

**Comprehensive Community Services (CCS)
for Persons with Mental Disorders and Substance Use Disorders**

**INITIAL CERTIFICATION APPLICATION
Chapter DHS 36**

By completing and submitting this application form, the program affirms that it is in compliance with the program standards as required by Wisconsin State Statutes.

Name – Program

Business Address (Street) – Program		City	State	Zip Code
Address (Street) (if different) – Program		City	State	Zip Code
Telephone No. – Program		Fax No.– Program		
Email Address – Program ☐ <i>May be published in Provider Directory.</i>		Web Address – Program ☐ <i>May be published in Provider Directory.</i>		
Name – Contact Person	Telephone No.	Fax No.	Email Address – Contact Person	
Payment Required - \$550.00		Amount Paid \$	Check No.	

I hereby attest that all statements made in this application and any attachments are correct to the best of my knowledge and that I will comply with all laws, rules, and regulations governing alcohol and other drug abuse intervention services.

SIGNATURE – Director ➤	Name – Director (<i>Print or type.</i>)	Date Signed
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**Comprehensive Community Services (CCS)
for Persons with Mental Disorders and Substance Use Disorders**

INITIAL CERTIFICATION APPLICATION – DHS 36

Chapter DHS 36 is found in the Wisconsin Legislative Reference Bureau's Administrative Code webpages at:
http://docs.legis.wisconsin.gov/code/admin_code/dhs/030 (under DHS - Health Services).

We recommend that all applicants print and read Wis. Admin. Code ch. DHS 36 in its entirety.

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APPLICATION DEVELOPMENT AND REVIEW PROCESSES

The CCS program will be evaluated independent of existing certified county or tribal programs. CCS programs require a separate application fee and receive a unique program certification number. Applicants should read instructions carefully.

1. MINIMUM APPLICATION SET AND INSTRUCTIONS

- Complete and submit two (2) labeled and signed copies of the Minimum Application Set of Chapter DHS 36 (outlined as A-K below) with assurances, fees, and cover page materials:

**DHS / DQA / Bureau of Health Services
Behavioral Health Certification Section
PO Box 2969
Madison, WI 53701-2969**

Email: dhsdqamentalhealthaoda@dhs.wisconsin.gov

- Use the application checklist on subchapters III – V, §§ DHS 36.07 – 36.19 as the means of identifying where narratives are required and to track which code elements have been integrated into the program's development. Reviewers will use similar checklists to confirm evidence of compliance.
- IMPORTANT: Label each page** of the application materials with the program name and identify applicable ch. DHS 36 sections on all narrative plans, policy statements, tables, forms, and other materials.

DHS Requirement	Name	Format
A. § DHS 36.07	CCS Plan	
<i>Develop and submit a narrative CCS Plan in full, per §§ DHS 36.07(1-5).</i>		
	Organizational	Narrative
§ DHS 36.07(1)	CCS Staff Listing	CCS Staff Listing Form (attached)
§ DHS 36.07(2)	Coordination Committee	Narrative / Report
§ DHS 36.07(3)	Current County System of Services	Narrative
§ DHS 36.07(4)	CCS Processes and Services	Policies / Array (See B below.)
§ DHS 36.07(5)	CCS Consumer Policies	Policies and Procedures
B. § DHS 36.07(4)	Array of CCS Services	PSR Service Array Form (attached)
<i>Provide description of the array of psychosocial rehabilitation services (PSR) which are anticipated for delivery within the CCS program and for which authorization for reimbursement will be sought. You may use the attached PSR Service Array forms. Other services may be added in the future.</i>		
C. § DHS 36.10(2)(e)	Qualify Staff Functions	CCS Staff Listing Form (attached)
<i>The "CCS Staff Listing" (attached) should be completed consistent with personnel policy requirements of § DHS 36.10(2)(e), Staff Functions, including (g), Minimum Qualifications. Complete all columns including percentage FTE, whether employed or contracted, and verify current caregiver background checks. Updated staff listings may be submitted at any time.</i>		
D. § DHS 36.08	Quality Improvement Plan	Narrative / Policies
<i>Develop and submit a narrative Quality Improvement Plan per § DHS 36.08(1) as a part of the CCS plan (above).</i>		
E. § DHS 36.09	Coordinating Committee Report	Narrative
<i>Identify CCS Coordination Committee members and submit a written summary detailing committee recommendations and agency response per § DHS 36.07(2) as a part of the CCS plan (above).</i>		
F. § DHS 36.12	Orientation and Training	Plan, Policies
<i>Develop a narrative plan for orientation and training per § DHS 36.12.</i>		
G. § DHS 36.13(1)	Consumer Application	Program Forms
<i>Develop a consumer application per § DHS 36.13(1) and submit a copy.</i>		
H. § DHS 36.13(2)	Service Admission Agreement	Informed Consent Agreement
<i>Develop the CCS Service Admission Agreement per § DHS 36.13(2) and submit a copy.</i>		
I. § DHS 36.14	Criteria of Determination	Policies
<i>Develop policies for criteria of determination per § DHS 36.14, whether using functional screen or other means of assessment.</i>		

J.	§ DHS 36.16	Assessment Policies & Procedures	Policies (P&P Manual)
<i>Develop and submit the Assessment Policies and Procedures per § DHS 36.16.</i>			
K.	§ DHS 36.17	Service Planning and Delivery Processes	Policies
<i>Develop and submit the policies of service planning and delivery processes per § DHS 36.17.</i>			

2. COMPLETED APPLICATION SET

Complete the program components, listed as L – R. These sections must be readied and be program compliant prior to certification or admitting CCS consumers.

NOTE: Do not submit these sections unless specifically requested. Maintain these on-site.

Wisconsin Administrative Code Requirement		Name	Format
L.	§ DHS 36.10 (other)	Personnel Policies	Policies
M.	§ DHS 36.11	Supervision and Clinical Collaboration	Policies
N.	§ DHS 36.15	Authorization for Services	Program Forms, Policies
O.	§ DHS 36.18	Consumer Service Record	Template, Policies
P.	§ DHS 36.19	Consumer Rights	Policies, Form
Q.	ch. DHS 92	Confidentiality of Treatment Records	Compliant Upon First Admission
R.	ch. DHS 94	Patient Rights – Patient Grievances	Compliant Upon First Admission

3. DEPARTMENT REVIEW PROCESS

The Division of Quality Assurance (DQA), Behavioral Health Certification Section (BHCS) will receive and process the fees and assurances in the DQA Central Office. BHCS will forward copies of the application materials to the Division of Care and Treatment Services and the BHCS Health Services Specialist (surveyor).

A Review Team consisting of mental health, program certification, and medical assistance specialists will read and consult on the applications and may request clarifications. BHCS surveyors may request evidence of verification of the Completed Application Set or may conduct on-site visits for the purposes of verifying compliance with the Wisconsin Administrative Code pertaining to CCS programs, Chapter DHS 36.

Program certification will begin after the application and services are reviewed by the Review Team and with DQA approval.

4. ACCESSIBILITY OF INFORMATION

- Maintain a complete copy of the application on-site.
- CCS programs require the development of specific plans, policies, procedures, forms, and personnel practices, many of which are to be readily accessible to consumers.
- The department recommends that the CCS create readily accessible sources of this CCS information. For example, web-based policies and forms or hard copy manuals of plans, policies, procedures, and personnel.
- These documents shall be regularly reviewed and updated, as required.

SUBCHAPTER III – COMPREHENSIVE COMMUNITY SERVICES PROGRAM

COMPREHENSIVE COMMUNITY SERVICES PLAN – § DHS 36.07

Use the checkboxes to affirm that an application requirement is met.

