reason Meds Discontinued:

Doctor:  Currently Taking: Yes ☐ No ☐

Diagnosis:

Order Diagnosis By: Diagnosis ☒ Diagnosis Code ☐

Helpful

Reason for Taking

Not to be given ☐

Not to be given reason

**Add New**

The Medications section of the Medical tab requires you to click the Add New button to document a new medication for the client. Please complete as much information as you can to create a complete medical record for the client. Medications must be addressed for each Recovery Plan. On the Recovery Plan Tab, there is a box to indicate that you have reviewed the Client's Medication List and a box to indicate that a Client has no Active Medications. You MUST review your client's medication list before you can Submit the Recovery Plan for approval.

- ☐ Co-Occurring Substance Abuse Condition Present?
- ☒ I have reviewed the client's medications \*
- ☒ The client is currently not taking medications

Client Demographics **Medical**

Diagnosis | Medications | **Hospitalizations** | Narratives

Results 0-0 of 0 hospitalizations Page 0 of 0

Event	Diagnosis	Start Date	End Date
Primary Precipitating Event:	*		
Start Date:	*		
End Date:			
Facility:			
City:			
State:			
Diagnosis:			

Order Diagnosis By: Diagnosis ☒ Diagnosis Code ☐

New Hospitalization Update Refresh

The Hospitalizations section of the Medical tab is where you will document any past hospitalizations for the client. Please document as much information as you can to create a complete medical record for the client.

Client Demographics **Medical**

Diagnosis | Medications | **Hospitalizations** | **Narratives**

Medications the client has adverse reactions to

Other Medication Comments

Update Cancel

The Narratives section of the Medical tab is where you can document any unique medication comments that are relevant to the client. These fields are optional as much of what you can document here is available on the Medications section.

## Approval Process

The Substance Abuse Professional and Mental Health Professional will need to approve the Recovery Plan and each Service before the client can receive services and providers can sign Billable Progress Notes.

### Service Authorization Approval

When the Service Facilitator submits Service Authorizations to the Substance Abuse or Mental Health Professional, the approver will receive an email indicating they have something to review in the system. When the Professional logs in, they will have an Inbox message notifying them that there is a Service Auth that requires their review. The message will also have a link to the client's Service Auth tab on their Recovery Plan.

The Professional can review Service Auths one by one on the Recovery Plan, and choose to Approve or Rework each one individually. This would be a cumbersome process. Rather, the Professional should review all Service Auths at once, and Approve or Deny them in bulk. This is done via the 'Service Auth Approvals' page.

**Comprehensive Community Services**      **Inbox:(26)**

**Desktop**   **Navigation** ▶ **Reports**   **Module** ▶ **SiteMap**   **LogOff**

**Plans**   **Service Auth Approvals**

Clicking this button will take the user to the Service Auth Approvals page...

**Comprehensive Community Services**      **Inbox:(11)**





**Desktop**   **Navigation** ▶ **Reports**   **Module** ▶ **SiteMap**   **LogOff**

**Plans**   **Service Auth Approvals**

Comprehensive Community Services » Navigation » Recovery Plan » **Service Auth Approvals**

Select a Client:  ▼

Results 1 - 4 of 4      Page 1 ▼ of 1

Provider ▲	Program	Client	Service Category	Frequency	Service Facil.	Dates	Hours	
Crystal Services	Crystal CCS Program	zzBaker, Aleida (917219)	Employment-Related Skill Training	4.00 hours per Day	ServiceFacilitator, Sarah	9/1/2015 - 9/2/2015	8.00	
Crystal Services	Crystal CCS Program	zzBaker, Aleida (917219)	Diagnostic Evaluations	3.00 hours per Week	ServiceFacilitator, Sarah	9/1/2015 - 10/1/2015	14.00	
Crystal Services	Crystal CCS Program	zzClemens, Rascal (917715)	Diagnostic Evaluations	1.00 hours per Day	ServiceFacilitator, Sarah	9/9/2015 - 10/9/2015	31.00	
SOAR CASE MANAGEMENT SERVICES, INC	Comprehensive Community Services	zzBaker, Aleida (917219)	Non-Traditional or Other Approved Services	1.00 hours per Day	ServiceFacilitator, Sarah	9/8/2015 - 10/1/2015	24.00	

Approval Status \*   ☐ Approve   ☐ Rework

Comments

\*

On the Service Auth Approvals page, users will see any Service Authorizations that require their review. They will see all Authorizations for all clients, but will not be able to take action on any of them until they select a client from the dropdown list. Once a client is selected, the Professional will review the Service Authorizations, check those Authorizations they would like to act on, then select the Approve or Rework checkbox at the bottom. This is a very efficient way to review and approve (or deny) multiple Service Authorizations at once.

