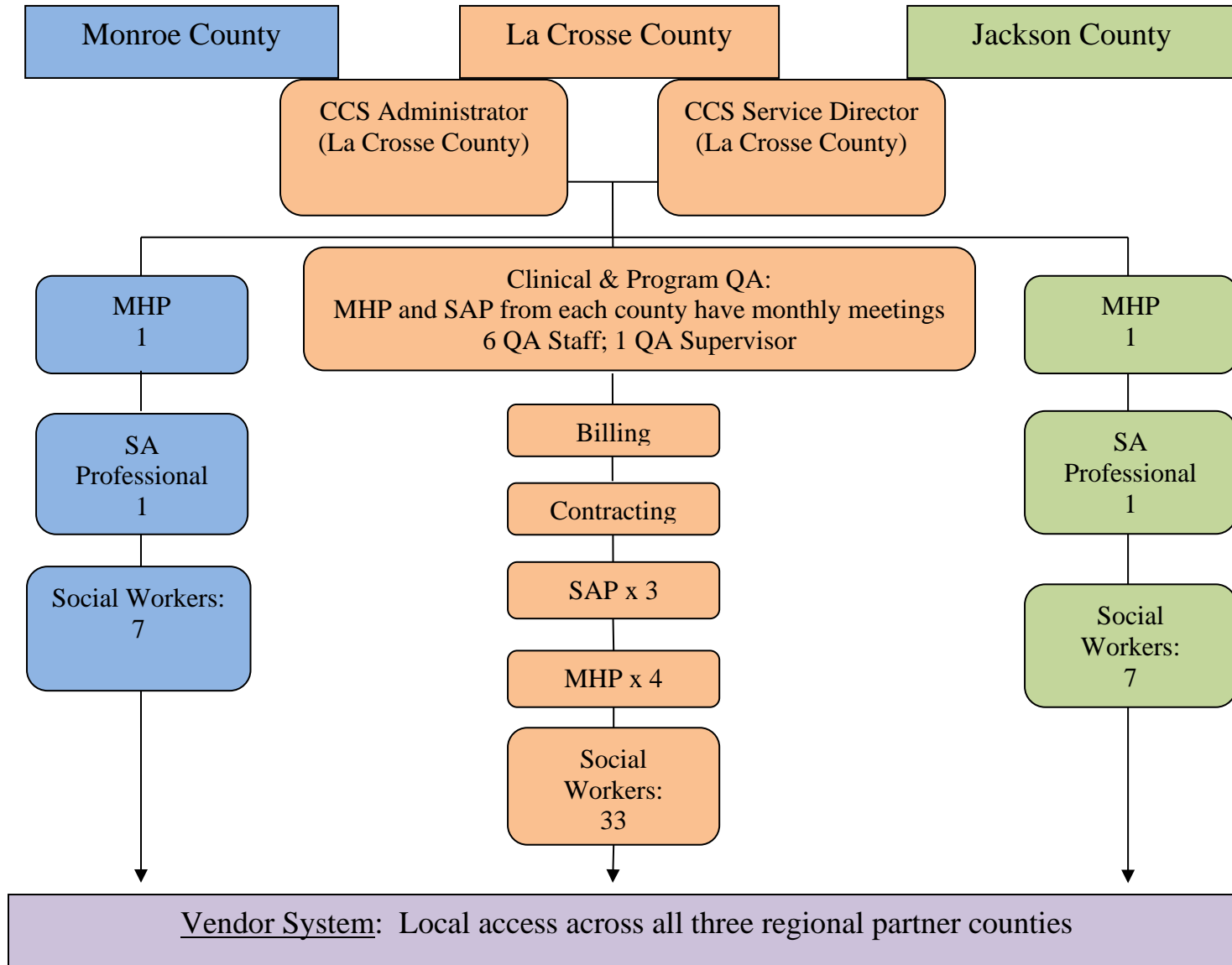


Appendix I