(1) CCS ORGANIZATIONAL PLAN. A description of the organizational structure. The description shall include all of the following:	☐ To document the CCS Plan, prepare a policy and procedure manual from the application requirements of §§ DHS 36.07 – 36.19. ☐ Written description of organizational structure
(a) Responsibilities of the staff members assigned to the functions described in § DHS 36.10(2)(e)	☐ Staff functions ☐ Complete CCS Staff Listing form
(b) Policies and procedures to implement a quality improvement plan consistent with the requirements in § DHS 36.08	☐ P&P of Quality Improvement Plan
(c) Policies and procedures to establish a coordination committee and work with a coordination committee consistent with the requirements in § DHS 36.09	☐ P&P of Coordination Committee
(d) Criteria for recruiting and contracting with providers of psychosocial rehabilitation services	☐ Criteria for determining providers
(e) Policies and procedures for updating and revising the CCS plan to ensure that it accurately identifies current services provided and any changes in policies and procedures of the CCS	☐ P&P for updating and revising the CCS plan
(2) COMMITTEE RECOMMENDATIONS TO CCS PLAN. A written summary detailing the recommendations of the coordinating committee per § DHS 36.09(3)(a)	☐ Written summary of coordinating committee
A written response by the CCS to the coordination committee's recommendations	☐ Written response by CCS to coordinating committee
(3) CCS SYSTEMS DEVELOPMENT. A description of the currently available mental health, substance use disorder, crisis services, and other services in the county or tribe and how the CCS will interface and enhance these services. The description shall include policies and procedures for developing and implementing collaborative arrangements and inter-agency agreements addressing all of the following (a-g):	☐ Write a narrative description of the current services and how CCS will interface with them. ☐ Include P&P for agreements and collaboration (a-g).
(a) Processes necessary to include the CCS in planning to support consumers who are discharged from a non-CCS program or facilities including, but not limited to, inpatient psychiatric or substance use treatment, a nursing home, residential care center, day treatment provider, jail, or prison	☐ Consumer support outside CCS
(b) The role of the CCS when an emergency protective placement is being sought under Wis. Stat. § 55.135 and when protective services or elder abuse investigations are involved	☐ Role in protective placements
(c) The role of the CCS when the CCS provides services in conjunction with any other care coordination service including protective services, integrated services projects, and schools	☐ Other CCS roles
(d) The role of the CCS when a consumer is living in the community under a Wis. Stat. ch. 51 commitment	☐ CCS role Wis. Stat. ch. 51, Consumer
(e) Establishing contracts and agreements with community agencies providing CCS services	☐ Contracts and agreements established
(f) Establishing contracts when a needed service is not available in the existing array of services	☐ Contracts for needed services

(g) Arrangements with the county or tribal emergency services program to ensure identification and referral of CCS consumers who are in crisis	☐ Agreements for ID and referral of CCS consumers in crisis
(4) PSR SERVICES ARRAY AND SERVICE PROVIDERS. (a) A description of an array of psychosocial rehabilitation services and service providers to be available through the CCS. The Services and service providers shall be determined by all of the following (a.1-2 and b.)	☐ Write a narrative description of services and providers for (a)1-2 and (b).
1. Identifying anticipated service needs of potential consumers, including minors and the elderly, that are based upon assessment domains identified in § DHS 36.16(4).	☐ Anticipated service needs in each of the assessment domains of § DHS 36.16(4) ☐ Use the PSR Service Array form.
2. Identifying treatment interventions to address the needs identified in subd. 1. Treatment interventions for minors and elderly consumers shall be identified separately from other consumers.	☐ Identifying treatment interventions ☐ Interventions for minors and elders
(b) The description in paragraph (a) shall include the methods that the CCS will use to identify and contract with service providers.	☐ Identifying how service providers will be selected
(5) POLICIES AND PROCEDURES. Policies and procedures developed for each of the following (a – s):	Write policies for each of the following:
(a) Consumer records that meet the requirements in § DHS 36.18	☐ Consumer records
(b) Confidentiality requirements of this chapter	☐ Confidentiality requirements of this chapter
(c) The timely exchange of information between the CCS and contracted agencies necessary for service coordination	☐ The timely exchange of information
(d) Consumer rights that meet the requirements of § DHS 36.19	☐ Consumer rights
(e) Monitoring compliance with this chapter and applicable state and federal law	☐ Monitoring compliance with code and law
(f) Receiving and making referrals.	☐ Receiving and making referrals
(g) Communication to the consumer of services offered by the CCS, costs to the consumer, grievance procedure, and requirements for informed consent for medication and treatment	☐ Communications to the consumer
(h) Ensuring that services provided are culturally and linguistically appropriate for each consumer	☐ Culturally / linguistically appropriate services
(i) Providing orientation and training that meets the requirements of § DHS 36.12	☐ Orientation and training
(j) Outreach services	☐ Outreach services
(k) Application and screening	☐ Application and screening
(l) Recovery team development and facilitation	☐ Recovery team development
(m) Assessment	☐ Assessment
(n) Service planning	☐ Service planning
(o) Service coordination, referrals, and collaboration	☐ Service coordination
(p) Advocacy for the consumer	☐ Consumer advocacy
(q) Support and mentoring for the consumer	☐ Support and mentoring
(r) Discharge planning and facilitation	☐ Discharge planning

(s) Monitoring and documentation	☐ Monitoring and documentation
QUALITY IMPROVEMENT – § DHS 36.08	
Keep a copy of the Quality Improvement Plan with all procedures and methods in the CCS P&P Manual.	
(1) The CCS shall develop and implement a quality improvement plan to assess consumer satisfaction and progress toward desired outcomes identified through the assessment process.	☐ Write and submit a quality improvement plan.
(2) (a) The plan shall include procedures for protecting the confidentiality of persons providing opinions and include a description of the methods the CCS will use to measure consumer opinion on the services offered by the CCS, assessment, service planning, service delivery, and service facilitation activities.	☐ Confidentiality procedures of QI ☐ Methods of measurement
(b) The plan shall also include a description of the methods the CCS will use to evaluate the effectiveness of changes in the CCS program based on results of the consumer satisfaction survey, recommendations for program improvement by the coordination committee, and other relevant information.	☐ Methods of evaluation
COORDINATION COMMITTEE – § DHS 36.09	
(1) (a) The CCS shall appoint a coordination committee that includes representatives from various county or tribal departments, including individuals who are responsible for mental health and substance abuse services, service providers, community mental health and substance abuse advocates, consumers, family members, and interested citizens.	☐ Coordination Committee appointed with representation from each category: ☐ MH and SA services ☐ Service providers ☐ Advocates ☐ Consumers ☐ Family ☐ Interested citizens
(b) An existing committee within the county or tribe may serve as the coordinating committee if it has the membership required and agrees to undertake the responsibilities in sub. (3).	☐ An existing committee in the county / tribe of agrees to undertake CCS duties OR ☐ CCS Coordination Committee is appointed.
(2) At least one-third of the total membership of the coordination committee shall be consumers and no more than one-third of the total membership shall be county employees or providers of mental health or substance abuse services.	☐ 1/3 CCS consumers ☐ 1/3 limit of county employees or providers
(3) The coordinating committee shall do all of the following: (a) Review and make recommendations regarding the initial and any revised CCS plan required under § DHS 36.07, the CCS quality improvement plan, personnel policies, and other policies, practices, or information that the committee deems relevant to determining the quality of the CCS program and protection of consumer rights.	Coordinating committee shall review and recommend the following: ☐ Initial and revised CCS plans ☐ Quality improvement plan ☐ Personnel policies ☐ Program practices ☐ QI information ☐ Protect consumer rights ☐ Other information
(b) Maintain written minutes of meetings and a membership list.	☐ Keep minutes and membership list.
(c) Meet at least quarterly.	☐ Meet quarterly.

SUBCHAPTER IV – PERSONNEL

PERSONNEL POLICIES – § DHS 36.10

Caregiver Background Checks

Forms to conduct a caregiver background check, including the background information disclosure form, may be accessed on the department's website at <http://www.dhs.wisconsin.gov/caregiver/cbcprocess.htm> or by contacting:

DQA / Office of Caregiver Quality
PO Box 2969
Madison, WI 53701-2969
608-261-8319

(1) **DEFINITIONS.** In this section, “supervised clinical experience” means a minimum of one hour of supervision per week by one or more staff members who meet the qualifications under par. (2)(g)1-8.

