

An Introduction: Community Recovery Services



2021-2022

DHS staff roles

Community Recovery Services (CRS) coordinator:

- Position located in the Division of Care and Treatment Services, Bureau of Prevention Treatment and Recovery, Mental Health Services Section.
- Oversees and monitors CRS programs throughout the Wisconsin to ensure they meet federal and state requirements; provide technical assistance; and support providers and stakeholders as they aid individuals with mental illness to live their best life with the emphasis on psychosocial rehabilitation services.

DHS staff roles

Psychosocial outreach specialist:

- Contracted position located in the Division of Care and Treatment Services, Bureau of Prevention Treatment and Recovery, Mental Health Services Section.
- Program support to the CRS coordinator through quality assurance and monitoring of psychosocial rehabilitation services offered by CRS.

Presentation overview

- What is CRS?
- ForwardHealth updates and DCTS Action Memos
- How do counties use CRS?
- CRS differences from other psychosocial rehabilitation programs
- CRS services
- Enrollment

Presentation overview

- Documentation: Periodic progress notes
- Incident reporting
- Provider training
- Documentation oversight
- Monitoring process

What is CRS?

- CRS=**C**ommunity **R**ecovery **S**ervices
- A Medicaid benefit
- Under the umbrella of psychosocial rehabilitative programs such as Community Support Program and Comprehensive Community Services
- Helps individuals living with a mental illness reach their full potential through consumer choice, person-centered planning, and a focus on recovery

What is CRS?

- Functional eligibility needed
- Three Services:
 1. **Peer supports**
 2. **Supportive employment**
 3. **Community living supportive services**
- Program administered by certified counties and the three services provided by the county or county contracted providers
- Offered in 17 counties (as of summer 2021)

ForwardHealth updates and DCTS Action Memos

CRS is not regulated by state administrative codes or audited by the DHS Division of Quality Assurance (DQA).

ForwardHealth updates and DCTS Action Memos

CRS is regulated by the following Forward Health updates and Action Memos:

- [ForwardHealth Update 2010-94](#)
“Meat and potatoes” explanation of the CRS benefits
- [ForwardHealth Update 2018-17](#)
- [DCTS Action Memo 2019-15](#)
- Documentation oversight requirements and monitoring process
- [DCTS Action Memo 2018-10](#)
- CRS orientation (20 hours) and ongoing (8 hours) trainings outlined in-depth and need to track provider completion

How do counties use CRS?

- CSP consumers who would benefit from a CRS service (example: living in an adult family home).
- Consumers who would not fit well in the CCS program.
- Counties that do not use the CCS array in residential settings.

How do counties use CRS?

- In conjunction with:
 - Targeted Case Management
 - Community Support Programs
 - Comprehensive Community Services
- People living in a residential setting who have the capacity to adopt a “recovery mindset”
- Help their residential organizations improve their services

CRS differs from other psychosocial rehabilitation programs

- All CRS providers are considered “rehabilitation technicians” regardless of license
- No alcohol or other drugs specific services
- More programmatic flexibility (forms, case-by-case needs)
- DHS staff offered trainings and resources
- Greater breadth and depth of residential services
- No reimbursement for case management or documentation from Medicaid claims unlike Comprehensive Community Services and Community Support Programs; the Wisconsin Medicaid Cost Reporting process can reconcile those costs

CRS Services

**Peer Supports, Supportive Employment, and
Community Living Supportive Services**

Peer supports

To assist CRS participants, certified peer specialists (or certified parent peer specialists):

- Lend insights into mental illness and the recovery process.
- Attend treatment team and crisis plan development meetings.
- Offer effective recovery-based services.
- Assist in finding self-help groups and community supports.
- Teach how to identify and combat negative self-talk.

Supportive employment

Individual Placement and Support (IPS) employment specialists:

- Provide people with support, coaching, résumé development, interview training, and on-the-job support.
- Build relationships with employers that are consistent with mental health treatment goals.
- Can collaborate with the Department of Workforce Development's Division of Vocational Rehabilitation.

Community living supportive services

- Settings include a licensed community-based residential facility (CBRF), adult family home (AFH), residential care apartment complex (RCAC), or a consumer's home.
- Medicaid does not pay room and board.
- Provider *trains, prompts, supports, models, encourages,* and/or *supervises* consumer in doing activities of daily living (ADLs) or instrumental activity daily living (IADLs) tasks independently or interdependently.

Community living supportive services tasks

- **Meal planning/preparation:** Consumers help decide what to eat and how to make it
- **Household cleaning:** Making a plan for room cleaning, sweeping the porch, putting dishes away
- **Personal hygiene:** Making a plan for regular showers, teeth cleaning, clean clothes
- **Medication:** Administering/dispensing behavioral health and physical health medications; monitoring medication side effects and symptoms
- **Relationship skills:** Strengthening relationships via phone calls, letters, and socializing with peers via playing games, taking walks

Community living supportive services tasks

- **Helping gain access to the community:** Alcoholics Anonymous/Narcotic Anonymous meetings, looking at different grocery store or pharmacy options, researching different community groups such as walking groups or support meetings
- **Crisis coping skills:** Encouraging use of skills and developing new skills
- **Shopping:** Helping consumer get groceries, clothes, etc.

