Provider Responsibilities within CCS

Attachment 1

Comprehensive Community Services (CCS) is a Medical Assistance benefit which allows Washington County to provide psychosocial rehabilitative services to individuals who need more support than outpatient services but are not in need of the Community Support Program (CSP). CCS will provide a comprehensive assessment, service facilitation and a flexible array of individualized services and supportive activities that are intended to improve individual functioning and facilitate recovery. The service array will include services/supports that are provided by the Human Services Department (HSD) as well as contracted services/supports. The contracted services/supports are considered an extension of HSD’s CCS program and therefore, fall under the requirements of HFS 36. These requirements are as follows.

1. Training requirements shall be met according to HFS 36.12.
   - For staff members with less than 6 months experience providing psychosocial rehabilitation services to adults or children with mental health or substance use disorders, a minimum of 40 hours of orientation and training will be provided within the first 3 months of contracting with the CCS.
   - For staff members with more than 6 months experience providing psychosocial rehabilitation services to adults or children with mental health or substance use disorders, a minimum of 20 hours of orientation and training will be provided within the first 3 months of contracting with the CCS.
   - For staff members without a Bachelor’s degree, demonstration of 30 hours training in the prior 2 years specific to mental health and recovery concepts.
   - Volunteers will be given a minimum of 40 hours of orientation and training prior to working with consumers or family members.
   - A minimum of 8 hours of ongoing training per year will be provided to all CCS and contracted staff members and volunteers.
   - The CCS Administrator will work with the contracted agency in developing the documentation of past training and securing or providing initial training.

The Contracted Agency will be responsible for maintaining documentation of completion of training requirements. Documentation will be provided to the CCS Administrator at the annual performance evaluation and upon request.

Training will be specific to the position for which the individual is hired and will be comprehensive, to ensure that upon completion of orientation and training, staff members are able to demonstrate the following:
   - Application of HFS 36 pertinent to the services they provide.
   - CCS policies and procedures.
   - Job responsibilities of all CCS staff members.
   - Applicable parts of HFS 48, 51 and 55, and any related administrative rules.
   - Current standards related to documentation and confidentiality including HIPAA, s. 51.30, HFS 92 and if applicable 42 CFR Part 2.
   - Patient rights outlined in s. 51.61 and HFS 94
   - Current knowledge about mental disorders, substance use disorders and co-occurring disabilities and treatment methods.
   - Recovery concepts and principles and application of these principles to mental health and AODA treatment with children and adults.

7/2014
Orientation and training can be given using the following methods:

- CCS Employee Training Manual (enclosed)
- Individual or group training sessions with Mental Health Center staff members who can provide training specific to the contracted employee’s position in CCS.
- Individual or group training sessions with the CCS Administrator and/or MH/AODA Coordinator
- HSD in-service trainings which relate to the contracted employee’s position in CCS.
- Conferences and training opportunities outside of the agency.
- Presentations by staff from community resource agencies.

2. Each staff person through the contracted provider will receive a minimum of one hour of clinical supervision for every 30 service hours provided. Qualified CCS staff will provide clinical supervision through recovery team meetings and individual consultation. The CCS Administrator will maintain documentation of supervision provided.

3. Each staff person through the contracted provider will participate within the recovery team developed by the consumer and the CCS Service Facilitator.

4. Each staff person through the contracted provider will have a caregiver background check documented through Background Information Disclosure (BID) form, Department of Justice, and DHFS response letter and will be updated every four years. Documentation will be provided to the CCS Administrator upon request.

5. A CCS contracted agency will also have timely communication with the CCS recovery team, deliver service promptly and in the manner determined by the recovery team and have an adequate frequency of service. These items will be measured by CCS consumers as well as through the annual program evaluation process.

6. Documentation is maintained for each hourly or daily contact. The progress note must address the specific goals and objectives in the recovery plan and reflect progress towards those objectives. The staff member writing the progress note is the person who provided the service and has the correct credentials to bill for the service being provided. If another staff member needs to counter-sign, then the second signature is in the record indicating the proper supervision was provided.

7. The agency and the Behavioral Health Manager will determine billing reports for the contracted services. Documentation of the delivered service will be maintained within the agency and made available upon the request of the CCS Administrator. Audit exceptions resulting from the contracted agencies failure to provide appropriate documentation for service planning and billing purposes will be passed on to the contracted agency.