

CCS Provider Handbook



Summary of *CCS Provider Handbook* Revisions

The following is a brief review of the revisions since the last publication of the *CCS Provider Handbook*.

NOTE: This only provides a summary of the changes and should not be taken as the full policy. The reader is advised to consult the full document for the details regarding the revisions.



January 2024 Revisions

- CCS Model: Contract Payment (pages 6-7)
- Service Standards (pages 12-13)
- Provider Application Process (page 14-15)
- Contract Rates (pages 15-16)
- Conduct (pages 19-20)
- Orientation and Training (page 22)
- CCS Module (page 24)
- Billing and Claiming (page 25)
- Audits and Fiscal Considerations (pages 26-27)
- Client Rights (pages 28-30)
- Grievance Resolution Stages (pages 31-32)
- Updated Provider Orientation Training Checklist (Appendix B)

Dane County Human Services Contacts for CCS Questions

<https://providers.dcdhs.com/documents/pdf/ccs/Overview-of-Point-Person-Contacts-at-Dane-County-CCS.pdf>

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CCS Provider Handbook

Introduction

Welcome to the world of Comprehensive Community Services. Whether you are new to Comprehensive Community Services (CCS) for persons with mental illness and substance use disorders or an existing service provider, this handbook has been designed to provide you with information on becoming a contracted provider and delivering services under CCS.

Recovery¹

Recovery from mental illness and/or substance use disorders, as defined by the Substance Abuse & Mental Health Services Administration (SAMHSA), is: “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”

There are four (4) dimensions that support a life in recovery:

- 1. Health**
 - Overcoming or managing one’s disease(s) or symptoms.
 - Making informed, healthy choices that support physical and emotional well-being.
- 2. Home**
 - A safe stable place to live.
- 3. Purpose**
 - Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society.
- 4. Community**
 - Relationships and social networks that provide support, friendship, love, and hope.

SAMHSA cites 10 guiding principles to recovery. These are:

1. Recovery emerges from hope.
2. Recovery is person driven.
3. Recovery occurs via many pathways.
4. Recovery is holistic.
5. Recovery is supported by peers and allies.
6. Recovery is supported through relationships and social networks.
7. Recovery is culturally-based and influenced.
8. Recovery is supported by addressing trauma.
9. Recovery involves individual, family, and community strengths and responsibility.
10. Recovery is based on respect.

The process of recovery is highly personal and occurs via many pathways. It may include clinical treatment, medications, faith-based approaches, peer support, family support, self-care, and other approaches. Recovery is characterized by continual growth and improvement in one’s health and wellness that may involve setbacks. Because setbacks are a natural part of life, resilience becomes a key component of recovery.

¹ SAMHSA’s *Working Definition of Recovery*, Publication PEP12-RECDEF, Substance Abuse & Mental Health Services Administration (Rockville, MD: U.S. Department of Health and Human Services, 2012), p. 2-5.

Resilience refers to an individual's ability to cope with adversity and adapt to challenges or change. Resilience develops over time and gives an individual the capacity not only to cope with life's challenges but also to be better prepared for the next stressful situation. Optimism and the ability to remain hopeful are essential to resilience and the process of recovery.

CCS

The Comprehensive Community Services (CCS) program is certified per the requirements of Wisconsin Administrative Code DHS 36 and provides a flexible array of individualized community-based psychosocial rehabilitation services authorized by a licensed mental health professional under DHS 36.15. CCS services are provided to individuals with mental health and/or substance use issues across the lifespan who qualify based on level of need measured by a Functional Screen. The intent of the services and supports is to provide maximum reduction of the effects of the individual's mental health and substance use disorders and restoration to the highest possible level of functioning. The goal is to facilitate the individual's recovery and resilience. The services provided must be individualized to each person's needs and recovery goals as identified through a comprehensive assessment. The services must fall within the federal definition of "rehabilitative services" under 42 CFR s. 440.130(d) in order for the services to be reimbursed by Medicaid.

In order to qualify as psychosocial rehabilitation in the CCS program, a service must:

- have been determined through the assessment process to be needed by an individual CCS participant;
- involve direct service;
- address the CCS participant's mental health and substance use disorders to maximize functioning and minimize symptoms;
- be consistent with the individual participants's diagnosis and symptoms;
- safely and effectively match the individual's need for support and motivational level;
- be provided in the least restrictive, most natural setting to be effective for the CCS participant;
- not be solely for the convenience of the individual CCS participant, family or provider;
- be of proven value and usefulness; and
- be the most economic option consistent with the CCS participant's needs.

CCS Service Array

A Provider may apply to provide any number of services on the CCS Service Array, from one to many. It is not necessary for a service provider to provide all of the services. The CCS Service Array includes the following areas:

- Screening and Assessment
- Service Planning
- Service Facilitation
- Diagnostic Evaluations
- Medication Management
- Physical Health Monitoring
- Peer Support
- Individual Skill Development and Enhancement
- Employment-Related Skill Training
- Individual and/or Family Psychoeducation
- Wellness Management and Recovery/Recovery Support Services
- Psychotherapy
- Substance Abuse Treatment



CCS Model

The CCS model represents a significant change in the approach in Dane County to contracting for services. Some of those differences are outlined in Table 1.

Table 1: Select Differences Between General DCDHS Contracts for Mental Health and AODA Services and CCS Program Contracts

Feature	General DCDHS Contracts	CCS Program
Application to be a Service Provider	Applications are made in response to a request for proposal (RFP). RFPs are released every 5 years or whenever there is a need for or a significant change in a service. The majority of RFPs are released in April and due in May of each year.	All willing and qualified providers may apply at any time to the Provider Network Coordinator.
Contract Term	Typically 1 year.	CCS contracts are for a 2 year term limit provided that CCS funding continues as currently proposed at the State level and that the service provider continues to be credentialed by the Provider Network Coordinator. Contracts may be amended as needed.
Contract Payment	Typically contracts are paid each month based on 1/12 th of contract amount, or by unit times unit rate. Requisite reports are submitted as required. Contracts may also include provisions for generating and/or sharing Medicaid or other revenue.	<p>CCS contracts are paid on the basis of unit times unit rate depending on the credentials of the performing service provider, i.e., Masters, Bachelors, etc. Service providers are to bill based on their County approved rates as identified in their CCS contract with the County.</p> <p>County approved rates are a sum of the following two rate components: (1) State of WI ForwardHealth statewide interim rate; and (2) Supplemental rate to cover costs above statewide interim rate.</p> <p>There will be an annual reconciliation process in compliance with State procedures. As a non-county funded program, both rate components are dependent upon reimbursement paid by the State</p>

Table 1: Select Differences Between General DCDHS Contracts for Mental Health and AODA Services and CCS Program Contracts

Feature	General DCDHS Contracts	CCS Program
		<p>of Wisconsin Dept of Health Services to County.</p> <p>Providers will be required to submit claims through the County's on-line web-based application.</p>
Orientation and Training	Providers are expected to independently provide staff training and orientation.	<p>The County will provide some, but not all, of the orientation and training required under DHS 36.12 (1).</p> <p>Providers will be required to provide documentation to the Provider Network Coordinator that each staff member receives the required number of hours of initial and ongoing training each year.</p>
Service Authorizations	Process varies from contract to contract.	<p>Services are selected based on the needs, goals, and preferences of the CCS participant and identified in the recovery plan. Services must be authorized by the Mental Health Professional, and for participants who have or are suspected of having a substance use disorder, by the Substance Abuse Professional.</p>

Key components of the Dane County CCS Model from the participant perspective include:

- A warm connection from any “door” to the CCS Program.
- Information on the program and determination of eligibility through an intake performed by DCDHS. This will include assistance with obtaining the physician prescription for services, the completion of the application and admission agreement, the functional screen, and determination of need for psychosocial rehabilitation services.
- Choice in selecting a service facilitation agency.
- Selecting a recovery team that includes the CCS participant, Service Facilitator, and Mental Health Professional. If the participant has or is suspected of having a substance use disorder, then a Substance Abuse Professional is to be a part of the recovery team as well. The team may also include, with the CCS participant’s consent, service providers, family members, natural supports, and advocates. If the CCS participant is a minor or is incompetent or incapacitated, then a parent or legal representative of the participant is to be included on the recovery team.
- Stating in their own words how they view recovery—including how the CCS participant views their own experiences, challenges, strengths, resources, and needs in each of the domains in the assessment process. This includes stating their recovery goals, desired outcomes, priorities, preferences, values, and methods for achieving them.
- Participating as a member of their recovery team to explore their strengths and to develop a recovery plan based on their goals, hopes, and dreams.
- Having a choice in services and service providers.