Community living supportive services tasks

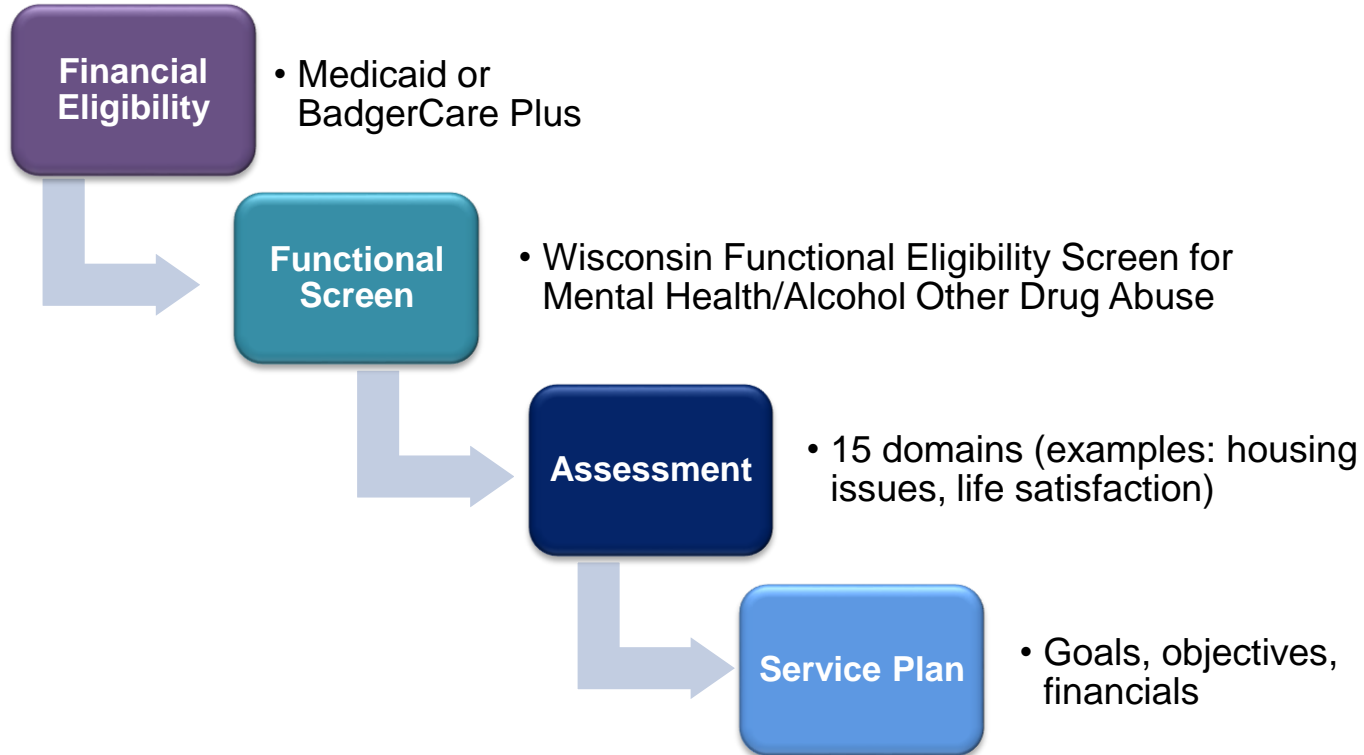
- **Recovery management skills:** helping to recognize their triggers; engaging in meaningful activities such as training for a 5k walk or going to community gatherings, using spiritual, religious, and cultural practices for wellness such as attending church, meditation or yoga, psychoeducation worksheets
- **Financial management:** creating a budget or finance plan
- **Social and recreational activities:** knitting groups, card clubs, free movies in the community

Enrollment

Process



Process



Documentation: Periodic progress notes

Process, Importance, and Additional Information

Documentation process

A comprehensive assessment guides a CRS participant's service/recovery plan goals. The periodic progress notes track progress or when a participant's goal is achieved and a new goal needs to be created.



Why is documentation important?

- The Department of Health Services (DHS) requires a progress note to be a receipt for services rendered. **If it is not documented, it did not happen!**
- Counties are compensated for services that will benefit the CRS participant in their recovery.
 - Services are billable to Medicaid.
 - Observations are not billable to Medicaid.

Additional information

- View a DHS presentation on this topic.

Critical or Non-Critical Incident Reporting

Importance, Process, Forms, and Additional Information

Importance of reporting

- DHS is required by the Centers for Medicare and Medicaid Services (CMS) to ensure the health, safety, and welfare of CRS participants. This is done in partnership with local Medicaid agencies, service providers, guardians, and family members.
- The state uses incident reports to identify statewide or regional patterns and trends, which allow the development of interventions to decrease the likelihood of re-occurrence of such incidents.