(2) POLICIES. The CCS shall have and implement written personnel policies and procedures that ensure all of the following:	☐ Write and implement personnel P&P.
(a) <i>Discrimination prohibited.</i> Employment practices of the CCS or any agency contracting or sub-contracting with the CCS do not discriminate against any staff member or applicant for employment based on the individual's age, race, religion, color, sexual orientation, national origin, disability, ancestry, marital status, pregnancy or childbirth, arrest or conviction record.	☐ Non-discrimination
(b) <i>Credentials.</i> Staff members have the professional certification, training, experience and abilities to carry out prescribed duties.	☐ Credentials
(c) <i>Background checks and misconduct reporting and investigation.</i> CCS and contracting agency compliance with the caregiver background check and misconduct reporting requirements in Wis. Stat. § 50.065 and ch. DHS 12, and the caregiver misconduct reporting and investigation requirements in ch. DHS 13.	☐ Background checks
(d) <i>Staff records.</i> Staff member records are maintained and include all of the following:	☐ Staff records
1. References for job applicants obtained from at least two people, including previous employers, educators, or post-secondary educational institutions attended if available, and documented either by letter or verification of verbal contact with the reference, dates of contact, person making the contact, individuals contacted and nature and content of the contact.	☐ References (2)
2. Confirmation of an applicant's current professional license or certification, if that license or certification is necessary for the staff member's prescribed duties or position.	☐ License or certification
3. The results of the caregiver background check conducted in compliance with par. (c), including a completed background information disclosure form for every background check conducted, and the results of any subsequent investigation related to the information obtained from the background check.	☐ Background check results ☐ Bid form ☐ Investigation reports ☐ Current within 4 years
(e) <i>Staff functions.</i> The CCS has the appropriate number of staff to operate the CCS in accordance with the CCS plan, this chapter, and applicable state and federal law. One or more staff members shall be designated to perform all of the following functions:	☐ Staff functions are met. ☐ Complete CCS Staff Listing form (attached) as part of the CCS plan for assuring § DHS 36.10(2)(e) staff functions and qualifications. Identify each of the staff functions and staff qualifications.
1. Mental health professional and substance abuse professional functions required under §§ DHS 36.11(1)(b) and (3); DHS 36.15; DHS 36.16(2), (6), and (7); and DHS 36.17(6)(b)4.	☐ MH and SA professional qualifications 1-8

2. Administrator functions. A staff member designated to perform these functions shall have the qualifications listed under par. (g)1-14, whose responsibilities shall include overall responsibility for the CCS, including compliance with this chapter and other applicable state and federal regulations and developing and implementing policies and procedures.	☐ Administrator qualifications 1-14
3. Service director functions. A staff member designated to perform these functions shall have the qualifications listed under par. (g)1-8, whose responsibilities shall include responsibility for the quality of the services provided to consumers and day-to-day consultation to CCS staff.	☐ Service director qualifications 1-8
4. Service facilitation functions. A staff member designated to perform these functions under § DHS 36.07(4) shall have the qualifications listed under par. (g)1-22 to ensure that the service plan and service delivery for each consumer is integrated, coordinated, and monitored, and is designed to support the consumer in a manner that helps the consumer to achieve the highest possible level of independent functioning.	☐ Service facilitator qualifications 1-22
(f) <i>Supervision and clinical collaboration.</i> Supervision and clinical collaboration of staff shall meet the requirements in § DHS 36.11.	☐ Supervision and clinical collaboration
(g) <i>Minimum qualifications.</i> Each staff member shall have the interpersonal skills, training, and experience needed to perform the staff member's assigned functions and each staff member who provides psychosocial rehabilitation services shall meet the following minimum qualifications.	☐ Minimum qualifications ☐ Review each position 2(g)1-22 to assure compliance with the qualifications required. ☐ Record personnel qualifications for 2(g)1-8 are all licensed staff with specific personnel policy requirements on the CCS Staff Listing form.
1. Psychiatrists shall be physicians licensed under Wis. Stat. ch. 448 to practice medicine and surgery and shall have completed 3 years of residency training in psychiatry or child psychiatry in a program approved by the accreditation council for graduate medical education and be either board-certified or eligible for certification by the American Board of Psychiatry and Neurology.	☐ Psychiatrists
2. Physicians shall be persons licensed under Wis. Stat. ch. 448 to practice medicine and surgery who have knowledge and experience related to mental disorders of adults or children; or, who is certified in addiction medicine, certified in addiction psychiatry by the American Board of psychiatry and neurology or otherwise knowledgeable in the practice of addiction medicine.	☐ Physicians
3. Psychiatric residents shall hold a doctoral degree in medicine as a medical doctor or doctor of osteopathy and shall have successfully completed 1500 hours of supervised clinical experience as documented by the program director of a psychiatric residency program accredited by the accreditation council for graduate medical education.	☐ Psychiatric residents
4. Psychologists shall be licensed under Wis. Stat. ch. 455 and shall be listed or meet the requirements for listing with the national register of health service providers in psychology or have a minimum of one year of supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disorders or substance use disorders.	☐ Psychologists
5. Licensed clinical social workers shall meet the qualifications established in Wis. Stat. ch. 457 and be licensed by the examining board of social workers, marriage and family therapists and professional counselors with 3000 hours of supervised clinical experience where the majority of clients are children or adults with mental disorders or substance use disorders.	☐ Licensed clinical social workers

6. Professional counselors and marriage and family therapists shall meet the qualifications required established in Wis. Stat. ch. 457 and be licensed by the examining board of social workers, marriage and family therapists and professional counselors with 3000 hours of supervised clinical experience where the majority of clients are children or adults with mental disorders or substance use disorders.	☐ Professional counselors
7. Adult psychiatric and mental health nurse practitioners, family psychiatric and mental health nurse practitioners or clinical specialists in adult psychiatric and mental health nursing shall be board certified by the American Nurses Credentialing Center, hold a current license as a registered nurse under Wis. Stat. ch. 441 have completed 3000 hours of supervised psychotherapy clinical experience; hold a master's degree from a national league for nursing accredited graduate school of nursing; have the ability to apply theoretical principles of advance practice psychiatric mental health nursing practice consistent with American Nurses Association scope and standards for advance psychiatric nursing practice in mental health nursing from a graduate school of nursing accredited by the national league for nursing.	☐ Adult psychiatric and mental health nurse practitioners
8. Advanced practice nurse prescribers shall be adult psychiatric and mental health nurse practitioners, family psychiatric and mental health nurse and mental health nursing who are board certified by the American Nurses Credentialing Center; hold a current license as a registered nurse under Wis. Stat. ch. 441 have completed 1500 hours of supervised clinical experience in a mental health environment; have completed 650 hours of supervised prescribing experience with clients with mental illness and the ability to apply relevant theoretical principles of advance psychiatric or mental health nursing practice; and hold a master's degree in mental health nursing from a graduate school of nursing from an approved college or university. Advanced practice nurses are not qualified to provide psychotherapy unless they also have completed 3000 hours of supervised psychotherapy clinical experience.	☐ Advanced practice nurse prescribers NOTE: Advanced practice nurses are not qualified to provide psychotherapy unless they also have completed 3000 hours of supervised psychotherapy clinical experience.
NOTE: Personnel qualifications for 2(g)9-21 are certified, registered, or licensed staff with specific personnel policy requirements.	
9. Certified social workers, certified advance practice social workers and certified independent social workers shall meet the qualifications established in Wis. Stat. ch. 457 and related administrative rules, and have received certification by the examining board of social workers, marriage and family therapists and professional counselors.	☐ Certified social workers
10. Psychology residents shall hold a doctoral degree in psychology meeting the requirements of Wis. Stat. § 455.04(1)(c) and shall have successfully completed 1500 hours of supervised clinical experience as documented by the Wisconsin psychology examining board.	☐ Psychology residents
11. Physician assistants shall be certified and registered pursuant to Wis. Stat. §§ 448.05 and 448.07, and chs. Med 8 and 14.	☐ Physician assistants
12. Registered nurses shall be licensed under Wis. Stat. ch. 441.	☐ Registered nurses
13. Occupational therapists shall be licensed and shall meet the requirements of Wis. Stat. § 448.963(2).	☐ Occupational therapists
14. Master's level clinicians shall have a master's degree and coursework in areas directly related to providing mental health services including master's in clinical psychology, psychology, school or educational psychology, rehabilitation psychology, counseling and guidance, counseling psychology or social work.	☐ Master's level clinicians
15. Other professionals shall have at least a bachelor's degree in a relevant area of education or human services.	☐ Other professionals