- Having the recovery plan regularly reviewed to ensure services are delivered according to the plan and the CCS participant is satisfied, to assess progress toward goals, and to plan for discharge. The plan is modified as needed to account for changes in the individual's life.
- Planning for discharge.



Cultural Competence

CCS believes that cultural competency is a fundamental part of best practice standards which includes self-awareness, education, inclusiveness, understanding, courage and the ability to question self and others. Cultural competency is a long-term developmental process, which encourages an understanding of our own beliefs and values and how they affect our relationship with program participants. It is a willingness to learn about others, embrace different cultures/ethnicities, take risks, ask questions for a better understanding, and make mistakes while learning. Cultural diversity is more than language, food, dress and cultural events; it is the way a person thinks, acts, and believes about the world around them. It is the Provider's obligation to gain the necessary cultural information about CCS participants that will help them provide a basis for their work together.

To ensure the delivery of culturally and linguistically appropriate services by Providers that are respectful and responsive to cultural and linguistic needs, CCS has the following expectations of Providers:

- Each provider will complete training in diversity topics in human services such as cultural humility, cultural competence, or human service practice with specific populations within three months of becoming a CCS provider.
- Offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each CCS participant with limited English proficiency at all points of contact, in a timely manner during all hours of operation;
- Provide both verbal offers and written notices informing participants of their right to receive language assistance services in their preferred language. ISpeak Cards and Language Posters that can help comply with this expectation are available at: <https://www.dhs.wisconsin.gov/civil-rights/lep-resources.htm> under Cards and Posters;
- Not use family or friends to provide interpretation services, except when requested by the CCS participant;
- Make available easily understood participant-related materials and post signage in the languages of the commonly encountered groups in a public area such as a waiting room.

Definitions



These definitions are largely taken from Wisconsin Administrative Code, DHS 36.03.

Adult - means an individual 18 years of age or older.

CCS Participant – also called the consumer in the DHS 36 definitions, means an individual who has been determined to need psychosocial rehabilitation services. Note: Family members of the CCS participant or the CCS participant's primary caregivers also are considered to be consumers, and therefore, may receive some services related to the CCS participant's disorder provided that the services are included as part of the CCS participant's recovery plan.

County – means Dane County Department of Human Services.

Mental Health Professional – means a staff member who is qualified under DHS 36.10(2)(g) 1 to 8. This includes psychiatrists and physicians who are licensed under Chapter 448, Wis Stats to practice and who meet the experience and accreditation requirements; psychologists who are licensed under Chapter 455 Wis Stats to practice and who meet the experience and accreditation requirements; psychiatric residents who have a doctoral degree in medicine as a medical doctor or doctor of osteopathy and have successfully completed 1,500 hours of clinical experience; licensed clinical social workers, licensed professional counselors and marriage and family therapists qualified under Chapter 457, Wis. Stats., who meet the hours of supervised clinical experience; board certified adult psychiatric and mental health nurse practitioners, family psychiatric and mental health nurse practitioners or clinical specialists in adult psychiatric and mental health nursing with the appropriate accreditation; and advanced practice nurse prescribers who are board certified and have the requisite hours of supervised clinical and prescribing experience.

Recovery – means the process of a person's growth and improvement, despite a history of mental health or substance use disorders, in attitudes, values, feeling, goals, skills and behavior. Recovery is measured by a decrease in dysfunctional symptoms and an increase in maintaining the person's highest level of health, wellness, stability, self-determination, and self-sufficiency.

Recovery Plan – also called the service plan in the DHS 36.03 definitions, means a written plan of psychosocial services to be provided or arranged for a CCS participant that is based on an individualized assessment of the CCS participant.

Recovery Team – means the group of individuals who are identified to participate in an assessment of the needs of the CCS participant, service planning and delivery, and evaluation of desired outcomes.

Service Facilitation – means any activity that ensures the consumer receives assessment services, service planning, service delivery, and supportive activities in an appropriate and timely manner.

Service Facilitator (Primary) – means a CCS staff member who is qualified under DHS 36.10(2)(g) 1 to 21, and who has the overall responsibility for service facilitation.

Service Facilitator (Secondary) – means a CCS staff member who is qualified under DHS 36.10(2)(g) 1 to 21, and who has responsibility for service facilitation in support of the primary Service Facilitator, such as covering leaves of absence, vacation, or other urgent needs when the primary Service Facilitator is not available.

Service Provider – means an agency or individual, under contract with the County as a CCS provider, that provides one or more mental health or substance-use treatments or services.

Staff Member - means an individual employed by a county department, tribe, or contracted agency meeting the standards established in DHS 36.

Substance Abuse Professional – means a person who meets the requirements of DHS 75.03(85). Including a person who holds a clinical substance abuse counselor certificate, a substance abuse counselor certificate, or a substance abuse counselor in-training certificate granted by the Department of Safety and Professional Services; or an individual who holds a physician, psychologist, clinical social worker, marriage and family therapist, or professional counselor license granted under ch. 448, 455, or 457, Stats., and practices within their scope; or certified psychotherapists with MPSW Examining Board 1.09 substance abuse disorder specialty.



Roles

While Wisconsin Administrative Code, DHS 36 more fully explains the roles of key staff (marked with asterisks *), a brief explanation of several are provided here.

CCS Administrator

The CCS Administrator, located within DCDHS, has overall responsibility for the County's CCS program, including compliance with Wisconsin Administrative Code, DHS 36 and other applicable state and federal regulations. The Administrator helps to develop and implement policies and procedures.

CCS Service Director*

These individuals are responsible for the overall quality of the services provided to CCS participants and for day-to-day consultation to CCS staff. There are currently two CCS Service Directors with DCDHS in addition to CCS Service Directors who are employed within the agencies that contract with DCDHS to provide service facilitation services on the CCS service array. Each service provider that contracts with the County to provide service facilitation services must have a Service Director on staff.

CCS Intake Unit

The primary duties of Intake Workers in the DCDHS CCS Unit are to meet with individuals who have a mental health and/or substance use diagnosis to educate them about the features of the CCS program and its Recovery model, ascertain their voluntary interest in participating, determine functional screen eligibility, determine need for psychosocial rehabilitation services, obtain physician's prescription for CCS services, assist consumers in selecting a Service Facilitation Agency, assess need for immediate services, arrange for immediate services if necessary, arrange smooth transfer to the selected Service Facilitator, perform annual reassessments of eligibility and refer people who are not interested or eligible to other services.

Mental Health Professional*

Mental Health Professionals serve as members of the recovery team. The Mental Health Professional reviews and attests to the applicant's need for psychosocial services and medical and supportive activities to address the desired recovery goals and authorizes the proposed psychosocial services. Each service provider that contracts with the County to provide service facilitation must have a Mental Health Professional on staff.

Provider Network Coordinator

The Provider Network Coordinator, located within DCDHS, is responsible for the recruitment, application, screening, background checks, and ongoing monitoring of credentials of contracted service providers.

Service Facilitator*

Service Facilitators are located in purchase-of-service agencies under contract with DCDHS or at DCDHS. These individuals assist CCS participants in identifying a recovery team; gather information focusing on the participant's needs, goals, strengths, desired outcomes, and priorities as part of the assessment process; and ensure that the service plan and service delivery for each CCS participant is integrated, coordinated and monitored, and is designed to support the participant in a manner that helps them to achieve the highest level of independent functioning.

Substance Abuse Professional*

If the applicant has or may have a substance use disorder, the Substance Abuse Professional establishes the diagnosis, conducts an assessment of the CCS participant's substance use, strengths and treatment needs, and also signs the authorization for services. Substance Abuse Professionals serve as members of the recovery team. Each service provider that contracts with the County to provide service facilitation must have a Substance Abuse Professional on staff.



Becoming a Provider

Dane County's Comprehensive Community Services program maintains an open network of qualified providers. However, in order to contract with Dane County's Comprehensive Community Services program, certain minimum fiscal and service standards must be met. Failure to meet the minimum requirements will preclude an agency from contracting with Dane County's CCS Program.