Process

- Incident reporting is required.
- Incident reporting is always a person-specific process. If an incident involves or affects multiple CRS participants, a separate report must be submitted for each participant affected by the incident.
- The process begins when the Medicaid agency, service provider, guardian, or family member observe, learn, or discover an event or situation that conforms to the definition of an incident. Providers, guardians, or family members must inform Medicaid agencies of such incidents and Medicaid agencies must both notify and report the event and the response to the assigned state contact as specified in the instructions.

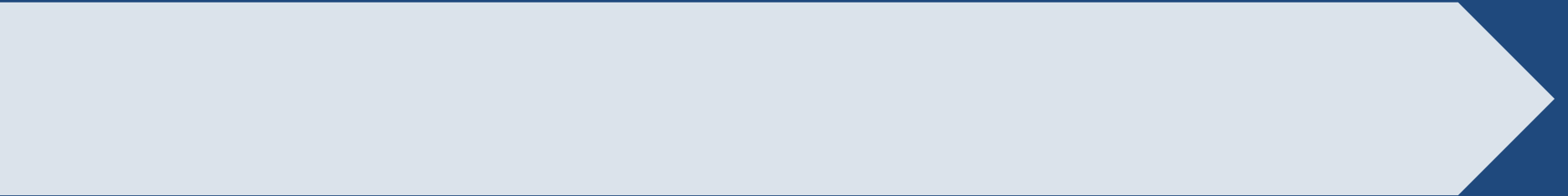
Forms

- [Incident Report, F-00390](#)
- [Incident Report Instructions, F-00390i](#)

Additional information

[View a DHS presentation on this topic.](#)

Provider Training



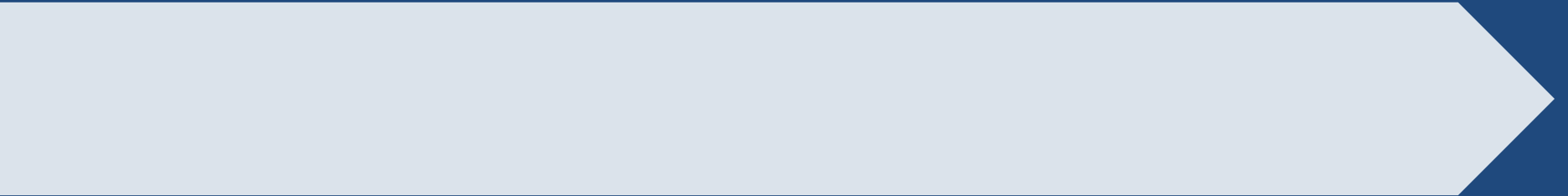
Training standards

- CRS contracted providers must have 20 hours of orientation training within three months of beginning employment.
- All contracted providers also must complete a minimum of eight hours of training per year.
- Exceptions may apply.

Training standards

- Refer to [DCTS Action Memo 2018-10](#) for specific training requirements.
- Need training resources? DHS CRS has [provider training resources](#) available.

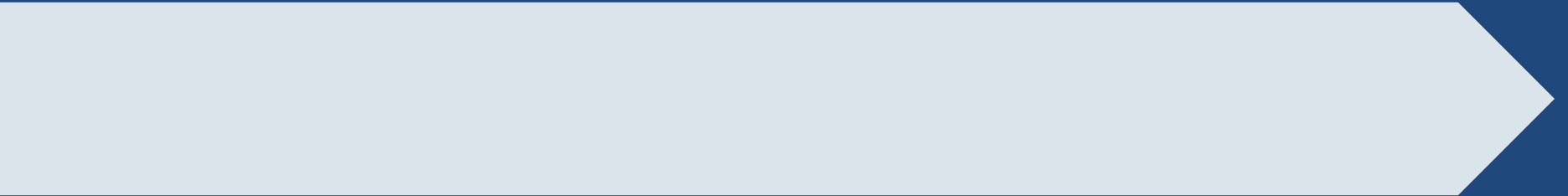
Documentation Oversight



Process

- The DHS CRS staff will request a random sample of CRS participant documentation from counties on an annual or biannual basis, depending on program size.
- Refer to [DCTS Action Memo 2019-15](#) for more information.

Monitoring Process



Process

- DHS CRS staff make in-person or virtual visits to ensure CRS programs are complying with program policies and procedures.
- Each CRS program, both county agencies and contracted CRS providers, will be visited at minimum once every two years. Prior to these program monitoring visits, DHS CRS staff will request documentation be sent electronically for one consumer per provider. If the provider has more than one location, documentation for one consumer per location should be sent.

Process

DHS CRS conducts in-person or virtual interviews with consumers and providers to gather information on progress toward recovery goals and barriers to providing services. Programs may request training and technical assistance from DHS CRS staff during the program monitoring process or whenever needed.

Monitoring documentation

The following should be shared with DHS for the monitoring process:

- Provider progress notes and the corresponding Medicaid invoices for the dates specified by DCTS
- CRS staff orientation and training documentation
- CRS Provider Agreements ([F-00312](#), [F-00312A](#))
- Provider's current license or certification that meets provider requirements in [ForwardHealth Update 2010-94](#)
- CRS Staff Background Check Confirmation, [F-02565](#)

Contact DHS CRS

DHSDCTS@dhs.wisconsin.gov

www.dhs.wisconsin.gov/crs