16. Substance abuse counselors shall be certified by the Department of Safety and Professional Services (DSPS).	☐ Substance abuse counselors – CSAC, SAC, SAC-T
17. Specialists in specific areas of therapeutic assistance, such as recreational and music therapists, shall have complied with the appropriate certification or registration procedures for their profession as required by state statute or administrative rule or the governing body regulating their profession.	☐ Therapeutic assistance specialists
18. Certified occupational therapy assistants shall be licensed and meet the requirements of Wis. Stat. § 448.963(3).	☐ Certified occupational therapy assistants (COTA)
19. Licensed practical nurses shall be licensed under Wis. Stat. ch. 441.	☐ Licensed practical nurses
20. A peer specialist means a staff person who is at least 18 years old and shall have successfully completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer-centered individual treatment planning, behavioral terminology, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, consumer confidentiality and who shall have a demonstrated aptitude for working with peers and who shall have self-identified as having a mental disorder or substance use disorder.	☐ Peer specialists With these minimum requirements: ☐ 18 years of age ☐ 30 hours specified training ☐ Have a demonstrated aptitude
21. A rehabilitation worker, meaning a staff person working under the direction of a licensed mental health professional or substance abuse professional in the implementation of rehabilitative mental health, substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old and shall have successfully completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer-centered individual treatment planning, behavioral terminology, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, consumer confidentiality.	☐ Rehabilitation workers With these minimum requirements: ☐ 18 years of age ☐ 30 hours specified training
22. Clinical students shall be currently enrolled in an accredited academic institution and working toward a degree in a professional area identified in this subsection and providing services to the CCS under the supervision of a staff member who meets the qualifications under this subsection for that staff member's professional area.	☐ Clinical students With these minimum requirements: ☐ Currently enrolled ☐ Under supervision of qualified staff
(3) VOLUNTEERS. A CCS may use volunteers to support the activities of staff members. Before a volunteer may work independently with a consumer or family member, the CCS shall conduct a background check on the volunteer. Each volunteer shall be supervised by a staff member qualified under sub. (2)(g)1-17 and receive orientation and training under the requirements of § DHS 36.12.	☐ Background checks process in effect ☐ Training and orientation provided ☐ Under supervision of qualified staff
(4) DOCUMENTATION OF QUALIFICATIONS. Documentation of staff qualifications shall be available for review by consumers and parents or legal representatives of consumers if parental or legal representative consent to treatment is required.	☐ Personnel manual created with position descriptions, credentials, and a copy of the current CCS Staff Listing

SUPERVISION AND CLINICAL COLLABORATION – § DHS 36.11

(1) (a) Each staff member shall be supervised and provided with the consultation needed to perform assigned functions and meet the credential requirements of this chapter and other state and federal laws and professional associations.	☐ Supervisory hierarchy established in policy
(b) Supervision may include clinical collaboration. Clinical collaboration may be an option for supervision only among staff qualified under § DHS 36.10(2)(g)1-8. Supervision and clinical collaboration shall be accomplished by one or more of the following:	☐ Collaboration planned for staff qualified under § DHS 36.10(2)(g)1-8 Supervision and collaboration to include:
1. Individual sessions with the staff member case review, to assess performance and provide feedback.	☐ Individual sessions

2. 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.	☐ Side-by-side sessions
3. Group meetings to review and assess staff performance and provide the staff member advice or direction regarding specific situations or strategies.	☐ Group Meetings
4. Any other 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.	☐ Other forms of supervision
(2) Each staff member qualified under § DHS 36.10(2)(g)9-22 shall receive day-to-day supervision and consultation 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. Day-to-day consultation shall be available during CCS hours of operation.	☐ Supervision planned for staff qualified under § DHS 36.10(2)(g)9-22 Supervision and collaboration to include: ☐ Schedule minimum: At least 1 hour for every 30 service hours

NOTE: Keep documentation of supervision and collaboration. DQA surveyors will find evidence of supervision or collaboration in masterwork schedules, staffing, and meeting minutes or in treatment files.

(3) Each staff member qualified under § DHS 36.10(2)(g)1-8 shall participate in at least one hour of either supervision or clinical collaboration per month or for every 120-clock hours of face-to-face psychosocial rehabilitation or service facilitation they provide.	☐ Staff qualified under § DHS 36.10(2)(g)1-8 shall participate in supervision or collaboration. Supervision and collaboration to include: ☐ Schedule minimum: At least 1 hour per month or for every 120 rehabilitation or service hours
(4) Clinical supervision and clinical collaboration shall be dated and documented with a signature of the person providing supervision or clinical collaboration in one or more of the following:	☐ Documentation standards of supervision and collaboration will be reviewed in the initial certification and evidence of their use will be reviewed in subsequent certifications. Initial plans are to use the following means:
(a) The master log	☐ Master log
(b) Supervisory records	☐ Supervisory records
(c) Staff record of each staff member who attends the session or review	☐ Staff records
(d) Consumer records	☐ Consumer records
(5) The service director may direct a staff person to participate in additional hours of supervision or clinical collaboration beyond the minimum identified in this subsection in order to ensure that consumers of the program receive appropriate psychosocial rehabilitation services.	☐ Added supervision or collaboration may be assigned for quality assurance.
(6) A staff member qualified under § DHS 36.10(2)(g)1-8, who provides supervision or clinical collaboration, may not deliver more than 60 hours per week of face-to-face psychosocial rehabilitation services, clinical services and supervision or clinical collaboration in any combination of clinical settings.	☐ Supervising staff deliver fewer than 60 face-to-face services per week.

ORIENTATION AND TRAINING – § DHS 36.12

(1) ORIENTATION AND ONGOING TRAINING.	☐ Orientation program developed
(a) <i>Orientation program.</i> The CCS shall develop and implement an orientation program that includes all of the following:	
1. At least 40 hours of documented orientation training within 3 months of beginning employment for each staff member who has less than 6 months experience providing psychosocial rehabilitation services to children or adults with mental disorders or substance use disorders.	☐ 40 hour orientation plan for new staff

2. At least 20 hours of documented orientation training within 3 months of beginning employment with the CCS for each staff member who has 6 months or more experience providing psychosocial rehabilitation services to children or adults with mental disorders or substance use disorders.	☐ 20 hour orientation plan for experienced staff
3. At least 40 hours of documented orientation training for each regularly scheduled volunteer before allowing the volunteer to work independently with consumers or family members.	☐ 40 hour orientation for volunteers

(b) *Orientation training.* Orientation training shall include and staff members shall be able to apply all of the following:

1. Parts of this chapter pertinent to the services they provide	☐ Ch. DHS 36
2. Policies and procedures pertinent to the services they provide	☐ CCS policies and procedures
3. Job responsibilities for staff members and volunteers	☐ Job responsibilities
4. Applicable parts of Wis. Stat. chs. 48, 51, and 55, and any related administrative rules	☐ Applicable state statute
5. The basic provisions of civil rights laws, including the Americans with Disabilities Act of 1990 and the Civil Rights Act of 1964, as the laws apply to staff providing services to individuals with disabilities	☐ Basic civil rights
6. Current standards regarding documentation and the provisions of HIPAA, Wis. Stat. § 51.30, ch. DHS 92 and, if applicable, 42 CFR Part 2 regarding confidentiality of treatment records	☐ HIPAA confidentiality standards
7. The provisions of Wis. Stat. § 51.61 and ch. DHS 94 regarding patient rights.	☐ Patient rights
8. Current knowledge about mental disorders, substance use disorders, and co-occurring disabilities and treatment methods.	☐ Current knowledge and treatment of mental health and substance abuse disorders
8m. Recovery concepts and principles which ensure that services and supports promote consumer hope, healing, empowerment, and connection to others and to the community; and are provided in a manner that is respectful, culturally appropriate, collaborative between consumer and service providers, based on consumer choice and goals and protective of consumer rights.	☐ Recovery concepts and principles

NOTE: *Service facilitators, for example, need a thorough understanding of facilitation and conflict resolution techniques, resources for meeting basic needs, any eligibility requirements of potential resource providers and procedures for accessing these resources. Mental health professionals and substance abuse professionals will need training regarding the scope of their authority to authorize services and procedures to be followed in the authorization process.*

9. Current principles and procedures for providing services to children and adults with mental disorders, substance use disorders, and co-occurring disorders. Areas addressed shall include recovery-oriented assessment and services, principles of relapse prevention, psychosocial rehabilitation services, age-appropriate assessments and services for individuals across the lifespan, the relationship between trauma and mental substance abuse disorders, and culturally and linguistically appropriate services.	☐ Principles of CCS
10. Techniques and procedures for providing non-violent crisis management for consumers, including verbal de-escalation, methods for obtaining backup, and acceptable methods for self-protection and protection of the consumer and others in emergency situations, suicide assessment, prevention and management.	☐ Techniques and procedures for non-crisis management
11. Training that is specific to the position for which each employee is hired.	☐ Training that is specific to the position