Fiscal Standards

- 1) Agencies are required to employ or contract designated fiscal accounting staff who are not also program staff, to perform the day to day accounting tasks for the agency. (A tax accountant/firm does not meet the requirement for this standard.) This person will be the primary fiscal contact for your agency, and receive communications from DHDHS accountants and staff.
- 2) Agencies are required to maintain a double entry accounting system.
- 3) Agencies may be required to complete quarterly expense reporting, an annual cost report, and a financial audit, depending on the annual amount of funding received by the agency from the Department of Human Services, across all Department contracts.

Service Standards

Minimum qualifications for CCS staff members are defined in DHS 36.10(2)(g). However, Dane County's CCS Program defines additional requirements within particular staff roles and organizational structure as follows:

Minimum Requirements for all agencies

- 1) Each agency's CCS supervisor, defined by minimum qualifications in DHS 36.10(2)(g)1-8. must be directly employed by the agency.

OR

Staff on the agency's CCS staff listing must have a mean experience of at least 2 years providing psychosocial rehabilitation within any of the service array categories to individuals with mental health and/or substance use disorders.

- 2) At all times during the contract period, staff cannot be on more than two (2) different agency staff listings concurrently. Exceptions can be requested in writing to the CCS Administrator. Exceptions will only be granted if the integrity of the CCS program can be assured.

Additional Minimum Requirements for Service Facilitation Agencies

- 3) Within one year of contracting with Dane County's CCS Program, agencies that are contracted to provide service facilitation are required to directly employ at least 3.0 FTE (Full-Time Equivalent) Service Facilitators and provide service facilitation to a minimum of 30 CCS participants across the agency.
- 4) Within one year of contracting with Dane County's CCS Program, agencies that are contracted to provide service facilitation are required to directly employ their Mental Health Professional role, and must maintain Mental Health Professional staff at a ratio of at least 1.0 FTE Mental Health Professionals for

every 100 CCS program participants. Mental Health Professionals cannot serve as the MHP on more than 100 CCS participant teams at the same time. Short term exceptions to this requirement can be granted during times of unexpected staff absence.

- 5) Service Directors, or their county-approved designee, are required to attend Service Director meetings at DCDHS as well as on-site Technical Assistance meetings. Attendance rates <75% are considered out of compliance.
- 6) Personnel filling the role of service facilitator must have a minimum of six (6) months experience providing psychosocial rehabilitation to individuals with mental health and/or substance use diagnoses **or** have an Associate's degree or higher in an approved human services field.
- 7) Agencies must have an active MHP/SD on staff to receive Service Facilitation referrals from Dane County CCS.
- 8) Agencies new to Service Facilitation will be required to have at least one MHP, SD, and SF complete the CCS Module and SF/MHP/SAP/Service Director training, provided by Dane County, prior to receiving CCS referrals OR if an individual has been actively serving in a MHP/SF role within the past 12 months, exceptions may be granted.

Expectations

Providers are expected to:

- a. Be recovery-focused;
- b. Use evidence-based practices;
- c. Have and implement written personnel policies and procedures that do not discriminate against any staff member or application for employment based on the individual's age, race, religion, color, sexual orientation, national origin, disability, ancestry, marital status, pregnancy or childbirth, or arrest or conviction record. Providers with 20 or more employees and who receive \$20,000 or more in annual contracts with Dane County are required to file an Affirmative Action Plan with the Dane County Contract Compliance Officer in accord with Chapter 19 of the Dane County Code of Ordinances within 15 days of the effective date of the contract.
- d. Possess the appropriate professional certification, training, education, experience, and abilities to carry out their prescribed duties;
- e. Conduct and comply with the caregiver background checks and misconduct reporting requirements in s. 50.065, Stats., and DHS 12, and the caregiver misconduct reporting and investigation requirements in DHS 13;
- f. Be a legal entity registered with the Wisconsin Department of Financial Institutions and in good standing;
- g. If receiving federal funds, the business must be registered on the System for Award Management (SAM – sam.gov) and not be debarred, excluded, or otherwise prohibited from doing business with the Federal government;
- h. Obtain and keep in full force during the term of the contract, the required insurance coverages, limits, and endorsements. Note that these need to be in the name of the legal entity registered with the Wisconsin Department of Financial Institutions. These are described in greater detail in

the CCS contract boilerplate, a copy of which may be found at:
<https://providers.dcdhs.com/Partnering-With-Dane/Boiler-Plate-Contracts>.

- i. Maintain the appropriate staff records and provide the required information to the Provider Network Coordinator at DCDHS;
- j. Provide and document the required supervision and clinical collaboration under DHS 36.11;
- k. Participate in the County's orientation and training program;
- l. Maintain internet access and use the County's electronic mental health web app which will be used for recording documentation of the services authorized, provided, and billed;
- m. Maintain unique agency email domain that utilizes TLS encryption and manage email accounts for staff;
- n. If video conferencing is permitted in the delivery of CCS participant services containing confidential participant information, the application used must be secure and HIPAA-compliant, providing end-to-end encryption;
- o. Display the DCDHS logo in its waiting rooms and incorporate the logo in all Provider publications and stationery that pertain to services funded by the County. Costs associated with display of the logo are the responsibility of the County.
- p. Meet minimum fiscal and service standards;
- q. Follow applicable public health guidelines to provide safe services and a safe workplace;
- r. Comply with all applicable CCS policies and procedures. In addition to those cited in the contract, these may be found at: <https://providers.dcdhs.com/Partnering-With-Dane/Comprehensive-Community-Services/CCS-Plan-and-Policies>

Provider Application Process

Applications are available from the Dane County Human Services website at <https://providers.dcdhs.com/Partnering-With-Dane/Comprehensive-Community-Services/Application-Process> or by contacting:

CCS Provider Network Coordinator
Dane County Human Services
1202 Northport Drive
Madison, WI 53704
608-358-0083 (phone)
608-283-2994 (fax)
ccsProviderNetwork@countyofdane.com

To request a contract with Dane County CCS, Providers are to complete and submit to the Provider Network Coordinator:

Agency Materials

- ☐ Application – completed, signed copy;

- ❑ Copy of personnel policies – being sure to delineate the non-discrimination, background checks, and misconduct reporting policies;
- ❑ Copy of Notice of Privacy Practices;
- ❑ CCS Staff Listing Form with dates of caregiver background checks and misconduct reporting;
- ❑ IRS W-9 Form – Request for Taxpayer Identification Number and Certification. A copy of the form may be found at: <https://providers.dcdhs.com/Partnering-With-Dane/Comprehensive-Community-Services/Application-Process>;
- ❑ Fair Labor Practices Certification Form, signed and dated;
- ❑ Certificate of Insurance (COI) for Commercial General Liability, Automobile Liability, Professional Liability, and Worker's Compensation
- ❑ Verification of contractual agreement with fiscal accounting staff if Provider is contracting with third-party fiscal entity.

Staff Materials

- ❑ Resume detailing all prior experience providing mental health and substance use disorder services to determine number of CCS Orientation Training hours needed
- ❑ Background check forms for each staff person who will be credentialed under the CCS program, including the Background Information Disclosure (BID) form and caregiver investigation reports. These must be current within the past four (4) years. Copies of the Background Information Disclosure (BID) form may be found at: <https://www.dhs.wisconsin.gov/library/collection/f-82064>;
- ❑ Professional references obtained from at least two (2) people, including previous employers, education, or post-secondary educational institutions attended if available. References must be **documented in writing** either by letter or by written documentation of the verbal contact with the reference, dates of contact, person making the contact, individuals contacted, and the nature and the content of the contact. This is in compliance with DHS 36.10(2)(d)1. References provided by the current provider agency will not be accepted unless the employee for whom the reference is being provided has worked at the provider agency for 1 year or longer. Anyone wishing to move their enrollment from one CCS contracted agency to another will be required to furnish the Provider Network Coordinator with two (2) updated professional references, prior to being added to the new CCS agency's Staff Listing Form.
- ❑ Verification of qualifying licensure, degree, or Rehabilitation Worker training for each staff person who will be credentialed under the CCS program;
- ❑ Verification of CCS related training received from another CCS certified County, if any;
- ❑ Verification of other training that meets CCS requirements, if any.

Contract Rates

All new CCS contracts will contain the current year Dane County approved rates, as found in the Dane County CCS Provider Application

Requests for Change in Contract

- ❑ To request changes to an existing contract during the 2-year contract term, provider agencies are to complete and submit to the Provider Network Coordinator signed and dated updated application materials with requested changes indicated.