### **Assessment/Plan Approval**

The Assessment/Plan approval process has many steps, and requires 2 levels of approval: Substance Abuse Professional and Mental Health Professional.

Once the Recovery Plan has been built completely, and all required fields have been filled in, the Service Facilitator will return to the Recovery Plan tab, select the Approver (Substance Abuse and Mental Health Professional), check the 'Submit for Approval' checkbox, and press the 'Update' button. This will submit the Recovery Plan to the Approver, and the Approver will receive an email indicating they have something to review in the system. The Plan Status will be 'Pending Approval - SA Prof'.

The Approver will login to the system and will have an Inbox message notifying them that there is a Recovery Plan that requires their review. The message will have the client information, as well as a link to the client's Recovery Plan. Clicking the link will open the client record, and take the Approver to their Recovery Plan. The Approver will review the Recovery Plan.

If there are changes required, the Approver will return to the Recovery Plan tab, click the 'Rework' checkbox, add comments regarding what changes need to be made, then click 'Update'. This will send the Recovery Plan back to the Service Facilitator to make changes to the Recovery Plan and resubmit to the Approver.

If there are no required changes to the Recovery Plan, the Approver will return to the Recovery Plan, click the 'Approve' checkbox, and click 'Update'. This will send the Recovery Plan back to the Service Facilitator or will pass it along to the next Approver. They will receive an email indicating that they have something to review in the system. The Plan Status will be 'Approved SA Prof' or 'Approved'.

The Mental Health Professional will review the Recovery Plan, and make the decision to Approve or Rework the Recovery Plan. When the Mental Health Provider approves the plan, the plan status will read 'Approved'. This is the only status that indicates the plan has been fully approved and the client is ready to receive services.

The back page of the Service Facilitator Checklist has a diagram that defines this workflow.

## Progress Note

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The Progress Note will be the primary method for billing. A Progress Note should be filled out when any services related to CCS are provided. This includes any services that fit into the Service Array.

To create a Progress Note, the consumer/case must be selected. To do this:

- 1) Module > Comprehensive Community Services
- 2) Navigation > Progress Note
- 3) Select the binoculars icon at the top right. Then search for the client by name. The Service Facilitator, alternatively, can find the client in the dropdown list to the left of the binoculars.

There are 2 types of Progress Notes: Billable and Non-Billable. Examples of Billable Progress Notes include: Psychosocial Rehabilitation services that are written into the Recovery Plan, Assessment and Service Planning, Service Facilitation, Time spent at Recovery Plan meetings for all CCS staff on the team, and Travel Time to meet with the client. Examples of non-Billable Progress Notes include: When the client is not home for a scheduled meeting, transporting the client, unless Psychosocial Rehabilitation services are provided during that time, and any services beyond what is authorized in the Recovery Plan.


All Progress Notes will require one or more Note Types. The Note Types that are available will be values from the Service Array that your CCS Program are contracted to provide. You can select any Note Types that apply to the service you provided that you are documenting from the list of 'Available' Note Types, and move the necessary Note Types to the 'Selected' field by pressing the right arrow. You can select multiple Note Types by holding the Ctrl key down while clicking, and send them all over to the 'Selected' side using the right arrow.

Is this a Billable or Non-Billable Service? ☒ Billable ☐ Non-Billable

Service Provider \* ServiceFacilitator, Sarah ▼

Program \* Crystal CCS Program ▼

Degree Level \* Masters degree level ▼

Date Occurred: \* 1/26/2023  :  :  ☐ AM ☒ PM

Type of Contact: \* [Select a Type of Contact] ▼

Documentation Time: \*  Hr  Min

Service Time: \*  Hr  Min

Travel Time:  Hr  Min Miles Traveled:  Miles

Total Time: \* 0 Hr 0 Min

Was Interpreter used? ☒ No ☐ Yes

Is this a Telehealth Visit? ☐ Yes ☒ No

Place of Service \* [Select a place of service] ▼

Diagnosis \* [Select a Diagnosis] ▼

Please choose the Mental Health or AODA diagnosis most relevant to this contact. Do not select Autism, Intellectual Disability, or medical conditions.