(c) <i>Ongoing training program.</i> The CCS shall ensure that each staff member receives at least 8 hours of in-service training a year that shall be designed to increase the knowledge and skills received by staff members in the orientation training provided under par. (b). Staff shared with other community mental health or substance abuse or addiction programs may apply documented in-service hours received in those programs toward this requirement if that training meets the requirements under this chapter. Ongoing in-service shall include one or more of the following:	☐ Ongoing training program to include 8 hours of in-service staff training/year and to include one or more of the following.
1. Time set aside for in-service training, including discussion and presentation of current principles and methods of providing psychosocial rehabilitation services.	☐ Time for in-service training
2. Presentations by community resource staff from other agencies, including consumer operated services.	☐ Community resource presentations
3. Conferences or workshops.	☐ Conferences and workshops
(d) <i>Training records.</i> Updated, written copies of the orientation and ongoing training programs and documentation of the orientation and ongoing training received by staff members and volunteers shall be maintained as part of the central administrative records of the CCS.	☐ Keep training documentation

SUBCHAPTER V – CONSUMER SERVICES

CONSUMER APPLICATION – § DHS 36.13

(1) APPLICATION. Any person seeking services under this chapter shall complete an application for services. Upon receipt, the CCS shall determine the applicant's eligibility for CCS services pursuant to § DHS 36.14. Information shall be made available to the applicant regarding the general nature and purpose of the CCS.	The CCS program will have to construct an application. ☐ CCS program has the consumer application materials prepared.
(1m) Admission Agreement. An admission agreement is signed by the applicant to acknowledge receipt and understanding of all of the following:	☐ Admission agreement developed and includes:
(a) The nature of the CCS in which the consumer will be participating, including the hours of operation, how to obtain crisis services during hours in which the CCS does not operate, and staff member titles and responsibilities.	☐ General nature and purpose of CCS ☐ Means of obtaining crisis services
(b) The consumer rights under § DHS 36.19	☐ Selection of recovery team members ☐ Consent to treatment ☐ Grievance rights and procedures ☐ Cost of services ☐ How to request CCS determination review
(3) SERVICES PENDING DETERMINATION OF THE NEED FOR PSYCHOSOCIAL REHABILITATION SERVICES. Pending determination of the need for psychosocial rehabilitation services, the CCS shall identify any immediate needs of the consumer. The applicant may be provided with psychosocial rehabilitation services and supportive activities, including identifying recovery team members to meet those needs only after the occurrence of all of the following:	Pending determination of need, the CCS will identify immediate needs. Immediate needs may be provided only after:
(a) A mental health professional has authorized services as evidenced by the signature of the mental health professional as required in § DHS 36.15.	☐ Authorization by MH professional
(b) The assessment of initial needs and the authorization for services has been documented.	☐ Assessment of need is documented.
(c) An admission agreement has been signed by the applicant.	☐ Admission agreement has been signed.

(4) DETERMINATION OF THE NEED FOR PSYCHOSOCIAL REHABILITATION SERVICES. The determination of need for psychosocial rehabilitation services shall be determined pursuant to § DHS 36.14.	☐ Need for PSR services determined per § DHS 36.14.
(5) DISCRIMINATION PROHIBITED. The CCS shall ensure that no consumer is denied benefits or services or is subjected to discrimination on the basis of age, race or ethnicity, religion, color, sexual orientation, marital status, arrest or conviction record, ancestry, national origin, disability, gender, sexual orientation or physical condition.	☐ Discrimination is prohibited.
CRITERIA FOR DETERMINING THE NEED FOR PSYCHOSOCIAL REHABILITATION SERVICES – § DHS 36.14	
Psychological rehabilitation services shall be available to individuals who are determined to require more than outpatient counseling but less than the services provided by a community support program under Wis. Stat. § 51.421 and ch. DHS 63 as a result of a department-approved functional screen and meet all of the following criteria:	Determination of criteria includes:
(1) Has a diagnosis of a mental disorder or a substance use disorder.	☐ Diagnosis of mental disorder or substance use disorder
(2) Has a functional impairment that interferes with or limits one or more major life activities and results in needs for services that are described as ongoing, comprehensive and either high-intensity or low-intensity. Determination of a qualifying functional impairment is dependent upon whether the applicant meets one of the following descriptions:	☐ Functional impairment
(a) Group 1. Persons in this group include children and adults in need of ongoing, high-intensity, comprehensive services who have diagnoses of a major mental disorder or substance use disorder, and substantial needs for psychiatric, substance abuse, and addiction treatment.	☐ Group 1 – Ongoing, high-intensity, comprehensive services
(b) Group 2. Persons in this group include children and adults in need of ongoing, low-intensity comprehensive services who have a diagnosed mental or substance use or addiction disorder. These individuals generally function in a fairly independent and stable manner but may occasionally experience acute psychiatric crises.	☐ Group 2 – Ongoing, low-intensity, comprehensive services
NOTE: <i>Appropriate identification of mental health of substance use related problems for this group is critical especially because they are often first seen in non-mental health or substance use treatment settings, e.g., primary care sector, school system, law enforcement, child welfare, aging services, domestic violence shelters, etc.</i>	
(3)(a) If the department-approved functional screen cannot be completed at the time of the consumer's application, the CCS shall conduct an assessment of the applicant's needs pursuant to § DHS 36.16(3) and (4) or (5).	Conduct an assessment of applicant's needs. ☐ Use of department's functional screen OR ☐ Use of assessment per § DHS 36.16(3)
(b) If an applicant is determined to not need psychosocial rehabilitation services, no additional psychosocial rehabilitation services may be provided to the applicant. The applicant shall be given written notice of determination and referred to a non-CCS program. The applicant may submit a written request for a review of the determination to the department.	If there IS NO NEED for PSR services: ☐ No PSR services will be provided. ☐ Applicant given written notice ☐ Applicant given referral ☐ Applicant given appeal information
NOTE: <i>A written request for a review of the determination of need for psychosocial rehabilitation services should be addressed to the Division of Care and Treatment Services / 201 E. Washington Ave., Room G300, PO Box 7851 / Madison, WI 53707-7851.</i>	
(c) If an applicant is determined to need psychosocial rehabilitation services, a comprehensive assessment shall be conducted under § DHS 36.16(3) and (4) unless the following conditions are present:	If there IS A NEED for PSR services: ☐ Conduct comprehensive assessment unless:
1. A comprehensive assessment was conducted and completed under par. (a).	☐ Comprehensive assessment has already been completed OR

2. The consumer qualified for an abbreviated assessment under § DHS 36.16(5).

☐ Consumer qualifies for abbreviated assessment under § DHS 36.16(5)

AUTHORIZATION OF SERVICES – § DHS 36.15

- (1) Before a service is provided to an applicant under §§ DHS 36.13(2) or DHS 36.17, a mental health professional shall do all of the following:

- (a) Review and attest to the applicant's need for psychosocial rehabilitation services and medical and supportive activities to address the desired outcomes and to achieve the maximum reduction of symptoms of the mental or substance use disorder and the restoration of the consumer to the optimum level of functioning possible.

☐ MH professional prepares and signs statement that the service plans are necessary for optimum consumer functioning.

- (b) Assure that the appropriate authorizing statement for the proposed psychosocial rehabilitation services is provided and filed in the consumer service record.

☐ MH professional assures that authorizing statements are completed and filed.

- (2) If the applicant has or may have a substance use or addiction disorder, a substance abuse professional shall also sign the authorization for services.

☐ Substance abuse authorization provided to substance use and dually-diagnosed consumers.

ASSESSMENT PROCESS – § DHS 36.16

- (1) **POLICIES AND PROCEDURES.** The CCS shall develop and implement policies and procedures that address the requirements under this section.

☐ Assessment policies and procedures developed for consumer population.

NOTE: DQA surveyors will review P&P manuals for the policies and procedures identified in Wis. Admin. Code § DHS 36.16(1-7). Policies should specify the assessment criteria and domains of functioning.

- (2) **FACILITATION.** (a) The assessment process and the assessment summary required under sub. (6) shall be completed within 30 days of receipt of an application for services. The assessment process shall be explained to the consumer and, if appropriate, a legal representative or family member.