Contract Renewal

Prior to the end of each contract cycle, Providers will be required to go through a re-certification process in order to contract with CCS for the next contract period. This timeline will be identified by Dane County CCS each contract period and Providers will be informed of when re-certification materials are due.

To re-contract with Dane County CCS, Providers are to complete and submit to the Provider Network Coordinator:

- ❑ Re-Certification Application – completed, signed copy
- ❑ Copy of personnel policies regarding non-discrimination, background checks, and misconduct reporting policies, if changes have been made from original policies submitted;
- ❑ Copy of Notice of Privacy Practices, if changes have been made from the original submission
- ❑ Fair Labor Practices Certification Form, signed and dated;
- ❑ Verification of contractual agreement with fiscal accounting staff if Provider is contracting with third-party fiscal entity.



Staff Credentialing/Recredentialing

On an ongoing basis, the Service Provider is required to notify the Provider Network Coordinator of any changes in staff and provide results of any background checks and misconduct reporting and investigations, resume, proof of certification/degree, and references for new employees within 30 days of such an event.

If a staff member does not have an eligible certification/degree for enrollment, they will be required to complete the Rehabilitation Worker Training prior to enrollment into the CCS network, and ongoing, every two (2) years. Verification of this completed training must be submitted to the Provider Network Coordinator along with a completed Rehabilitation Worker Training Checklist (Appendix A). Those needing to complete this requirement are expected to complete the UW-Green Bay Behavioral Health Training Partnership (BHTP) Comprehensive Community Services (CCS) Web-based Orientation course to fulfill a portion of this requirement at initial enrollment. The remaining Rehabilitation Worker training hours may come from other Dane County CCS developed trainings, or other eligible trainings that produce a certification of completion, verifying the attendee's name, date, duration, and topic that the training covered. Training options that meet these requirements are included on the CCS Rehabilitation Worker Training Checklist. Instructions on how to register for the BHTP web-based modules can be found in Appendix C.

All CCS staff are expected to be acting within their scope of practice and may be asked to provide verification of certification/licensure or training in any specialty areas. Those with specialties that have a specific license associated with them through the Wisconsin Department of Safety and Professional Services (DSPS) will be required to hold an active license in that area (i.e. Art Therapist, Dance Therapist,

Music Therapist, etc.). All other service types will be verified via training or certification, as deemed appropriate by the County.

If a staff member's credentials become invalid and are not rectified within 30 days from the time in which they expired, the staff will be suspended from the CCS network until all credentialing requirements are met again.

At contract renewal and on an ongoing basis, the Provider Network Coordinator will:

- ☐ Determine that staff members have the professional certification, training, experience, and abilities to carry out prescribed duties;
- ☐ Review and affirm that the agency/service provider is in compliance with the caregiver background check and misconduct reporting requirements under DHS 36.10(2)(c);
- ☐ Determine that there are sufficient staff with the appropriate credentials to provide the needed clinical supervision and collaboration;
- ☐ For agencies/individuals who are service facilitators, verify that there is a Mental Health Professional and a Substance Abuse Professional to serve as members of the recovery team, as well as, to review and authorize recovery plans and services;
- ☐ Verify that new staff/volunteers have received the requisite hours of orientation and training and determine any additional training that is required;
- ☐ Verify the number of hours of in-service training provided annually to each staff member and determine any additional training that may be required;
- ☐ Verify that each CCS staff member has met the weekly/monthly supervision requirements;
- ☐ Identify any other issues that the CCS Administrator should consider;
- ☐ Report to the CCS Administrator regarding the results of each recredentialing check for each service provider.



Background Checks and Misconduct Reporting

Prior to the provision of service, a Caregiver Background Check (CBC) must be completed on all staff persons who will be providing CCS services as required by DHS 36.10(2)(c).

A complete background check consists of the the following required documents:

- a. A completed F-82064 Background Information Disclosure (BID) form.
- b. A response from the Department of Justice (DOJ) Wisconsin Criminal History Record Request consisting of either a “no record found” response or a criminal record transcript and the Department of Health Services Response to Caregiver Background Check.

Copies of forms may be found at: <https://www.dhs.wisconsin.gov/caregiver/employee.htm>. Online background checks can be requested via <https://recordcheck.doj.wi.gov/>. Any staff person who identifies a name(s) by which they have previously been known on their Background Information Disclosure (BID) form must have that name or names included on their Background Check, in addition to their current name.

Qualified agency personnel of the Provider are responsible for closely examining the results of the CBC for criminal convictions or findings of misconduct by a governmental agency; and to make employment decisions in accordance with the requirements and prohibitions in the law.

A copy of the Background Check for each staff person who will be providing CCS services must be provided to the Provider Network Coordinator at the time of application, every four (4) years, and upon hire for new staff persons. All Service Providers must maintain their own Background Checks on staff (employees or contractors) to be in compliance with this requirement, even if that staff has been credentialed in the network under a different Service Provider. Service Providers shall not assign any staff to provide CCS services who do not meet the requirements of this section.

After the initial Background Check, Service Providers are required to conduct a new Background search every four years, or at any time within that period when Service Providers have reason to believe that a new check should be obtained, including when a name change occurs. Updated Background Checks are to be provided to the Provider Network Coordinator by the last business day of the month prior to the month in which the Background Check expires.

Service Providers shall obtain out-of-state conviction records from any state or other US jurisdiction (e.g., tribal courts, Puerto Rico, US Virgin Islands, and Northern Mariana Islands, including Guam) for any CCS staff who resided outside of Wisconsin at any time during the three **(3)** years preceding the date of the search. If provider is unable to obtain the out-of-state conviction record from a closed record state, a FBI Criminal Records Check (national fingerprint-based criminal history check) may be substituted for this requirement. Attempts to obtain the out-of-state conviction record must be documented and provided to the CCS Provider Network Coordinator if submitting the FBI Criminal Records Check in lieu of the out-of-state conviction record(s).

A Background Check of a potential new employee that reveals a misdemeanor and/or felony charge, regardless of the disposition, must be sent to the Provider Network Coordinator before that individual will be approved to provide services.

For current employees, the Agency must notify the Provider Network Coordinator within one (1) business day when any of the following occur per DHS 12.07 (1): a current staff member is convicted of any crime; a current staff member has been or is being investigated by a governmental agency for any other act, offense, or omission; a current staff member has a governmental finding substantiated against them for

abuse or neglect of a client or misappropriation of a client's property; or a current staff member has been denied a license, or the person's license has been restricted or otherwise limited.

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

Conduct

All CCS staff are expected to adhere to the conduct policy outlined on the DCDHS CCS web site under Policies & Procedures found at: <https://providers.dcdhs.com/Partnering-With-Dane/Comprehensive-Community-Services/CCS-Plan-and-Policies>. The policy states:

Prohibited Conduct

- 1) Service providers shall not provide any CCS services that they are not professionally qualified to provide and for which they lack necessary licensure.
- 2) Service providers shall not violate any law in any jurisdiction that relates directly to the practice of psychosocial rehabilitation.
- 3) Service providers shall not misrepresent their education, professional credentials, or professional experience.
- 4) Service providers and CCS provider agencies shall not engage in false or fraudulent billing practices.
- 5) Service providers shall not make false or misleading statements in the practice of their CCS work.
- 6) Service providers shall not discriminate on the basis of age, race, ethnicity, religion, color, gender, disability, marital status, sexual orientation, national origin, cultural differences, ancestry, physical appearance, arrest/conviction record, military participation, or political beliefs with regard to service provided or denied.
- 7) Service providers shall not provide or attempt to provide CCS services while impaired due to the use of alcohol or other drugs, or as a result of an illness which impairs the personnel's ability to safely carry out their CCS functions.
- 8) Service providers shall not violate the Confidentiality Policy of the CCS Program.
- 9) Service providers shall not engage in any mistreatment of CCS participants including physical, verbal, sexual, or emotional abuse. Service providers shall not engage in sexual contact or sexual/seductive conduct with a CCS participant or member of the CCS participant's immediate family.
- 10) Service providers shall not engage in dual relationships or relationships that create a conflict of interest. This includes the prohibition against service providers providing CCS services to close friends or relatives, employees, employers, supervisors, supervisees, or any other person with whom the service provider shares a close ongoing relationship.
- 11) Service providers (a) shall not have either firearms or ammunition on their person while performing CCS work; and (b) shall not have firearms or ammunition on the premises where CCS participants are being provided services. EXCEPTION: This policy does not prohibit service providers who have a valid license or permit from carrying or storing a concealed weapon or ammunition in the service provider's own motor vehicle even when the motor vehicle is used in the course of providing CCS services; however, if the service provider does carry or store a concealed weapon or ammunition in their own motor vehicle, then the service provider has the responsibility of ensuring that the vehicle always remains locked while the service provider is not occupying the vehicle.

