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DCTS Action Memo 2023-10

To: Subscribers of the DCTS Action Memo Email Distribution List

From: Gynger Steele, Administrator

Updates to the Community Recovery Services Program

Summary

This memo outlines the requirements for tribal nation and county agencies providing services as an enrolled Community Recovery Services (CRS) program as identified in the 1905(a) State Plan Amendment. The requirements outlined in this document replace DCTS Action Memo 2018-10 and DCTS Action Memo 2019-15.

Background

CRS transitioned from the Medicaid 1915(i) State Plan Amendment to the 1905(a) State Plan Amendment in 2018. This began the identification of CRS as a psychosocial rehabilitation program.

The requirements in this memo supplement ForwardHealth updates regarding CRS.

- [Forward Health Update 2010-94: Introducing the Community Recovery Services Benefit](#)
- [Forward Health Update 2018-17: New and Clarified Coverage Policy for Psychosocial Rehabilitation Programs](#)

All ForwardHealth information still applies, including information in the ForwardHealth Handbook. Tribal nation and county agencies must meet programmatic and documentation standards identified in the ForwardHealth Handbook.

Agency enrollment

Tribal nation and county agencies interested in providing CRS must complete the [CRS County/Tribal Agency Application, F-00203](#). Follow the instructions on the form to submit it to DHS.

Consumer enrollment

To be eligible for CRS, consumers must:

- Be 14 or older.
- Be eligible and enrolled in Medicaid or the BadgerCare Plus Standard Plan.
- Meet functional eligibility criteria according to Mental Health/Substance Use Disorder Functional Screen or the Children's Long Term Care Functional Screen.
- Reside in the community.

Consumer discharge documentation

For each consumer discharged from CRS, the tribal nation or county agency must develop a written discharge summary. The written discharge summary should include:

- The reason for discharge.
- The consumer's status and condition at discharge, including the consumer's progress towards the outcomes specified in the service plan.
- Identification of the circumstances, as determined by the consumer and providers that would suggest a need for CRS to resume.
- Signatures. If the discharged was planned, the signature of the consumer and the tribal nation or county agency or contracted CRS service coordinator is required. If the discharged was unplanned, the signature of the tribal nation or county agency or the contracted CRS service coordinator is sufficient.

Program Participation System

Effective January 1, 2020, CRS programs must enroll and discharge consumers in the Program Participation System. CRS programs should also continue entering consumer status data fields every six months in the Program Participation System for all CRS consumers. For additional information on entering consumer information in the Program Participation System, visit the DHS [Program Participation System](#) webpage.

DCTS periodically may request a complete list of enrollments and discharges for auditing purposes.

Orientation training

CRS program staff and contracted providers must have 10 hours of orientation training within three months of beginning employment.

Orientation training must include:

- A review of *ForwardHealth* updates [2010-94](#) and [2018-17](#).
- A review of applicable parts of Wis. Stat. chs. 48, 51, and 55 and related administrative rules.
- A review of the basic provisions of civil rights laws including the Americans with Disabilities Act of 1990 and the Civil Rights Act of 1964.
- A review of current standards regarding documentation and the provisions of HIPAA, Wis. Stat. § 51.30, Wis. Admin. Code ch. DHS 92, and, if applicable, 42 CFR Part 2 regarding confidentiality of treatment records.
- A review of the provisions of Wis. Stat. § 51.61 and Wis. Admin. Code ch. DHS 94 regarding patient rights.
- Current knowledge of mental health and substance use, such as:
 - Substance use and mental health recovery models.
 - Trauma-informed and/or recovery-oriented care.
 - Psychosocial rehabilitation.
 - Person-centered care and planning.
 - Motivational interviewing.
 - Culturally responsive care.
 - Strengths-based care and treatment.

- Holistic wellness.
- Peer supports.
- De-escalation techniques.
- Non-violent crisis interventions.
- Psychopharmacology.

Training documentation

All CRS program staff and contracted providers must have orientation training documentation that includes the name of the employee, name of the employer, date of the training, method of training (for example, self-study, presentation, webinar, conference, etc.), a description of the course content, number of hours completed per training topic, and a signature from the tribal nation or county agency providing CRS.

Training exemptions

CRS program staff and contracted providers may be exempt from some or all the required orientation training. Exemptions are granted if duplicative training was completed through requirements of an administrative rule governing a program or facility within the last 12 months and there is documentation. To request an exemption, contact the [Division of Care and Treatment Services](#).