Service Type ☒ Individual Service ☐ Group Service

#### Note Type \*

Available






Selected

Diagnostic Evaluations  
Employment-Related Skill Training  
Individual and/or Family Psychoeducation  
Individual Skill Development and Enhancement



#### Goals \*

Page 1 ▼

<input type="checkbox"/>	Goal	
<input type="checkbox"/>	Basic Needs Goal #1	
<input type="checkbox"/>	Basic Needs Goal #2	
<input type="checkbox"/>	Substance Use Goal #1	
<input type="checkbox"/>	Substance Use Goal #2	

#### Narrative \*

#### Designate Signer

Date: 10/13/2016 9:15:02 AM

Name of Signer: \* ServiceFacilitator, Sarah ▼

Sign this note when I save it. ☐

### Billable Progress Notes

Billable Progress Notes require you to document specific pieces of information in order to properly Bill for the services provided. Those required fields will appear when you select the Billable button at the top of the note...

Is this a Billable or Non-Billable Service? ☒ **Billable** ☐ **Non-Billable**

Service Provider: \* Nelson, Nick  
Program: \* CCS Youth Service Facilitation  
Date Occurred: \* 12/9/2024 : AM PM  
Type of Contact: \* [Select a Type of Contact]

Documentation Time: \* Hr Min  
Service Time: \* Hr Min  
Travel Time: Hr Min Miles Traveled: Miles  
Total Time: \* 0 Hr 0 Min

The Service Provider field will be the specific person who performed the service. This should be the person logged in and writing the note, but there may be instances where another user will be documenting the note for the person who provided the service(s). The Program field should be populated with the specific CCS Program for which this service was provided.

The Degree Level is the degree level of the Service Provider. This field will default based on the active degree level that the Service Provider has in the system.

The Date Occurred field is to document when this particular service began. This Date NEEDS to fall within the time-frame of an Approved Service Authorization for this Progress Note to be Billable.

The Type of Contact drop-down box is where you will document how the contact with the client took place. Did you meet with the client, was it a phone call, etc.

The time fields are where you will document how much time was spent performing various billable tasks related to this specific service performed. Documentation Time reflects how much time was spent typing up this Progress Note in the CCS Module, Service Time represents how much time was spent performing a direct service to the client, and Travel Time is how much time was spent traveling in order to provider your service. If you document any Travel Time, then you will be required to document how many miles you traveled.



Was Interpreter used? \* ☐ No ☒ Yes

Interpreter's Name: \*

Interpreter's Company Name: \*

Interpreter's Service Time: \*  Hr  Min

Interpretive Services Utilized \*

Interpretive Delivery Method \*

If the client requires an Interpreter when providing your service, you should answer 'Yes' when asked if an Interpreter was used. This will expand to show additional fields that you need to complete. The name of the Interpreter and the Company that Interpreter works for, How much time was spent Interpreting, What type of Interpretation was done (Spoken or Sign Language), and the Delivery Method (In Person, Phone, Video).

Is this a Telehealth Visit? \* ☐ No ☒ Yes

Type of Telehealth Visit \* ☐ Audio-Visual ☐ Audio-Only

Place of Service \*

Diagnosis \*

Please choose the Mental Health or AODA diagnosis most relevant to this contact. Do not select Autism, Intellectual Disability, or medical conditions.

Service Type \* ☒ Individual Service ☐ Group Service

Note Type *	
Available	Selected
<div>Screening and Assessment</div> <div>Service Facilitation</div> <div>Service Planning</div>	

If the services was provided via Telehealth, Phone or Video call, you should select Yes to the 'Is this a Telehealth Visit?' question. If you select Yes to this question, an additional question of 'Type of Telehealth' will appear and need to be answered. If you could see the client during a telehealth visit, you would select 'Audio-Video'. If you could not see the client, visually, you would select 'Audio Only',

Place of Service is where you will document the location that this service happened. The drop-down list will have options for Home, indicating the client's home, Office, indicating the provider's office, and many other options.

The Diagnosis field is where you will document the Client's diagnosis that is related to the service provided. Select from a list of available Client Diagnoses





The Service Type field is a way to document if the service provided was part of a therapy group. If you select 'Group' for this field, then you will be required to document the number of clients that were a part of this group. That will be documented by indicating how many clients in the group were receiving services related to CCS vs how many clients were not in the CCS program.

Next, you will select your Note Type. As discussed above, the Note Type MUST match an Approved Service Category on an Approved Recovery Plan. If it does not match, you will not be able to sign a billable Progress Note. The list on the right represents the Service Categories that your agency is Contracted to provide, not necessarily what is on the client's Plan. You will need to click the Note Type that matches an Approved Service Category on an Approved Recovery Plan for the client then use the little blue arrow to move it to the 'Selected' side. When applicable, multiple Note Types can be Selected, as long as both represent an Approved Category on the client's plan.

Immediately prior to the Narrative, you have a section of Goals. The list of Goals comes from the specific Goals that are associated with the Services you are authorized to provide. You should select the specific Goals that you worked with the client on during your Service.