- 12) Service providers shall not operate a motor vehicle on CCS business without legally required licensure and insurance.
- 13) Service providers shall not engage in financial transactions with CCS participants including lending money, borrowing money, or taking possession of the CCS participant's funds.
- 14) Service providers and CCS provider agencies shall not exchange anything of value with or offer gifts that have a retail value of more than \$15 individually or a total of \$75 per year per participant to a CCS participant. Gift of cash or cash equivalents are always prohibited.
- 15) Service providers and CCS provider agencies shall not engage in any conduct that attempts to influence a participant's choice of a CCS provider or CCS services. To preclude influencing CCS participants to transfer with an established provider on their recovery team to a new agency, there will be a six month moratorium on transfers or referrals from the established provider's previous agency of employment to the established provider's new agency of employment. Exceptions to this moratorium of referrals and transfers will be considered within a clinical case consult between the current Mental Health Professional (MHP) on the team, the desired MHP for the CCS participant, Dane County CCS Administrator, and Dane County CCS Service Director.
- 16) CCS Module access is granted to individual users. To maintain security and accountability passwords, grids, and usernames are the means by which access is granted to each individual user. Service providers shall not share their username or password with anyone. Service providers also shall not use someone else's username or password to gain access to the CCS Module.

Conduct Required to Ensure Ongoing Program Integrity and Continuity

- 1) If a CCS service provider is convicted of a crime subsequent to completion of the background check, the CCS agency must inform the CCS Provider Network Coordinator and CCS Administrator of those charges within one business day.
- 2) CCS service providers shall notify the CCS Provider Network Coordinator and the CCS Administrator within 1 business day if their professional license has been denied, revoked, suspended, or otherwise limited.
- 3) CCS service providers shall notify the CCS Provider Network Coordinator and the CCS Administrator if they become aware of any alleged act, omission or course of conduct described in DHS 13 as client abuse or neglect or misappropriation or client property committed by any CCS service provider.
- 4) CCS service providers and provider agencies shall make reasonable efforts to notify CCS participants when their CCS services may be interrupted or terminated for any reason.
- 5) CCS service providers shall promptly report, to the proper authorities, any instances of child, elder, or adult-at-risk abuse and/or neglect that they encounter through the course of their CCS duties.
- 6) CCS service providers shall, during any times of absence, ensure adequate coverage for their CCS responsibilities.

Misconduct Reporting

- 1) CCS Administrator will report to the Wisconsin Department of Health Services and/or the Department of Safety and Professional Services, in the manner specified by DHS 13.05, any instances of alleged caregiver misconduct within 7 days of knowledge of the event.



Supervision and Clinical Collaboration

In accordance with DHS 36.11, all CCS staff are required to be supervised and provided with the consultation needed to perform assigned functions to ensure effective service delivery. Supervision/clinical collaboration must be provided by a Dane County CCS staff member who is actively credentialed on the agency's staff listing form for whom they are providing the supervision/clinical collaboration. All CCS staff performing supervision/clinical collaboration are required to maintain active status within the Dane County CCS provider network, including completing the Orientation and Ongoing training requirements.

Documentation of supervision/clinical collaboration needs to be submitted to the Provider Network Coordinator **on a monthly basis**, unless other timeline has been approved by the CCS Provider Network Coordinator, for any personnel actively providing face-to-face psychosocial rehabilitation services. Staff who do not provide documentation of their required supervision/clinical collaboration in a timely manner, or do not meet the minimum required hours of supervision/clinical collaboration will be suspended from the CCS provider network until this requirement has been met.

Staff qualified under DHS 36.10(2)(g) 1. to 8. which includes: psychiatrists, physicians, psychiatric residents, psychologists, licensed clinical social workers, professional counselors and marriage and family therapists, adult psychiatric and mental health nurse practitioners, and advanced nurse prescribers shall participate in at least one hour of either clinical supervision or clinical collaboration per month for every 120-clock hours of face-to-face psychosocial rehabilitation or service facilitation they provide. Supervision and clinical collaboration may be provided via:

- Individual sessions with the staff member case review to assess performance and provide feedback;
- Individual side-by-side session in which the supervisor is present while the staff member provides assessments, service planning meetings, or psychosocial rehabilitation services and in which the supervisor assesses, teaches, and gives advice regarding the staff member's performance;
- Group meetings to review and assess staff performance and provide the staff member advice or direction regarding specific situations or strategies;
- Another form of professionally recognized method of supervision designed to provide sufficient guidance to assure the delivery of effective services to consumers by the staff member.

Staff qualified under DHS 36.10(2)(g) 9. to 22. which includes: certified social workers, certified advance practice social workers, certified independent social workers, psychology residents, physician assistants, registered nurses, occupational therapists, master's level clinicians, alcohol and drug abuse counselors, certified occupational therapy assistants, licensed practical nurses, peer specialist, rehabilitation workers, clinical students, and other professionals are to receive, **from a Dane County CCS staff member qualified under DHS 36.10(2)(g) 1. to 8.:**

- Day-to-day supervision and consultation available during CCS hours of operation; and
- At least one hour of supervision per week or for every 30 clock hours of face-to-face psychosocial rehabilitation services or service facilitation they provide.

Clinical supervision and clinical collaboration records shall be dated and documented with the signature of the person providing supervision or clinical collaboration via the Dane County CCS Supervision/Clinical Collaboration Log. Any requests for alternate documentation formats must be preapproved by the Provider Network Coordinator.



Orientation and Training

Orientation

DHS 36.12 specifies that:

- a. Each staff person, including clinical students, who has less than 6 months of experience providing psychosocial rehabilitation services to children or adults with mental disorders or substance use disorders has to complete at least **40 hours** of documented orientation training within 3 months of beginning employment.
- b. Each staff member, including clinical students, who has 6 months or more experience providing psychosocial rehabilitation services to children or adults with mental disorders or substance use disorders has to complete at least **20 hours** of documented orientation training within 3 months of beginning employment with the CCS program.
- c. Each regularly scheduled volunteer must complete at least **40 hours** of documented orientation training before being allowed to work independently with CCS participants or family members.

Dane County will provide portions of the initial orientation and training required of all CCS staff within the first three months of employment.

Anyone needing to complete 40 hours of orientation and training is expected to complete the UW-Green Bay Behavioral Health Training Partnership (BHTP) Comprehensive Community Services (CCS) Web-based Modules as part of this requirement. Instructions on how to register for this training component can be found in Appendix C.

All portions of the orientation training are required, as outlined on the CCS Service Provider Orientation Checklist (Appendix B) and are the responsibility of the provider and employee to complete within the first three months of enrollment. Any trainings listed, with the exception of those pre-determined as “readings” by Dane County CCS, must include a certificate of completion, verifying the attendee’s name, date, duration, and topic that the training covered. Trainings completed within 24 months prior to enrollment may be used to satisfy a competency area on the Provider Orientation Checklist, but can only be used towards the required orientation training hours if completed within 3 months from enrollment.

Service Facilitators must attend the SF/MHP/SAP/Service Director training, provided by Dane County CCS, within 3 months of their first CCS SF referral.

Ongoing Training

Each staff member shall receive at least 8 hours of in-service training each year that is designed to increase their knowledge and skills.

Types of trainings that can be used towards this requirement are:

1. Time set aside for in-service training, including discussion and presentation of current principles and methods of providing psychosocial rehabilitation services.
2. Presentations by community resource staff from other agencies, including consumer operated services.

3. Conferences or workshops.

Completion of ongoing training must be documented via the Ongoing Training Log (Appendix D), accompanied by verification/certificate(s) of completion, including the attendee's name, date, duration, and training topic that was covered.

Training Records

Within three months of staff beginning employment with the CCS, verification of the completion of the requisite hours of each employee's orientation and training shall be provided to the Provider Network Coordinator to verify compliance with DHS 36 requirements. In addition, verification of at least 8 hours of ongoing training received by each staff member is required to be provided to the Provider Network Coordinator annually.

Non-compliance with orientation and training requirements (initial and ongoing) will result in suspension of the ability to provide CCS services until such time the training records are brought up-to-date.