Ongoing training

Effective January 1, 2023, ongoing training is no longer required. It is recommended as a best practice that CRS program staff and contracted providers complete ongoing training relevant to providing care to CRS consumers and their needs. Ongoing training opportunities open to all CRS program staff and contracted providers will be offered annually by the Division of Care and Treatment Services. The [DHS website](#) has information on ongoing training opportunities.

Incident reporting

CRS program staff and contracted providers must report incidents pertaining to health and safety to the Division of Care and Treatment Services.

- [Incident Reporting – Community Recovery Services – Instructions, F-00390i](#)
- [Incident Report Form, F-00390](#)

A video training on the incident reporting process is available on the [DHS website](#).

Submit completed incident report forms to the [Division of Care and Treatment Services](#).

Annual documentation oversight

Effective June 1, 2023, documentation oversight is completed annually. This process includes a review of the documentation for 20% of the consumers served within the last year for each CRS program. Thirty days prior to the documentation oversight period for the CRS program, the Division of Care and Treatment Services will request a list of CRS consumer enrollments and discharges within the last year.

Upon receipt of this information, the Division of Care and Treatment Services will select a random sample of 20% of the CRS program's consumers. CRS programs will have 15 business days to electronically send materials to the [Division of Care and Treatment Services](#).

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

- Initial enrollment and annual recertification
 - Mental Health and Substance Use Disorder Functional Screen results
 - Assessment results
 - Service plan
- Six-month update
 - Assessment results
 - Service plan
- Discharge summary, if applicable

This information will be reviewed by the Division of Care and Treatment Services to ensure documentation requirements have been followed and that the materials meet the standards. This review may take up to 90 days.

When the review is complete, the CRS program will receive a “Documentation Oversight Debrief” report from the Division of Care and Treatment Services. The report will provide feedback on the program’s documentation efforts. If documentation requirements are not met, the Division of Care and Treatment Services will establish a plan of action or a corrective action plan for the CRS program.

Biennial monitoring process

CRS is not governed by a DHS administrative rule. There is no certification process for programs. As a result, Division of Care and Treatment Services staff make in-person visits to ensure CRS programs are complying with policies and procedures.

Each CRS program is visited at minimum once every two years. Prior to these monitoring visits, Division of Care and Treatment Services 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. During these monitoring visits, Division of Care and Treatment Services staff conduct in-person interviews with consumers and providers to gather information on progress toward recovery goals and barriers to providing services.

The following documentation should be shared with the Division of Care and Treatment Services for the monitoring process.

- Provider progress notes and the corresponding Medicaid invoices for the dates specified by the Division of Care and Treatment Services.
- CRS program staff and contracted provider orientation training documentation.
- CRS provider agreements ([F-00312](#), [F-00312A](#)).
- Current license(s) or certification(s) for all providers that meet the requirements in [ForwardHealth Update 2010-94](#).
- [Community Recovery Services Staff Background Check Confirmation, F-02565](#).

The biennial monitoring process concludes with a meeting that includes CRS program staff and Division of Care and Treatment Services staff. At this meeting, Division of Care and Treatment Services staff will review a report that provides details about the documentation reviewed, the strengths of the program, and opportunities for improvement that may require a plan of action or a corrective action plan.

Plan of action

A plan of action is issued when the documentation oversight process and/or the biennial monitoring process shows that some or all the materials reviewed do not meet CRS program standards. A plan of action may require that a CRS program:

- Submit additional information or documentation to the Division of Care and Treatment Services by a specified date. Failure to comply with this request may result in a corrective plan of action.
- Make improvements to the materials as soon as possible, with the updated materials reviewed during the next review process for the CRS program.

Technical assistance and support can be requested from the Division of Care and Treatment Services to address any plan of action items identified.

Corrective action plan

A corrective action plan is issued when:

- A plan of action was not completed by the specified date.
- The documentation oversight and/or biennial monitoring process indicates the CRS program is out of compliance with the ForwardHealth Handbook, as well as other required policies and procedures.
- There is indication of medical assistance fraud or overbilling.

When a corrective action plan is needed, the Division of Care and Treatment Services will coordinate a meeting with the CRS program to discuss the areas of concern. The areas in need of correction will be identified in writing and shared with the CRS program. The CRS program must draft a plan to respond to the concerns within 10 days of being notified of the concerns. This plan should be emailed to the [Division of Care and Treatment Services](#). The plan will be reviewed by Division of Care and Treatment Services staff. The CRS program is expected to implement the submitted plan after receiving a signed copy from the Division of Care and Treatment Services.

Technical assistance and support can be requested from the Division of Care and Treatment Services to address any corrective action plan items identified.

If you have questions or concerns about this memo, contact the [Bureau of Prevention Treatment and Recovery](#).