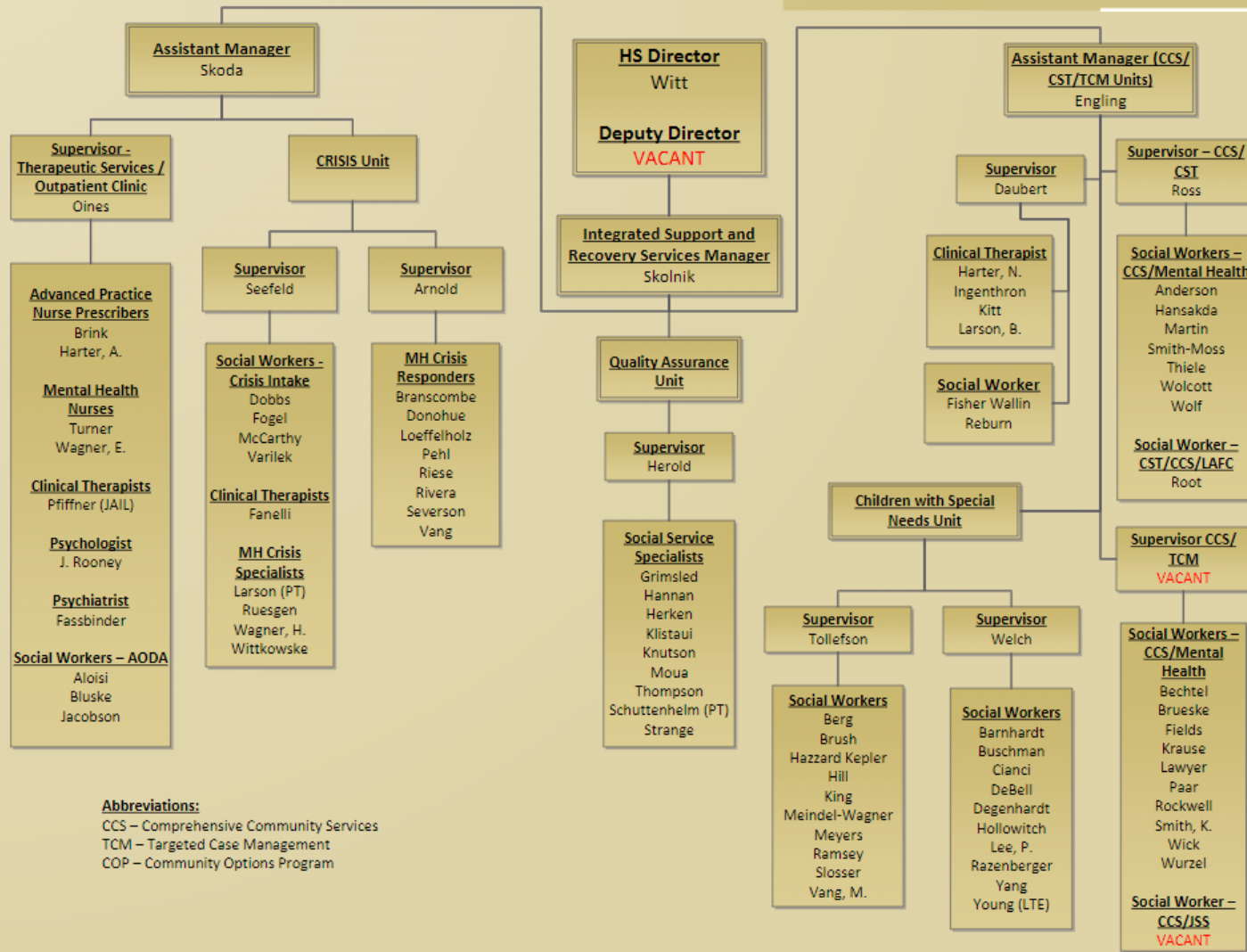
WESTERN REGION INTEGRATED CARE-CCS PROGRAM MAP