CCS Module

The CCS Module is a comprehensive, web-based application developed and maintained by DCDHS for use by CCS. This application will be used extensively by Service Facilitators to record the recovery team, assessment, recovery plan, services, and progress notes. The application will be used by Mental Health Professionals and Substance Abuse Professionals to review and authorize the assessments, recovery plans and services. Service Providers or Billing Personnel will use the Billing module to submit claims for services.

Accessing the CCS Module

Completed Network Access Request forms are e-mailed to the County's Information Services Unit by the CCS Provider Network Coordinator. One form is to be completed for each CCS credentialed individual who will need access to the CCS Module related to their work with a specific provider.

The County's Information Services Unit will be responsible for establishing user IDs and credentials. The County's Information Services Unit will then forward to the Service Provider this information along with:

1. Instructions for Entrust Self-Service Instructions – for generating the individual's remote network access authentication card (Entrust).
2. Instructions for Citrix Receiver Installation - instructions on how to install the software necessary to remotely access the Dane County network from a non-county-issued computer and how to access the CCS Module.

Any authorized officer, employee, or agent of the COUNTY or the Wisconsin Department of Health Services shall have access to all CCS documents, open and closed consumer records, staff members and consumers at any time to ensure compliance with the requirements of DHS 36, Wis. Admin. Code and other applicable federal and state statutes and regulations. PROVIDER shall have in effect a Business Associate Agreement (BAA) with any entity with which PROVIDER will be sharing protected health information in the course of business. Access to the DCDHS Information System for an individual external to PROVIDER will only be granted if PROVIDER's request is accompanied by copy of signed BAA and the business associate has a Data Sharing Agreement with DCDHS.

Training on the CCS Module

Training on the CCS Module will be provided by the Information Services Unit of DCDHS.

Authorization of Services

Services are selected based on the needs, goals, and preferences of the CCS participant and identified in the recovery plan. Services must be authorized by the Mental Health Professional, and, for participants who have or are suspected of having a substance use disorder, also by the Substance Abuse Professional.

Once the recovery plan and services have been authorized, Service Providers will be able to see the authorized services by accessing the CCS Module. All Providers are required to participate in a training session in order to learn how to access, enter, and submit claims through the CCS Module.

Service Providers must be credentialed to provide CCS services and obtain an authorization prior to providing any service. Service Providers may access the CCS Module to verify whether a service has been authorized.

Services provided without authorization will not be paid.

Services not provided during the time period in which they were authorized may not be carried over to the next authorization time period. Services would need to be re-authorized for the new time period of service.



Billing and Claiming

Documentation

Providers are required to use the DCDHS CCS Module to document the services rendered and to submit claims for service delivery time and documentation time, as well as for provider travel time.

Providers may only bill for psychosocial rehabilitation services authorized and actually provided.

Documentation for a billable service is to include:

- Date of service
- Place of service
- Diagnosis
- Specific service provided
- Service delivery time
- Service documentation time
- Travel time
- Miles traveled if claiming travel time
- Professional provider type modifier (e.g., M.D., Ph.D., Masters, Bachelors)
- Indicator whether the service was provided via telehealth
- Indicator of type of telehealth visit (audio-visual or audio-only)
- Indicator whether the service was provided to an individual or a group
- Number of persons in the group, number of CCS persons in the group
- Goals
- Progress note narrative detailing the psychosocial rehabilitation service(s) provided to the CCS participant.

DCDHS CCS quality assurance staff will regularly review documentation submitted by providers for billable services to ensure the submissions meet all criteria outlined above. If documentation does not meet the standards outlined, claims may be denied by the DCDHS CCS Administrator or CCS Service Director and as a result would not be reimbursed.

Submission of Claims

The Provider is to designate an agency representative who will be responsible for generating and approving the submission of claims to DCDHS for payment. This process will be done via the Billing Module, and the selected representative will be identified therein as the agency's claims approval agent.

Claims for services rendered shall be submitted via the CCS and Billing Modules weekly, but no later than the 7th of the following month after the date of service.

DCDHS will submit provider claims to ForwardHealth monthly. Submitted claims must be complete and accurate in order for them to be processed.

A claim is considered complete once the County has received reimbursement from ForwardHealth for that claim.

Provider Payments

Once ForwardHealth has issued an interim payment to Dane County for a provider's CCS claim, Dane County will pass through to the provider the interim payment. In addition, the County will pay the provider's contracted supplementary rate for the claim. These two rates combined make up the County approved rate in the contract.

As a non-county funded program, both rate components (statewide interim and supplemental) are dependent upon reimbursement paid by the State of Wisconsin Department of Health Services to the County.

At year-end, there will be an annual reconciliation process between Dane County and the State of Wisconsin. Once the process is completed with the State, any additional payment, up to the provider's contracted rate, may be passed on to the service provider as it is received by the County and supported by provider's audit report. Costs not supported by the audit shall be reimbursed to the County.

Prohibition on Co-Payments

Providers are prohibited from collecting copayments from CCS participants for services covered under the CCS benefit.

Denial of Claims

DCDHS will notify the Service Provider of its decision to deny any claim. Appeal of a decision denying a claim may be made first to the CCS Administrator who will inform the Service Provider of the County's grievance procedure. If an appeal is not taken within 60 days of notification of nonpayment, it is waived.



Audits and Fiscal Considerations

Fiscal Requirements based on Department Funding Level:

Providers who receive \$100,000 or more in Department funding annually:

☐ Agency-Wide Audit

An Audit report is required, and is due within 180 days of the end of the provider's fiscal year. Specific audit requirements can be located in the CCS contract. CCS requires a supplementary schedule, in a format provided by the County, to be included as part of the audit report. The supplementary schedule template can be located on the County's website in the Dane County CCS Fiscal Reports Workbook. Final settlement will be completed in accordance with the CCS contract. Costs not supported by the provider's audit report shall be reimbursed to the County.

☐ Expense Reports and Annual Cost Report

Quarterly expense reports and an annual cost report are required to be submitted in the format provided by the County. The report templates can be located on the County's website in the Dane County CCS Fiscal Reports Workbook. Expense reports are due no later than the 25th of the month following the end of the quarter. The annual cost report is due no later than March 31st following the end of the calendar year.

Providers who receive less than \$100,000 in Dane County funding annually, but are projecting growth to exceed \$100,000 in annual funding within 1 to 2 years:

☐ Agency-Wide Audit

An audit report, meeting all contract requirements, is optional. Final settlement will be completed if an audit is received.

☐ Expense Reports and Annual Cost Report

Quarterly expense reports and the annual cost report are optional.

Providers who receive less than \$100,000 in Dane County funding annually:

☐ Agency-Wide Audit – Not Required

☐ Expense Reports and Annual Cost Report – Not Required

In determining the amount of annual funding provided by the COUNTY, the PROVIDER shall consider funds provided through all direct contracts with the COUNTY from the previous calendar year.

Allowable Costs

Federal regulations (2 C.F.R. §200.403) require that costs must be necessary and reasonable for the performance of the work, that costs are consistent with policies and procedures that apply uniformly to both CCS and non-CCS funds, and be adequately documented.

A cost is reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost. Federal regulations provide specific guidelines on reasonable compensation for personal services (2 C.F.R. §200.430) and fringe benefits (2 C.F.R. §200.431). Compensation for employees engaged in work on CCS will be considered reasonable to the extent that it is consistent with that paid for similar work in other activities of the provider. In cases where the kinds of employees required for CCS are not found in the other activities of the provider, compensation will be considered reasonable to the extent that it is comparable to that paid for similar work in the labor market in which the provider competes for the kind of employees involved.

Fringe benefits are allowances and services provided by employers to their employees as compensation in addition to regular salaries and wages. Fringe benefits include, but are not limited to, the costs of leave (vacation, family-related, sick or military), employee insurance, pensions, and unemployment benefit plans. The costs of fringe benefits are allowable provided that the benefits are reasonable and are required by law, employer-employee agreement, or an established policy of the provider.

Time and Effort Reporting

Charges to federal/state programs for salaries and wages, whether treated as direct or indirect costs, must be based on documented payrolls approved by a responsible official of the agency. Where employees work solely on a single federal/state program or cost objective, charges for their salaries and wages must be supported by periodic certifications that the employees worked solely on that program for the period covered by the certification. The certifications will be prepared preferably on a monthly basis and must be signed by the employee or a responsible supervisory official.

