Community Recovery Services (CRS)

An overview of the CRS psychosocial rehabilitation program

Presentation overview

- DHS staff roles
- What is CRS?
- ForwardHealth updates and DCTS Action Memo
- How do tribal nations/counties use CRS?
- CRS differences from other psychosocial rehabilitation programs
- CRS services
- Enrollment
- Program requirements

DHS staff roles

Community Recovery Services (CRS) coordinator
Oversees and monitors CRS programs throughout Wisconsin to ensure they meet federal and state requirements; provides technical assistance; and supports CRS providers as they provide psychosocial rehabilitation services to support people with mental illness to live their best life.

Position located in the Division of Care and Treatment Services, Bureau of Prevention Treatment and Recovery, Mental Health Services Section.

DHS staff roles

Psychosocial outreach specialist
Program support to the CRS coordinator through quality assurance and monitoring of psychosocial rehabilitation services offered by CRS.

Contracted position located in the Division of Care and Treatment Services, Bureau of Prevention Treatment and Recovery, Mental Health Services Section.

What is CRS?

CRS=**C**ommunity **R**ecovery **S**ervices

- CRS is a State Plan Amendment Medicaid benefit.
- CRS is under the umbrella of psychosocial rehabilitative. programs such as Community Support Programs (CSP) and Comprehensive Community Services (CCS).
- CRS helps people living with a mental illness reach their full potential through participant choice, person-centered planning, and a focus on recovery.

What is CRS?

- Medicaid and functional eligibility is needed.
- There are three components.
  - **Peer support**
  - **Supported employment/Individual Placement and Support (IPS)**
  - **Community living supportive services**
- Services provided to a participant in their home or in a supportive residential placement.
- Program administered by tribal nations/counties, with the three services provided by the tribal nation/county or tribal nation/county contracted providers.

ForwardHealth Handbook and DCTS Action Memo

CRS is not guided by a state administrative code or audited by the DHS Division of Quality Assurance (DQA). CRS should be delivered according to the program requirements detailed in the online ForwardHealth Handbook and DCTS Action Memo 2023-10.

- ForwardHealth Online Handbook: CRS Online Handbook
- DCTS Action Memo: DCTS Action Memo 2023-10

How do tribal nations/counties use CRS?

- CSP participants who would benefit from a CRS service (example: living in an adult family home).
- Participants who would not fit well in the CCS program.
- Tribal nations/counties that do not use the CCS array in residential settings.

How do tribal nations/counties use CRS?

- Support people to meet their recovery goals through the provision of psychosocial rehabilitation services
- In conjunction with:
  - Targeted case management
  - CSP
  - CCS
- Offset costs for people living in a residential setting

CRS differences from other psychosocial rehabilitation programs

- All CRS providers are reimbursed at the same rate regardless of license or education level.
- CRS can be provided to compliment an individual's CCS or CSP services.
- No substance use specific services are provided.
- More programmatic flexibility is available.
- No reimbursement for case management or documentation from Medicaid claims unlike CCS and CSP; the Wisconsin Medicaid Cost Reporting process can reconcile those costs.

CRS differences from other psychosocial rehabilitation programs

While there are no specific requirements for supervision of CRS staff in the ForwardHealth Handbook, people need to follow the supervision requirements of their position and professional or agency licensure or certification requirements, **no additional supervision requirements are added for CRS**.

CRS differences from other psychosocial rehabilitation programs

For example, peer specialists must be supervised by a mental health professional when receiving Medicaid reimbursement. CCS/CSP/residential staff must follow their respective administrative rules, and IPS supported employment has its own supervision requirement for fidelity.

Components

Peer Support, Supported Employment, and Community Living Supportive Services

Peer support

To support CRS participants in their recovery, certified peer specialists (or certified parent peer specialists):

- Offer compassionate listening and share lived experiences.
- Provide information about community and recovery-oriented resources upon request.
- Collaborate in a complementary way with the person's treatment team.
- Assist people in building social skills that will facilitate community involvement.
- Inspire hope and support many pathways to recovery, wellness and meaningful living.

Supported employment

Employment specialists:

- Follow the IPS model.
- 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 (CLSS)

- Settings include a licensed community-based residential facility, adult family home, residential care apartment complex, or a participant's home.
- Medicaid does not pay room and board.
- Services should not just be completed for the participant, but rather providers should *train, prompt, support, model, encourage,* and/or *supervise* the participant in doing activities related to their goals on their Individual Service Plan.