**Goals \***

Page 1 v

	Goal	
<input type="checkbox"/>	Basic Needs Goal #1	
<input type="checkbox"/>	Basic Needs Goal #2	
<input type="checkbox"/>	Substance Use Goal #1	
<input type="checkbox"/>	Substance Use Goal #2	

**Narrative \***

The Narrative is the body of your Note. There are no 'formatting' restrictions on the Narrative EXCEPT that your Note Narrative should reflect back to the specific client Goals that you worked on with the client during your Service time. Dane County does recommend using a DAP format...D-Data, A-Assessment, P-Plan...as this format guides you to include the necessary information into your note.

The final field you will need to document is the person who will sign the note. You can select yourself if you are writing your own note, or you can select the person who provided the service from your organization to sign the note.

**Designate Signer**

Date: 12/9/2024 1:58:39 PM  
Name of Signer: ServiceFacilitator, Sarah v  
Sign this note when I save it. ☐

## Non-Billable Progress Note

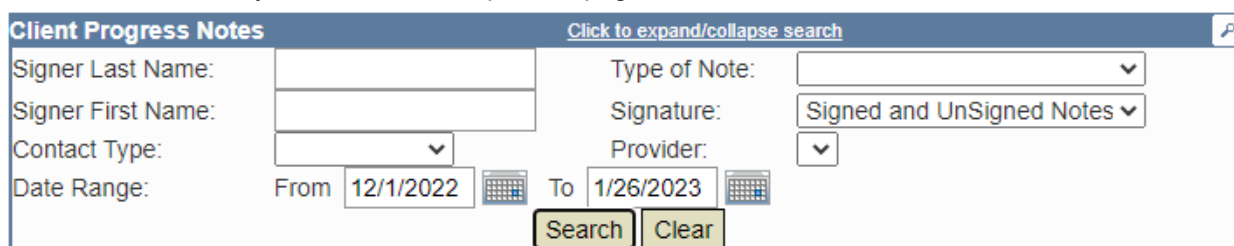
Many of the fields required for a non-Billable Progress Note are similar to a Billable Progress Note. The biggest difference is that you only need to document the Total Time that the non-Billable Service took place.

## Progress Notes Search

When you first access Progress Notes with a client selected, there is a section at the top that searches for client notes, automatically. The notes you can see rely on 2 Filter Criteria:

Filter #1 depends on who you are in relation to the client. If you are NOT the client's SF, you will see all notes written within your own Agency...not just your own notes, but if anyone else at your agency has written a note, you can see it. The SF for the client, on the other hand, gets to see ALL notes that have ever been written for their client, regardless of which agency the author was from. This is because it is the SF's job to read notes, to ensure the client is receiving the appropriate service, at the appropriate frequency for the appropriate duration. This is filter #1.

Filter #2 is defined by the fields at the top of the page.



The screenshot shows a search form titled "Client Progress Notes" with a link "Click to expand/collapse search" and a magnifying glass icon. The form contains the following fields:

- Signer Last Name: [Text Input]
- Signer First Name: [Text Input]
- Contact Type: [Dropdown Menu]
- Date Range: From [Date Picker: 12/1/2022] To [Date Picker: 1/26/2023]
- Type of Note: [Dropdown Menu]
- Signature: [Dropdown Menu: Signed and Unsigned Notes]
- Provider: [Dropdown Menu]

At the bottom of the form are two buttons: "Search" and "Clear".

Most of the search fields are self-explanatory, "Who" signed or needs to sign a note, the Type of Contact, the Note Type, and the Date Range. The Signature Status of the Notes, and the Agency of the signer.

The fourth choice, 'My Unsigned Notes' will find any note that YOU, the user, needs to sign. You can use the 'My Unsigned Notes' search as, kind of, a to-do list to make sure you have signed all notes that you have started but have not completed.

Lastly, at the top of the notes page there is an additional view called 'My Unsigned Notes'.

[Progress Notes](#) | [My Unsigned Notes](#)

This view will present you with a list of all notes that require your signature. You can go through this list one-by-one and sign off on notes, or select the 'Delete' button to delete the Unsigned Note.

## Correcting a Signed Note

If you have signed a note and need to make a correction to that note, there are options available.

- To correct minor errors in the narrative of a signed note, you can add an Addendum to the narrative that clarifies the original content of the note narrative.
- To correct any of the other fields on a signed note (Date, Times, Degree Level, etc), you have the option to 'Request Billing Correction'. This will send a message to your Supervisor, or the CCS Administrator, who has the ability to Unlock the note for you, or can Deny the Unlock request. All fields, except the Note Narrative, will be unlocked and editable.
- To correct a note that was entered under the wrong client, please contact the CCS Administrator who can Void the note and remove it from the client's chart.