Also, certified reports reflecting the distribution of charges within the payroll for each employee (professional or nonprofessional) whose compensation is charged, in whole or in part, directly to federal/state programs must be maintained. The reports must provide an after-the-fact certification of the conformance of payroll charges with the activity of each employee. In no case will certification periods exceed 12 months. Importantly, budget estimates (i.e., estimates determined before the services are performed) do not qualify as support for charges to awards, but may be used for interim accounting purposes.

The time and effort payroll system must:

1. Be incorporated into the official records of the agency
2. Be supported by a system of internal control to ensure charges are accurate, allowable and properly allocated
3. Reasonably reflect the total activity for which the employee is compensated
4. Incorporate both state and federal pass-through activities and all other activities
5. Comply with the established accounting policies and practices
6. Support the salary distribution among specific activities or cost objectives.

The distribution of salaries and wages must be supported by certifications of the consistency of charges with the work performed. All required certifications may either be provided electronically or on paper.



Client Rights

CCS participants have a number of rights, under Wisconsin Statute sec. 51.61(1) and DHS 94 Wisconsin Administrative Code. Rights that are designated with an asterisk (*) generally apply to inpatient and residential settings. Each service provider is required to:

1. Have an established process for explaining client rights to new and continuing clients.
2. Post this bill of rights where everyone can easily see it.
3. Explain these rights to each CCS client orally and in writing, in accordance with the CCS policy.
4. Provide a copy of the [CCS Client Rights and the Grievance Procedure](#) to each client.
5. Have treatment rights/grievance process information readily available to CCS clients and prominently displayed

These rights include:

Personal Rights

- Clients must be treated with dignity and respect, free of any verbal, physical, emotional, or sexual abuse.
- Clients have the right to have staff make fair and reasonable decisions about their treatment and care.
- Clients may not be treated unfairly because of their race, national origin, sex, age, religion, disability, or sexual orientation.
- Clients may not be made to work except for personal housekeeping chores. If they agree to do other work, they must be paid.
- Clients may make their own decisions about things like getting married, voting, and writing a will, if they are over the age of 18, and have not been found legally incompetent.
- Clients may use their own money as they choose.
- Clients may not be filmed, taped, or photographed unless they agree to it.

Treatment and Related Rights

- Clients must be provided with prompt and adequate treatment, rehabilitation and educational services appropriate for each individual.
- Clients must be allowed to participate in the planning of their treatment and care.
- Clients must be informed of their treatment and care, including alternatives to and possible side effects of treatment, including medications.
- No treatment or medication may be given to a client without their consent, unless it is needed in an emergency to prevent serious physical harm to self or others, or a court orders it. [If a client has a guardian, however, their guardian may consent to treatment and medications on their behalf.]
- Clients may not be given unnecessary or excessive medication.
- Clients may not be subject to electro-convulsive therapy or any drastic treatment measures such as psychosurgery or experimental research without their written informed consent.
- Clients must be informed in writing of any costs of their care and treatment for which they or their relatives may have to pay.
- Clients must be treated in the least restrictive manner and setting necessary to achieve the purposes of admission to the program, within the limits of available funding.

Under Wisconsin Statute sec. 51.30 and DHS 92, Wisconsin Administrative Code, clients have the following rights:

Record Privacy and Access Laws

- Client treatment information must be kept private (confidential), unless the law permits disclosure.
- Client records may not be released without client consent, unless the law specifically allows for it.
- Clients can ask to see their records. They must be shown any records about their physical health or medications. Staff may limit how much a client can see of the rest of the client's treatment records while they are receiving services. Clients must be informed of the reasons for any such limits. Clients may challenge those reasons through the grievance process.
- After discharge, clients may see their entire treatment record if they ask to do so.
- If a client believes something in their records is wrong, they can challenge its accuracy. If staff will not change the part of the client record that they have challenged, the client may file a grievance and/or put their own version in their record.
- A copy of sec. 51.30, Wis Stats., and/or DHS 92, Wisconsin Administrative Code, is available upon request.

Grievance Procedure and Right of Access to Courts

- Before treatment is begun, the service provider must inform clients of their rights and how to use the grievance process. A copy of the Program's Grievance Procedure is available upon request.
- If clients feel their rights have been violated, they may file a grievance.
- Clients may not be threatened or penalized in any way for presenting their concerns informally by talking with staff, or formally by filing a grievance.
- Clients may, instead of filing a grievance or at the end of the grievance process, or any time during it, choose to take the matter to court to sue for damages or other court relief if they believe their rights have been violated.

CCS Specific Rights

Under DHS 36.19:

1. Clients will be a member of their personal Recovery team, will be able to select members of their Recovery Team, and will be involved in all aspects of their Recovery Planning and treatment.
2. Clients must be offered choice in the selection of recovery team members, services, and service providers.
3. Clients have the right to specific, complete and accurate information about proposed services.
4. Client participation in CCS is voluntary, and the client or their parent/guardian may choose to leave the CCS program at any time.
5. Clients have the right to utilize the fair hearing process under s. DHS 104.01 (5). A written request for review of the determination of need for psychosocial rehabilitation services should be addressed to the Bureau of Prevention, Treatment and Recovery, 1 W. Wilson Street, Room 850, PO Box 7851, Madison, WI 53707-7851

Grievance Resolution Stages

Informal Discussion (Optional)

Clients are encouraged to first talk with staff about any concerns they have. However, they do not have to do this before filing a formal grievance with their service provider.

Grievance Investigation – Formal Inquiry

- If clients want to file a grievance, they should do so within 45 days of the time they become aware of the problem. The program manager for good cause may grant an extension beyond the 45-day time limit.
- The program's Client Rights Specialist (CRS) will investigate their grievance and attempt to resolve it.
- Unless the grievance is resolved informally, the CRS will write a report within 30 days from the date the client filed the formal grievance. Clients will get a copy of the report.
- If clients and the program manager agree with the CRS's report and recommendations, the recommendations shall be put into effect within an agreed upon time frame.
- Clients may file as many grievances as they want. However, the CRS will usually only work on one at a time. The CRS may ask clients to rank them in order of importance.

Program Manager's Decision

If the grievance is not resolved by the CRS's report, the program manager or designee shall prepare a written decision within 10 days of receipt of the CRS's report. Clients will be given a copy of the decision.

County Level Review

- If clients are receiving services from a county agency, or a private agency and a county agency is paying for their services, clients may appeal the program manager's decision to the County Agency Director. Clients must make this appeal within 14 days of the day they receive the program manager's decision. Clients may ask the program manager to forward their grievance or they may send it themselves.
- The County Agency Director must issue their written decision within 30 days after a client request this appeal.

State Grievance Examiner

- If a client's grievance went through the county level of review and they are dissatisfied with the decision, they may appeal it to the State Grievance Examiner.
- If clients are paying for their services from a private agency, they may appeal the program manager's decision directly to the State Grievance Examiner.
- Clients must appeal to the State Grievance Examiner within 14 days of receiving the decision from the previous appeal level. Clients may ask the program manager to forward their grievance to the State Grievance Examiner or they may send it themselves. The address is: State Grievance Examiner, Division of Care and Treatment Services (DCTS), PO Box 7851, Madison, WI 53707-7851.

Final State Review

Any party has 14 days from receipt of the written decision of the State Grievance Examiner to request a final state review by the Administrator of the Division of Care and Treatment Services or designee. Send your request to the DCTS Administrator, PO Box 7851, Madison, WI 53707-7851

Clients may talk with staff or contact their Client Rights Specialist, whose contact information is shown below, if they would like to file a grievance, need assistance preparing their complaint, or want learn more about the grievance procedure used by the program from which they are receiving services.

Dane County CCS Client Rights Specialist 1202 Northport Drive, Madison, WI 53704 (608) 504-0062 ccs@countyofdane.com

Note: There are additional rights within sec. 51.61(1) and DHS 94, Wisconsin Administrative Code. They are not mentioned here because they are more applicable to in-patient and residential treatment facilities. A copy of sec. 51.61, Wis. States. and/or DHS 94, WI Administrative Code is available upon request.

