

Community Support Programs (CSP) Wait List

It is further understood and agreed by both parties through this attachment to the CY 2015 "State and County Contract Covering Social Services and Community Programs" that:

- I. Funds in the amount identified in this contract are provided for the period beginning January 1, 2015 through December 31, 2015.

Payments through 6/30/15 are limited to 3/12ths of the contract with the balance paid after 7/1/15 based on reported costs up to the contract level.

- II. Purpose and Service Conditions on the Use of the Additional Funds.
 1. To enable Medicaid consumers eligible for CSP to access these critical services to reduce the length of time an individual is on a waiting list for CSP services.
 2. To provide DHS 63 certified CSP services for individuals listed on Attachment 1 of the County's original application or Division of Mental Health and Substance Abuse Services-approved substitutions to that list.
 3. By December 31, 2015 all counties receiving Wait List funds must adopt best practice in at least two of the following areas in each CSP operated directly by the county or operating under contract or arrangement with the county, compared to 2014:
 - a. Trauma-informed care;
 - b. Recovery-informed care;
 - c. Person-Centered Planning;
 - d. Suicide Prevention Policies for Routine, Screening, Assessment and Management;
 - e. Integration of peer specialists into the service system;
 - f. Integrated Dual Diagnosis Treatment for Substance Use Disorder;
 - g. Adopt the Mental Health and AODA Functional Screen; or
 - h. Adopt other systematic quality improvement approaches after obtaining approval from the Department.

4. For the 2015 contract period, in addition to or as an alternative to one or more of items 3. above, counties may elect to systematically and purposefully expand their CSP target service populations to include new target groups with mental illness meeting program eligibility that were underserved by county CSPs in 2014, when identified by the county as significant, for example:
 - Under-served age-groups (e.g. elders, adolescents, children with culturally competent services);
 - Under-served racial, ethnic, or cultural minority groups (with culturally competent services);
 - Underserved persons that are involved in the criminal justice system as part of a diversion program, or that have recently been released from jail or correctional facilities;
 - Other identified underserved groups, as identified by the county (e.g., deaf or hard of hearing with culturally competent, linguistically appropriate services).

(Note that as required by Federal law, the general state-county contract already requires counties to target homeless persons with mental illness to receive priority for mental health services, so this group is not included as one of the potential targeted new expansion groups above.)

A. **Annually, on or before June 30th**, every county receiving Wait List funds must send to the Department one written report on the two best practices adopted by the county in fulfillment of the requirement listed in Item II. 3. and/or 4 of this Appendix.

B. The reports shall include, for each best practice identified for adoption by the county, a minimum two-page narrative description, supported by data as necessary to demonstrate the county's progress, describing:

1. The two (or more) best practices adopted by the county;
2. The reasons why the county selected the two best practices identified;
3. The method used by the county to plan, implement and document progress on meeting the two best practices selected, including time-frames and milestones set by the county, who was involved, issues and problems that arose and how these were addressed, budget, training; and the impact on programs, service volumes, service and referral arrangements, consumers, family members and other relevant details;
4. Involvement, if any, of consumers, family members, advocates, county board members, and/or other community members and stakeholders in the planning and implementation of each best practice selected for adoption; and their perception of the best practice;
5. For each best practice adopted, positive and negative outcomes/impacts on consumers, family members, service delivery systems, contracted and county service providers, management, staff, efficiency of services, quality of services, budgets, service contracts, service and referral arrangements, and others. In addition, describe any and all other outcomes/impacts important to the county and stakeholders.

Note: See III. 10 for documentation and reporting requirements specifically related to this requirement.

C. The reports must be received on or before the above due dates. Mail the reports to:
CSP Coordinator,
Bureau of Prevention Treatment and Recovery
1 West Wilson Street, Room 851,
PO Box 7851,
Madison WI 53707-7851

D. Failure to deliver the written reports by the due dates, failure to satisfactorily adopt at least two of the best practices identified in this Appendix may result in sanctions, including cuts to the wait list grant award amounts for part or all of 2015 and/or subsequent years.

III. Fiscal and Client Reporting Conditions on the Earning and Use of the Additional Funds.

1. During the time period specified in the section I (above) and under the outlined conditions in section II (above).
2. **Prior to January 1, 2015** the County shall submit to Bureau of Prevention Treatment and Recovery (BPTR) detailed budget information about the use of CSP wait list funds. The submittal shall be in a format approved by BPTR.
3. **Prior to January 1, 2015**, the County shall confirm with BPTR the Medicaid and Program Participant Survey (PPS) unique identifier of each individual admitted to date with the use of these funds.
4. Services must be provided within a DHS 63 certified CSP to individuals listed on Attachment 1 of the County's original application or BPTR-approved substitutions to that list.
5. The County must seek approval for substitutions for the individuals listed on Attachment 1 of the original application.
6. Clients serviced by the use of these funds shall be reported to the Department on the Program Participant Survey (PPS) (fiscal and client utilization data).
7. Use of these funds shall be reported to the Department on the F-00642 (Profile #504), and the F-20942 forms according to the schedule in the State and County Contract.

8. Quarterly monitoring of Medicaid billing will verify that CSP services are being billed for persons described in 5 above.
9. Failure to provide services to individual as identified may result in the loss of these funds by the County and their repayment by the County to the Department.
10. Counties must maintain documentation of progress towards meeting requirement II.3. in their files, make this documentation available to staff of the Department of Health Services upon request, and report their progress in the annual electronic CSP survey administered by the BPTR or as required by the Department.

IV. Payment Procedures

The Department shall pay these funds to the County in accordance with the State/County Contract.