☐ MH assessment process and summary are facilitated and completed within 30 days.

- (b) The assessment process shall be facilitated by the service facilitator and the mental health professional in collaboration with the consumer and other members of the recovery team, including a substance abuse professional, if appropriate.

☐ Assessment process facilitated by service facilitator and MH professional with consumer and team, as required.

- (c) Substance abuse diagnoses shall be established by a substance abuse professional. An assessment of the consumer's substance use, strengths and treatment needs also shall be conducted by a substance abuse professional.

☐ AODA assessment by providers certified under ch. DHS 75.

- (3) **ASSESSMENT CRITERIA.** The assessment shall be comprehensive and accurate. The assessment shall be conducted within the context of the domains listed in sub. (4) and any other domains identified by the CCS, and shall be consistent with all of the following:

☐ Assessments are to be comprehensive and conducted within the domains listed in the following section (4) and consistent with criteria (a-f):

- (a) Be based upon known facts and recent information and evaluations and include assessment for co-existing mental health disorders, substance use disorders, physical and mental impairments and medical problems.

☐ Known consumer facts and evaluations

- (b) Be updated as new information becomes available.

☐ Updated with new information

- (c) Address the strengths, needs, recovery goals, priorities, preferences, values and lifestyle of the consumer.

☐ Consumer strengths, recovery goals and personal characteristics

- (d) Address age and developmental factors that influence appropriate outcomes, goals and methods for addressing them.

☐ Age and developmental factors

(e) Identify the cultural and environmental supports as they affect identified goals and desired outcomes and preferred methods for achieving the identified goals.	☐ Cultural and environmental supports
(f) Identify the consumer's recovery goals and understanding of recovery and options for treatment, psychosocial rehabilitation services and self-help programs to address those goals.	☐ Understanding recovery and treatment options
(4) ASSESSMENT DOMAINS. The assessment process shall address all of the following domains of functioning.	☐ Assessment domains shall be addressed in all of the following domains (a-p) of functioning:
(a) Life satisfaction	☐ Life satisfaction
(b) Basic needs	☐ Basic needs
(c) Social network and family involvement. In this paragraph 'family involvement' means the activities of a family member to support a consumer receiving psychosocial rehabilitation services. Except where rights of visitation have been terminated, the family of a minor shall always be included. The family of an adult consumer may be involved only when the adult has given written permission.	☐ Social network and family involvement.
(d) Community living skills	☐ Community living skills
(e) Housing issues	☐ Housing issues
(f) Employment	☐ Employment
(g) Education	☐ Education
(h) Finances and benefits	☐ Finances and benefits
(i) Mental health	☐ Mental health
(j) Physical health	☐ Physical health
(k) Substance use	☐ Substance use
(l) Trauma and significant life stressors	☐ Trauma and significant life stressors
(m) Medications	☐ Medications
(n) Crisis prevention and management	☐ Crisis prevention and management
(o) Legal status	☐ Legal status
(p) Any other domain identified by the CCS	☐ Any other domain identified by the CCS
(5) ABBREVIATED ASSESSMENT. (a) The assessment in sub. (3) may be abbreviated if the consumer has signed an admission agreement and one of the following circumstances apply:	☐ Use of abbreviated assessments If consumers sign admission agreements and one of the following apply:
1. The consumer's health or symptoms are such that only limited information can be obtained immediately.	☐ Consumer's health limits knowledge
2. The consumer chooses not to provide information necessary to complete a comprehensive assessment at the time of application.	☐ Consumer resists cooperation
3. The consumer is immediately interested in receiving only specified services that require limited information.	☐ Specific services require limited information.
(b) An assessment conducted under this subsection shall meet the requirements under sub. (3) to the extent possible within the context that precluded a comprehensive assessment.	☐ It is the best assessment possible under the circumstances.
(c) The assessment summary required to be completed under sub. (6) shall include the specific reason for abbreviating the assessment.	☐ Includes specific reason for abbreviating the assessment.

(d) An abbreviated assessment shall be valid for up to 3 months from the date of the application. Upon the expiration date, a comprehensive assessment shall be conducted to continue psychosocial rehabilitation services. If a comprehensive assessment cannot be conducted when the abbreviated assessment expires, the applicant shall be given notice that the consumer does not need psychosocial rehabilitation services pursuant to the requirements of § DHS 36.14(3)(b).	☐ The abbreviated assessment is valid for only 3 months; a comprehensive assessment is required for continued eligibility.
(6) ASSESSMENT SUMMARY. Shall be documented and include: (a) The period of time within which the assessment was conducted. Each meeting date shall be included.	Assessment summaries by mental health professional will include all (a-f): ☐ Dates of assessment
(b) The information on which outcomes and service recommendations are based.	☐ Basis of plans
(c) Desired outcomes and measurable goals desired by the consumer.	☐ Outcomes and goals
(d) The names and relationship to the consumer of all individuals who participated in the assessment process.	☐ Names of assessors
(e) Significant differences of opinion, if any, which are not resolved among members of the recovery team.	☐ Differing opinions
(f) Signatures of persons present at the meetings being summarized.	☐ Participant signatures
(7) RECOVERY TEAM. (a) The consumer shall be asked to participate in identifying members of the recovery team. (am) The recovery team shall include all of the following:	☐ Consumers help choose recovery team members The team includes:
1. The consumer	☐ The consumer
2. A service facilitator	☐ The service facilitator
3. A mental health professional or substance abuse professional. If the consumer has or is believed to have a co-occurring condition, the recovery team shall consult with an individual who has the qualifications of a mental health and substance abuse professional or shall include both a mental health professional and substance abuse professional or a person who has the qualifications of both a mental health professional and substance abuse professional on the recovery team.	☐ A mental health or substance abuse professional OR ☐ Both for co-occurring diagnoses
4. Service providers, family members, natural supports, or advocates shall be included on the recovery team with the consumer's consent, unless their participation is unobtainable or inappropriate.	☐ Others chosen by consumer
5. If the consumer is a minor or is incompetent or is incapacitated, a parent or legal representative of the consumer, as applicable, shall be included on the recovery team.	☐ Parents or guardians as applicable
(b) 1. The recovery team shall participate in the assessment process and in service planning. The role of each team member shall be guided by the nature of team member's relationship to the consumer and the scope of the team member's practice.	☐ Recovery team shall participate in the assessment process and service planning with member roles guided by relationship to the consumer.
(b) 2. Team members shall provide information, evaluate input from various sources, and make collaborative recommendations regarding outcomes, psychosocial rehabilitation services and supportive activities. This partnership shall be built upon the cultural norms of the consumer.	☐ Team members provide information, evaluate input, and make recommendations regarding outcomes, services, and activities.

SERVICE PLANNING AND DELIVERY PROCESSES – § DHS 36.17

(1) POLICIES AND PROCEDURES. The CCS shall develop and implement policies and procedures that address the requirements under this section.	☐ Service planning P&P developed
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(2) FACILITATION OF SERVICE PLANNING. (a) A written service plan shall be based upon the assessment and completed within 30 days of the consumer's application for services.	☐ A service plan is completed within 30 days of the consumer's application for services.
(b) The service planning process shall be explained to the consumer and, if appropriate, a legal representative or family member.	☐ Planning process explained
(c) The service planning process shall be facilitated by the service facilitator in collaboration with the consumer and recovery team.	☐ Process facilitated
(d) Service planning shall address the needs and recovery goals identified in the assessment.	☐ Plans address needs and recovery goals.
(2m) SERVICE PLAN DOCUMENTATION. (a) The service plan shall include a description of all the following:	☐ Documentation of service plan
1. Service facilitation activities that will be provided to the consumer or on the consumer's behalf.	☐ Services planned
2. The psychosocial rehabilitation and treatment services to be provided to or arranged for the consumer. The description shall include the schedules and frequency of services provided.	☐ Services and frequency of services
3. The service providers and natural supports who are or will be responsible for providing the consumer's treatment, rehabilitation, or support services, and the payment source for each.	☐ Responsible providers and payment source
4. Measurable goals and type and frequency of data collection that will be used to measure progress toward desired outcomes.	☐ Measurable goals
(b) An attendance roster shall be signed by each person, including recovery team members in attendance at each service planning meeting. The roster shall include the date of the meeting and the name, address, and telephone number of each person attending the meeting. Each original, updated, and partially completed service plan shall be maintained in the consumer's record as required in ch. DHS 36.18.	☐ Attendance roster maintained
(c) The completed service plan shall be signed by the consumer, a licensed mental health or substance abuse professional and the service facilitator.	☐ Signed service plans
(d) Documentation of the service plan shall be available to all members of the recovery team.	☐ Service plan documentation is available.
(3) SERVICE PLAN REVIEW. The service plan for each consumer shall be reviewed and updated as the needs of the consumer change or at least every 6 months. A service plan that is based on an abbreviated assessment shall be reviewed and updated upon the expiration of the abbreviated assessment or before that time if the needs of the consumer change. The review shall include an assessment of the progress toward goals and consumer satisfaction with services.	☐ Service plans reviewed every 6 months ☐ Review includes progress assessments.
(4) SERVICE DELIVERY. (a) Psychosocial rehabilitation and treatment services shall be provided in the most natural and least restrictive manner and most integrated settings practicable consistent with current legal standards, be delivered with reasonable promptness and build upon the natural supports available in the community.	☐ Least restrictive service setting
(b) Services shall be provided with sufficient frequency to support achievement of goals identified in the service plan.	☐ Services of sufficient frequency
(c) Documentation of the services shall be included in the service record of the consumer under the requirements in § DHS 36.18.	☐ Services documented in consumer records.
(5) DISCHARGE. (a) Discharge from the CCS shall be based on the discharge criteria in the service plan of the consumer unless any one of the following applies:	☐ Discharge is based upon plan's criteria OR