Adapted from:
State of Wisconsin Department of Health Services
Division of Care and Treatment Services
www.dhs.wisconsin.gov
P-23112 (09/2016)

Appendix A - CCS Rehabilitation Worker Training Checklist

Staff Name: _____

<u>Training Area</u>	<u>Date Completed</u>	<u>Name of Training</u>	<u>Duration of Training</u>
Recovery Concepts		<ul style="list-style-type: none"> UW-GB BHTP CCS Modules CCS Overview 	13 hours 4 hours
Consumer Rights		<ul style="list-style-type: none"> UW-GB BHTP CCS Modules 	(counted above)
Consumer-centered Individual Treatment Planning		<ul style="list-style-type: none"> UW-GB BHTP CCS Modules 	(counted above)
Mental Illness		<ul style="list-style-type: none"> UW-GB BHTP CCS Modules 	(counted above)
Co-occurring Mental Illness and Substance Abuse		<ul style="list-style-type: none"> UW-GB BHTP CCS Modules 	(counted above)
Psychotropic Medications and Side Effects		<ul style="list-style-type: none"> UW-GB BHTP CCS Modules 	(counted above)
Functional Assessment		<ul style="list-style-type: none"> Strength-Based Assessment and Planning 	1.5 hours
Local Community Resources		<ul style="list-style-type: none"> Review 2-1-1 Website https://211wisconsin.communityos.org/ Review Community Resources 	1 hour
Adult Vulnerability		<ul style="list-style-type: none"> Older Adults and Mental Health OR/AND Prevention, Identification, and Treatment of Domestic Violence OR/AND Sexual Violence in Later Life OR/AND Lifetime Prevention of Intimate Partner Violence 	5 hours 2 hours 1 hour 2 hours
Consumer Confidentiality		<ul style="list-style-type: none"> CCS Laws & Client Rights OR/AND HIPAA Privacy Rule and Sharing Information Related to Mental Health OR/AND Privacy and Security of Electronic Health Information (HIPAA) 	3 hours 1 hour 3 hours
TOTAL HOURS (must equal 30 or more)			

**You may use a training to meet the criteria for more than one of these areas if it applies to more than one area, but the hours/duration may only be counted once*

***Documentation of each training completed must be submitted with this form to complete this requirement*

I certify that I have met the training requirements for CCS as outlined in DHS 36 for a Rehabilitation Worker

Employee Signature _____ Date _____

Appendix B- CCS Service Provider Orientation Checklist (revised 5.2023)

Staff Name:

Date of Enrollment:

Check box that applies:

☐ Staff has at least 6 months experience providing psychosocial rehabilitation services to adults or children with mental health or substance abuse disorders. Requires 20 hours of orientation within 3 months of CCS enrollment.

☐ Staff has less than 6 months experience providing psychosocial rehabilitation services to adults or children with mental health or substance abuse disorders or is a Volunteer. Requires 40 hours of orientation within 3 months of CCS enrollment.

Certificates of completion must be submitted for all training areas except for those indicated with an ()

<u>Orientation/Training</u>	<u>Date</u>	<u>Method</u> (e.g. webcast, Workshop)	<u>Duration</u>
*Read and review DHS 36 – <i>Comprehensive Community Services</i>		Reading	2 hrs.
*Read and review CCS policies and procedures		Reading	2 hrs.
*Overview of job responsibilities for CCS staff members and volunteers within agency		Review CCS Provider Handbook	2 hrs.
Laws & Client Rights that affect CCS: Chapter 48 – <i>Children’s Code</i> Chapter 51— <i>Mental Health Act</i> Chapter 54— <i>Guardianship</i> Chapter 55 <i>Protective Services System</i> <i>Americans with Disabilities Act</i> <i>Civil Rights Act of 1964</i> <i>Client Rights—DHS 94 and 51.61</i> <i>Documentation and Confidentiality</i> *HIPAA *51.30 *Chapter 92 *42 CFR Part 2		DCDHS Online Training https://www.danecountyhumanservices.org/ccs/prov/orient_trng.aspx	3 hrs.
CCS Overview <i>Overview of DHS 36</i> * <i>Supervision & training requirements</i> * <i>CCS staff roles/responsibilities</i> * <i>CCS Policies and Procedures</i> * <i>Centralized records</i> * <i>Service Array</i> <i>Recovery Concepts and Principles</i> * <i>SAMHSA Definition of Recovery</i> * <i>Consumer participation and choice</i> * <i>Recovery-oriented assessment/services</i> * <i>Psychosocial Rehabilitation principles</i> * <i>Culturally and linguistically appropriate services</i>		DCDHS Training (Please register via https://www.signupgenius.com/go/60b054dafac2fa7fd0-ccstrainings)	4 hrs.

CCS Module <ul style="list-style-type: none"> CCS Documentation 		DCDHS Training (Please register via https://www.signupgenius.com/go/60b054dafac2fa7fd0-ccstrainings)	3 hrs.
*Client Rights & Grievances <ul style="list-style-type: none"> Review of agency policy and procedure Review of CCS policy and procedure 		Reading	1 hr.
Techniques and procedures for non-violent crisis management and verbal de-escalation. <ul style="list-style-type: none"> Including methods for obtaining backup, self-protection and protection of the consumer and others in emergency situations, suicide assessment, prevention and management in emergency situations. 			
Trauma Informed Care <ul style="list-style-type: none"> Relationship of trauma to mental health/AODA needs Trauma assessment and treatment approaches 			
Current knowledge about mental health disorders, substance-use disorders, and co-occurring disorders and treatment methods. <ul style="list-style-type: none"> Must include age-appropriate assessment/services and relapse prevention. 			
Cultural Competency <ul style="list-style-type: none"> Topics may include practice with specific diverse populations, cultural humility, cultural differences, discrimination, behavioral health equity, self-awareness, and cross-cultural skills. 			
Suicide Risk Assessment <ul style="list-style-type: none"> Complete the Columbia- Suicide Severity Rating Scale (C-SSRS) training and submit verification of your passing quiz score and Certificate of Learning 		C-SSRS Online Training https://cssrs.columbia.edu/training/training-options/ (use Interactive Training Module through CPI)	1 hr.
Service Facilitator/Mental Health Professional/Substance Abuse Professional Training (only required for SF agency staff)		DCDHS Training (Please register via https://www.signupgenius.com/go/60b054dafac2fa7fd0-ccstrainings)	(4 hours)
Additional:			
TOTAL ORIENTATION AND TRAINING HOURS			

This staff member has met the training requirements for CCS as outlined in DHS 36. Documentation of training is attached.

Employee Signature

Date

Supervisor Signature

Date

Appendix C- **Registering for the Behavioral Health Training Partnership** **(BHTP) CCS Web-Based Courses**

1. Visit: <https://www.uwgb.edu/behavioral-health-training-partnership/online-training/>
2. Click on "Register Now" under the Online, Self-Paced Orientation Courses

Please register for only one course.

Register Now

3. If you have not signed up yet, click "Sign Up" under *New User*. If you have already signed up, use the link included in your registration email to access your courses, not this login page.

New User

Is this your first time registering for an event? Get started by signing up.

Sign Up

4. Enter the required *Participant Information*. Select "Next" once complete.

5. Under Step 2: *Registration Options*, select "Member Fee" and select "Next"

✓ Step 1 Step 2 Step 3 Step 4

*Indicates a required field.

Registration Options*

If you are employed or contracted with a member county from the previous page, please select the member fee option. If you are not employed or contracted with a member county, please select the nonmember fee option.

- ☒ Member Fee, Employed/Contracted with a Member County
- ☐ Nonmember Fee, Not Employed or Contracted with a Member County

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6. Under Step 3: *Web-Based Courses*, select "Comprehensive Community Services Web-based Course" and select "Next"

Web-based Courses

✓ Step 1 ✓ Step 2 Step 3 Step 4

Web-based Courses

PLEASE SELECT ONLY ONE COURSE

- ☐ Crisis Intervention Web-based Course [View Note](#)
- ☒ Comprehensive Community Services Web-based Course [View Note](#)
- ☐ Dual Track Crisis/CCS Web-based Course [View Note](#)

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7. Under Step 4: Order Details, confirm your registration information is correct and select "submit."

8. Once you have completed your registration, you will get an email with a link to verify your registration and instructions on how to access the course.

Appendix D - Dane County CCS Ongoing Training Log

Year: _____

Staff Name: _____ Agency Name: _____

Each staff member must receive at least 8 hours of training each year which is designed to increase their knowledge and skills related to providing psychosocial rehabilitation services.

***Documentation of each training must be submitted with the completed training log.**

<u>Training</u>	<u>Date</u>	<u>Method</u> (webcast, workshop, etc.)	<u>Hours</u>

Employee

Date

I certify that this staff member has met the annual training requirements for CCS as outlined in DHS 36.

Supervisor Signature

Date