Examples of CLSS services:

- **Meal planning/preparation:** Helping people decide what to eat and how to make it, shopping for groceries
- **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, shopping for new clothing as needed
- **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

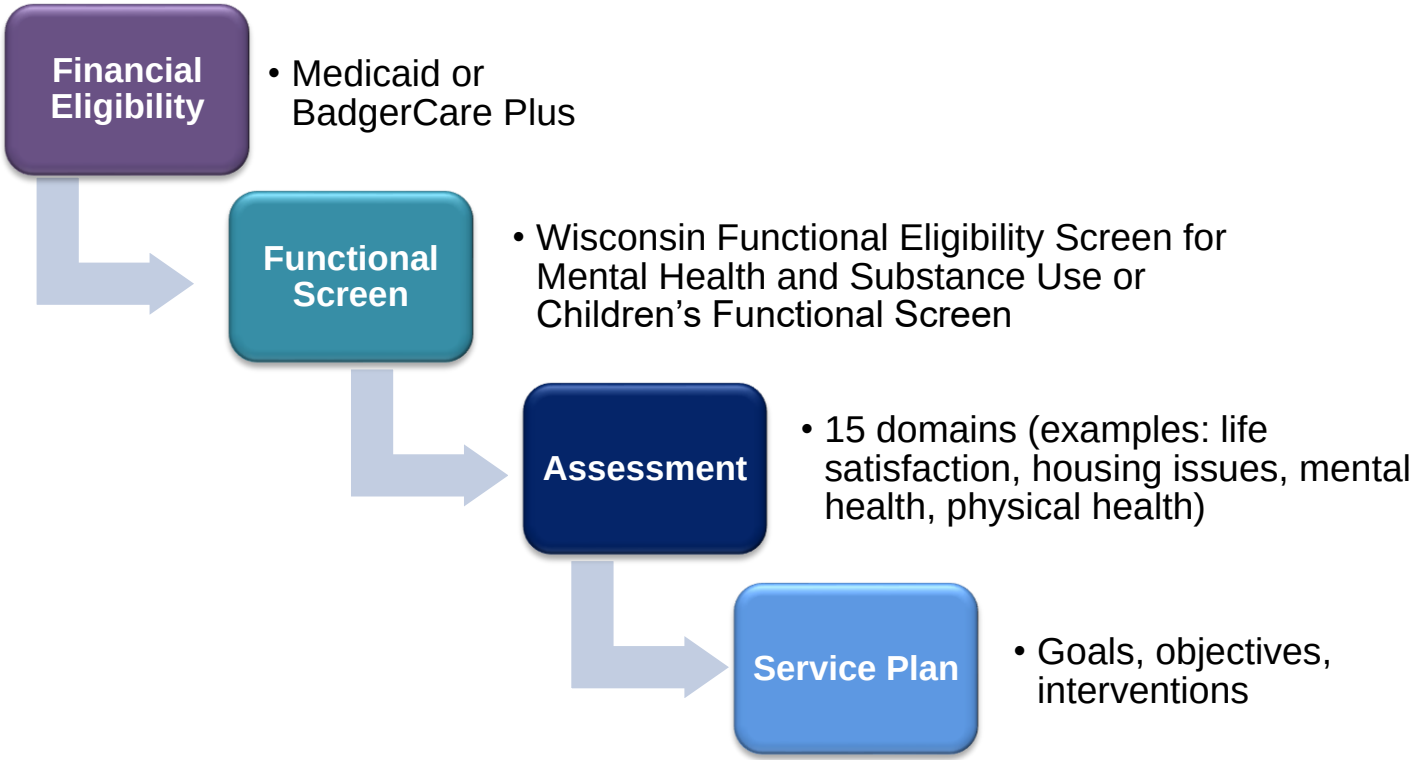
Examples of CLSS services:

- **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
- **Recovery management skills:** Helping to recognize their triggers; engaging in meaningful social, spiritual, cultural, recreational and community activities
- **Financial management**: Creating a budget or finance plan

Enrollment

Process

Process


Financial Eligibility
• Medicaid or BadgerCare Plus
Functional Screen
• Wisconsin Functional Eligibility Screen for Mental Health and Substance Use or Children's Functional Screen
Assessment
• 15 domains (examples: life satisfaction, housing issues, mental health, physical health)
Service Plan
• Goals, objectives, interventions

Assessment

- Update as new information becomes available or at least every six months as part of the service planning process.
- Incorporate information about the participants cultural and environmental supports and their perspective, in their own words, about how they view their recovery, experience, challenges, strengths, resources, and needs in each of the assessment domains.