1. The consumer no longer wants to psychosocial rehabilitation services.	☐ Consumer wants to quit.
2. The whereabouts of the consumer are unknown for at least 3 months despite diligent outreach efforts to engage the consumer.	☐ Consumer whereabouts unknown for 3 months.
3. The consumer refuses services from the CCS for at least 3 months despite diligent outreach efforts to engage the consumer.	☐ Consumer refuses services for 3 months.
4. The consumer enters a long-term care facility for medical reasons and is unlikely to return to community living.	☐ Consumer enters long term care facility.
5. The consumer is deceased.	☐ Consumer dies.
6. Psychosocial rehabilitation services are no longer needed.	☐ PSR services no longer needed.
6. (am) When a consumer is discharged from a CCS program, the consumer shall be given written notice of the discharge. The notice shall include all of the following: 1. A copy of the discharge summary developed under paragraph (b). 2. Written procedures on how to reapply for CCS services 3. If a consumer is involuntarily discharged from the CCS program and the consumer receives Medical Assistance, the fair hearing procedures prescribed in § DHS 104.01(5).	Notice of discharge shall include: ☐ 1. Copy of discharge summary ☐ 2. Procedures to reapply ☐ 3. Fair hearing procedures
6. (b) The CCS shall develop a written discharge summary for each consumer discharged from psychosocial rehabilitation services. The discharge summary shall include all of the following: 1. The reasons for discharge 2. The consumer's status and condition at discharge including the consumer's progress toward the outcomes specified in the service plan. 3. Documentation of the circumstances, as determined by the consumer and recovery team that would suggest a renewed need for CCS services and procedures for re-applying for CCS services. 4. For a planned discharge, the signature of the consumer, the service facilitator, and mental health professional or substance abuse professional. With the consumer's consent, this summary shall be shared with providers who will be providing subsequent services.	Written discharge summaries for each consumer shall include all of the following: ☐ 1. Reasons ☐ 2. Consumer status and condition ☐ 3. Circumstances for re-enrollment ☐ 4. Signatures of consumer, service facilitator, and mental health/substance abuse professional

CONSUMER SERVICE RECORDS – § DHS 36.18

NOTE: CCS programs are advised to construct a blank template record and model formats for training and for initial survey purposes.

(1) Each consumer service record shall be maintained pursuant to the confidentiality requirements under HIPAA, Wis. Stat. § 51.30, ch. DHS 92 and, if applicable, 42 CFR Part 2. Electronic records and electronic signatures shall meet the HIPAA requirements in 45 CFR 164, Subpart C.	☐ Maintain policies and practices of confidentiality.
(2) The CCS shall maintain in a central location a service record for each consumer. Each record shall include sufficient information to demonstrate that the CCS has an accurate understanding of the consumer, the consumer's needs, desired outcomes and progress toward goals. Entries shall be legible, dated, and signed.	☐ Client case records secure and complete and legible.
(3) Each consumer record shall be organized in a consistent format and include a legend to explain any symbol or abbreviation used. All of the following information shall be included in the consumer's record:	Records shall contain the following (a through f):
(a) Results of the assessment completed under § DHS 36.16, including the assessment summary.	☐ Assessment summary

(b) Service plans and updates, including attendance rosters from service planning sessions.	☐ Service plans
(c) Authorization of services statements.	☐ Authorization statements
(d) Any request by the consumer for a change in services or service provider and the response by the CCS to such a request.	☐ Consumer requests
(e) Service delivery information, including all of the following:	Service delivery information which includes all of the following:
1. Service facilitation notes and progress notes.	☐ Progress notes
2. Records of referrals of the consumer to outside resources.	☐ Referral records
3. Descriptions of significant events that are related to the consumer's service plan and contribute to an overall understanding of the consumer's ongoing level and quality of functioning.	☐ Significant events
4. Evidence of the consumer's progress, including response to services, changes in condition, and changes in services provided.	☐ Evidence of progress
5. Observation of changes in activity level or in physical, cognitive or emotional status, and details of any related referrals.	☐ Observation of activity level and status
6. Case conference and consultation notes.	☐ Case conference and consultation notes
7. Service provider notes in accordance with standard professional documentation practices.	☐ Service provider notes
8. Reports of treatment or other activities from outside resources that may be influential in the CCS service planning.	☐ Reports of outside providers
(f) A list of current prescription medication and regularly taken over the counter medications. Documentation of each prescribed medication shall include all of the following:	
1. Name of the medication and dosage	☐ Name of the medication and dosage
2. Route of administration	☐ Route of administration
3. Frequency	☐ Frequency
4. Duration, including the date the medication is to be stopped	☐ Duration, including the date the medication is to be stopped
5. Intended purpose	☐ Intended purpose
6. Name of the prescriber. The signature of the prescriber is also required if the CCS prescribes medication as a service.	☐ Name of the prescriber. The signature of the prescriber is also required, if the CCS prescribes medication as a service.
7. Activities related to the monitoring of medication including monitoring for desired responses and possible adverse drug reactions, as well as an assessment of the consumer's ability to self-administer medication.	☐ Activities related to medication management and monitoring (if applicable)
8. If a CCS staff member administers medications, each medication administered shall be documented on the consumer's individual medication administration record (MAR), including the time the medication was administered and by whom and observation of adverse drug reactions, including a description of the adverse drug reaction, the time of the observation, and the date and time the prescriber of the medication was notified. If a medication was missed or refused by the consumer, the record shall explicitly state the time that it was scheduled and the reason it was missed or refused.	☐ Medications administered shall be listed on the consumer's MAR.

(g) Signed consent forms for disclosure of information and for medication administration and treatment.	☐ Informed consent
(h) Legal documents addressing commitment, guardianship, and advance directives.	☐ Pertinent legal documents
(i) Discharge summary and any related information.	☐ Discharge summaries
(j) Any other information that is appropriate for the consumer service record.	☐ Other useful information

CONSUMER RIGHTS – § DHS 36.19

Patient Rights Issues. Each CCS shall meet all obligations for patient rights notifications and for informing patients of their grievance rights and procedures. DQA surveyors closely review consumer records to assure these rights are assured, protected, and regularly updated.

(1) The CCS shall comply with the patient rights and grievance resolution procedures in Wis. Stat. § 51.61 and ch. DHS 94, and all of the following:	Compliance with patient rights and grievance resolution procedures including:
1. Choice in selection of recovery team members, services, and service providers.	☐ Choice of team members
2. The right to specific, complete, and accurate information about proposed services.	☐ Right to complete and accurate information
3. For Medical Assistance consumers, the fair hearing process under § DHS 104.01(5). For all other consumers how to request a review of determination of need for psychosocial rehabilitation services should be addressed to the Division of Care and Treatment Services / 201 E. Washington Ave., Room G300, PO Box 7851 / Madison, WI 53707-7851.	☐ MA fair hearing or the process for requesting a determination review.
(2) The service facilitator shall ensure that the consumer understands the options of using the formal and informal grievance resolution process in § DHS 94.40(4) and (5).	☐ Grievance processes are clearly explained.

MEDICAID REIMBURSEMENT

- **Wis. Admin. Code § DHS 105.257 Community-based psychosocial service programs**

For MA certification as a community-based psychosocial service program under Wis. Stat. 49.45(30e), a provider shall be certified as a comprehensive community services program under ch. DHS 36. The department may waive a requirement in §§ DHS 36.04 to 36.12 under the conditions specified in § DHS 36.065 if requested by a provider. Certified providers under this section may provide services directly or may contract with other qualified providers to provide all or some of the services described in § DHS 107.13(7).

- **Wis. Admin. Code §§ DHS 107.13(2)(c)5**

Services under this subsection are not reimbursable if the consumer is receiving community support program services under sub. (6) or psychosocial services provided through a community-based psychosocial service program under sub. (7).

- **Wis. Admin. Code §§ DHS 107.13(4)(c)4**

Services under this subsection are not reimbursable if the consumer is receiving community support program services under sub. (6) or psychosocial services provided through a community-based psychosocial service program under sub. (7).

- **Wis. Admin. Code §§ DHS 107.13(6)(b)4 and (7)**

Reimbursement is not available for a person participating in the program under this subsection if the person is also participating in the program under sub. (7).

- **Wis. Admin. Code § DHS 107.13(7) Psychosocial services provided through a community-based psychosocial services program**

(a) Covered services.

Psychosocial services provided through a community-based psychosocial service program shall be covered services when authorized by a mental health professional under § DHS 36.15 for consumers determined to have a need for the services under § DHS 36.14. These non-institutional services must fall within the definition of "rehabilitative services" under 42 CFR s. 440.130(d) and must be described in a service plan under § DHS 36.17. Covered services include assessment under § DHS 36.16 and service planning and review under § DHS 36.17.

(b) Other limitations.

- Mental health services under § DHS 107.13(2) and (4) are not reimbursable for consumers receiving services under this subsection.
- Group psychotherapy is limited to no more than 10 persons in a group. No more than 2 professionals shall be reimbursed for a single session of group psychotherapy. Mental health technicians shall not be reimbursed for group psychotherapy.
- Reimbursement is not available for a person participating in the program under this subsection if the person is also participating in the program under sub. (6).

(c) Non-covered services.

The following are not covered services under this subsection:

- Case management services provided under § 107.32 by a provider not certified under § DHS 105.257 to provide services under this section.
- Services provided to a resident of an intermediate care facility, skilled nursing facility or an institution for mental diseases, or to a hospital patient unless the services are performed to prepare the consumer for discharge from the facility to reside in the community.
- Services performed by volunteers, except that out-of-pocket expenses incurred by volunteers in performing services may be covered.
- Services that are not rehabilitative, including services that are primarily recreation-oriented.
- Legal advocacy performed by an attorney or paralegal

CCS PSYCHOSOCIAL REHABILITATION (PSR) SERVICE ARRAY
Chapter DHS 36

Name – Program:

[illegible]

Assessment Domains § DHS 36.16(4) Identify all domains applicable to each service described in the array.

- | | | | |
|--|---------------------------|-----------------------------|----------------------------------|
| (a) Life satisfaction | (e) Housing issues | (i) Mental health | (m) Medications |
| (b) Basic needs | (f) Employment | (j) Physical health | (n) Crisis prevention management |
| (c) Social network, family involvement | (g) Education | (k) Substance use | (o) Legal status |
| (d) Community living skills | (h) Finances and benefits | (l) Trauma / life stressors | (p) Other identified domains |

CCS STAFF LISTING – Chapter DHS 36

See instructions on page 26.

Name – Program

CAREGIVER MISCONDUCT BACKGROUND CHECKS ***

NAME (Last, First, MI)	POSITION DESCRIPTION	CREDENTIALS / LICENSE NUMBER	FUNCTIONS *	MINIMUM QUALIFICATIONS *	FTE % **	BID (MM / YY)	DOJ Month / Year	DHS IBIS Month / Year	Reviewed Last 4 Years
					% ☐ E ☐ C				☐ Y ☐ N
					% ☐ E ☐ C				☐ Y ☐ N
					% ☐ E ☐ C				☐ Y ☐ N
					% ☐ E ☐ C				☐ Y ☐ N
					% ☐ E ☐ C				☐ Y ☐ N
					% ☐ E ☐ C				☐ Y ☐ N
					% ☐ E ☐ C				☐ Y ☐ N
					% ☐ E ☐ C				☐ Y ☐ N
					% ☐ E ☐ C				☐ Y ☐ N
					% ☐ E ☐ C				☐ Y ☐ N

* FUNCTIONS AND MINIMUM QUALIFICATIONS

- 1 MH Professional 1–8
- 2 Administrator... 1-14
- 3 Service Director1-8
- 4 Service Facilitator1-21
- 5 Services Array Any (1-22)

** Full Time Equivalent (FTE) %

E = Employed (*Full or Part-time*)
C = Contracted

*** CAREGIVER MISCONDUCT BACKGROUND CHECKS

BID = Background Information Disclosure (DHS form F-82064)
DOJ = Department of Justice Wisconsin Criminal History
IBIS = Integrated Background Information Systems, DHS

CCS STAFF LISTING – INSTRUCTIONS

- Complete for each CCS employees and contract service provider who provides psychosocial rehabilitation services, including clinical, student, and volunteers.
- Wis. Admin. Code § DHS 36.10, requires staff credentials, descriptions of provider role/function, minimum qualifications, and caregiver background assurances as defined.
- Staff functions are found in Wis. Admin. Code § DHS 36.16(2)(e). Minimum staff qualifications are in § DHS 36.10(2)(g)1- 22.
- Record whether the staff are employed or contracted and their full time equivalent (FTE) percentage. Enter the percentage of FTE contracted for CCS for every staff member who provides face-to-face service.
- The caregiver backgrounds are documented through Background Information Disclosure (BID) (DHS form F-82064), Department of Justice (DOJ) Wisconsin Criminal History, and DHS Integrated Background Information Systems (IBIS) letters, and require updating every four (4) years.

Name – Program						CAREGIVER MISCONDUCT BACKGROUND CHECKS ***			
NAME (Last, First, MI)	POSITION DESCRIPTION	CREDENTIALS / LICENSE NUMBER	FUNCTIONS *	MINIMUM QUALIFICATIONS *	FTE % **	BID Month / Year	DOJ Month / Year	DHS IBIS Month / Year	Reviewed Last 4 Years
Doe, John C.	Psychiatrist	MD XXXXX-020	1, 3, 5	1	60 % ☐ E ☐ C	04/03	05/03	05/03	☐ Y ☐ N

Dr. Doe is contracted at 60% time. He serves two CCS program functions, as mental health professional and the service director, under DHS 36.10(e)(1) and (3). He does so while qualified as a psychiatrist, under § DHS 36.10(g)(1) and as evidenced by his DSPS licensed credentials. His background disclosure form was completed and signed by him on April 2003. The Department of Justice criminal history report was returned in May as was the DHS IBIS letter detailing any suspensions of licensure. The agency has reviewed the Caregiver Background materials and assures they were all done within the past four years.

Doe, Jane M.	Program Director	LCSW XXXX-123	1, 2, 5	5	100 % ☐ E ☐ C	09/03	10/03	09/03	☐ Y ☐ N
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Ms. Doe is a full-time employee of the CCS program with two functions. She is a mental health professional and an administrator under § DHS 36.10(e)(1) and (2) and is qualified for both as an LCSW under § DHS 36.10(g)(5), as evidenced by her DSPS licensed credentials. The caregiver background processes and assurances are affirmed.

* FUNCTIONS AND MINIMUM QUALIFICATIONS 1 MH Professional 1-8 2 Administrator... 1-14 3 Service Director1-8 4 Service Facilitator)1-21 5 Services Array Any (1-22)	** FULL TIME EQUIVALENT (FTE) % E = Employed (<i>Full or Part-time</i>) C = Contracted	*** CAREGIVER MISCONDUCT BACKGROUND CHECKS BID = Background Information Disclosure (DHS form F-82064) DOJ = Department of Justice Wisconsin Criminal History IBIS = Integrated Background Information Systems, DHS
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