Assessment

15 domains include:

- Life satisfaction
- Basic needs
- Social network and family involvement
- Community living skills
- Housing issues
- Employment
- Education
- Finances and benefits
- Mental health
- Physical health
- Substance use
- Trauma and significant life stressors
- Medications
- Crisis prevention and management
- Legal status

Assessment

Clearly identify the need for CRS services

Individual service/recovery plan

- This plan must be reviewed, revised, and signed by the CRS participant at least every six months and as needed when there is significant change in the participant's circumstances.
- A CRS provider cannot be reimbursed for services provided prior to the effective date of the member's service plan.

Individual Service/recovery plan

- This plan must be developed based on an objective face-to-face assessment using a person-centered process in consultation with the participant.
- The person-centered planning process must address the member’s physical and mental health support needs, strengths, preferences, and desired outcomes, and must identify which CRS-specific services the member needs.

Individual service/recovery plan

- This process is completed by a tribal nation or county case manager who meets DHS and DCTS requirements.
- The service plan must be signed and dated by the member and approved by DHS.

Individual service/recovery plan

The tribal nation or county certifying agency can use the Individual Service Plan – Community Recovery Services (CRS) form (F-00202) for this purpose or a locally developed form that meets all ForwardHealth and program criteria.

- Individual Service Plan, F-00202
- Individual Service Plan Instructions, F-00202i

Documentation: Progress notes

Importance and Additional Information

Documentation-general information

- The comprehensive assessment informs a CRS participant's service/recovery plan and goals.
- Progress notes document the services provided and progress towards the identified goals.
- CRS providers need to comply with General Mental Health and Substance Abuse Documentation Requirements as detailed in Chapter DHS 106: Provider Rights and Responsibilities DHS 106.

Why is documentation important?

- Medicaid requires a progress note for services rendered. **If it is not documented, it did not happen!**
- Tribal nations/counties are reimbursed by Medicaid for psychosocial rehabilitation services that are identified in the participants individual services/recovery plan.

Additional information

For specific information on progress note documentation, watch “An Introduction: CRS Periodic Progress Notes”

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 to ensure the health, safety, and welfare of CRS participants.
- Incident reporting is required.
- The state uses incident reports to track all statewide incidents.
- This allows for the identification of patterns or trends, which informs the development of interventions to decrease the likelihood of re-occurrence of incidents.

Process

- The process begins when the tribal nation/county agency, service provider, guardian, or family member observe, learn, or discover an event or situation that meets the definition of an incident.
- After the discovery of an incident, the tribal nation, county/agency, or service provider needs to document the incident on the Incident Report Form, F-00390.
- 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.

Forms and additional information

- Incident Report Form, F-00390
- Incident Report Instructions, F-00390i

For more information on incident reporting, watch “Community Recovery Services Incident Reporting Overview”

Provider Training

Training requirements

CRS providers must have 10 hours of orientation training within three months of beginning employment.

- Refer to DCTS Action Memo: DCTS Action Memo 2023-10 for specific training requirements.
- Need training resources? Go to the Community Recovery Services: Provider Resources page on the DHS website.

Quality Assurance Processes

Documentation Oversight and Monitoring Process

CRS documentation oversight and monitoring

- CRS is not audited by the DHS Division of Quality Assurance.
- DHS CRS staff are responsible for the oversight and monitoring of all CRS tribal nations/counties by conducting two comprehensive quality assurance processes.
  - Documentation oversight
  - Monitoring process

Documentation oversight process

DHS CRS staff will request a random sample of 20% of CRS participant documentation from tribal nations/counties each year.

Documentation oversight materials

The materials submitted must include the following requested information for each consumer being reviewed:

- Mental Health and Substance Use Disorder Functional Screen
- Assessment results
- Service plans
- Discharge summary

Refer to DCTS Action Memo 2023-10 for more information.

Monitoring 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 tribal nations/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 participant per provider.
- If the provider has more than one location, documentation for one participant per location should be sent.

Process

- DHS CRS conducts in-person or virtual interviews with participants 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 documentation
- Wisconsin Medicaid CRS Benefit Provider Agreement and Acknowledgement of Terms of Participation (F-00312, F-00312A)
- Provider's current license or certification that meets provider requirements identified in the ForwardHealth Online Handbook: CRS Online Handbook
- CRS Staff Background Check Confirmation, F-02565

Contact DHS CRS

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Webpage:
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