LA CROSSE COUNTY HUMAN SERVICES

LA CROSSE COUNTY HUMAN SERVICES – INTEGRATED SUPPORT AND RECOVERY SERVICES

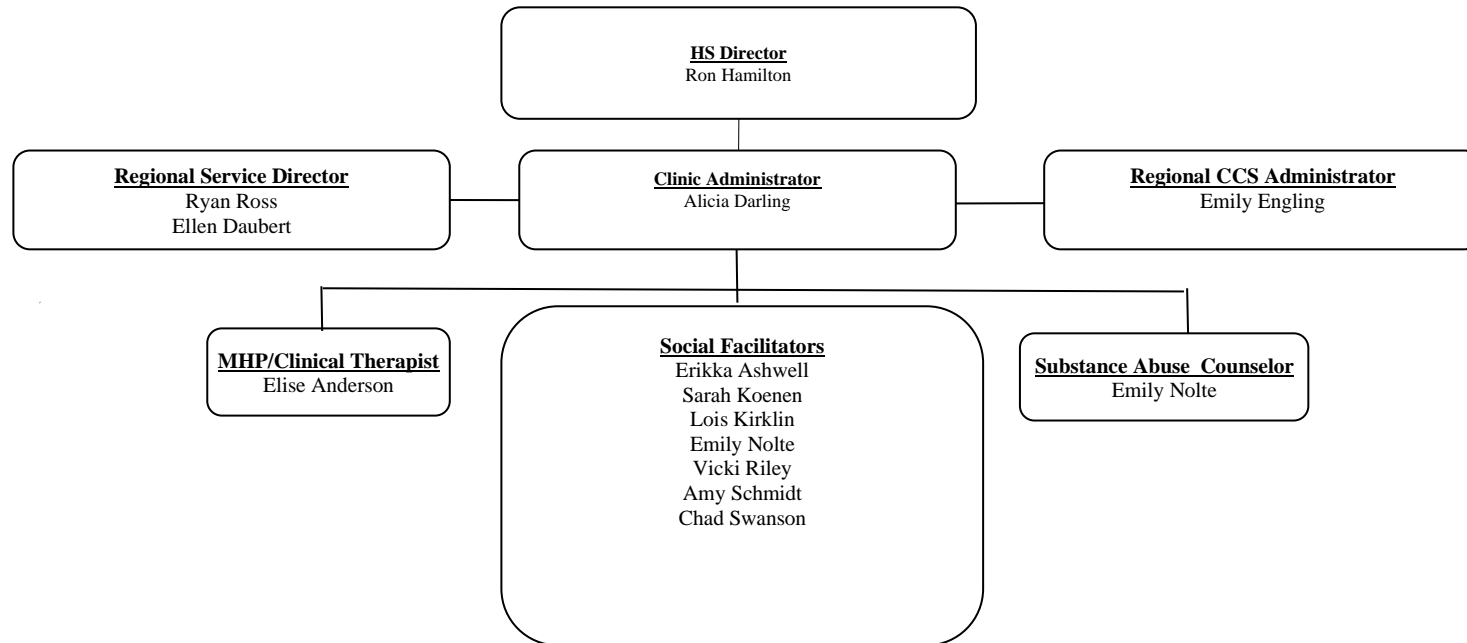
April 4, 2022



**JACKSON COUNTY HUMAN SERVICES MAP
WESTERN REGION INTEGRATED CARE**



MONROE COUNTY HUMAN SERVICES STAFF MAP WESTERN REGION INTEGRATED CARE



APPENDIX II

CCS Staff Listing

(current staff that will offer services through CCS)

Program Name: **WRIC-CCS Program**

Complete for each staff member who provides psychosocial rehabilitation services including clinical student and volunteers. Staff functions are found in 36.16(2) (e). Minimum staff qualifications are in 36.10(2) (g) (1-22). Please record whether the staff are employed or contracted and their %FTE. The caregiver backgrounds are documented through Background Information Disclosure (BID) forms, Department of Justice, and DHFS response letters, and require updating every four (4) years.

<u>Staff Functions</u>	<u>Minimum Qualifications</u>	<u>Employment</u>
1. MH professional		Full Time Employee or
2. Administrator	1 - 8	Part Time Employee %
3. Service Director	1 - 14	or Contracted Employee %
4. Service facilitator	1 - 8	
5. Services Array	1 - 21	
	Any qualification	

Caregiver Misconduct Background Checks (enter Month/Yr)

Name	Position Description	Credentials License #	Functions	Qualifications	% FTE Employed=E Contracted=C	BID	DOJ	DHS IBIS	W/I Last Four Years
Engling, Emily	Human Services Supervisor	11536-120	2	9	95% FTE	6/1/18	6/8/18	6/8/18	Yes
Ross, Ryan	Human Services Supervisor	8988-123	3	6	95% FTE	10/15/19	10/15/19	10/15/19	Yes
Krause, Alexia	CSW	13213-120	4	9	95%	8/21/18	8/21/18	8/21/18	Yes
Rockwell, Hannah	CSW	12210-120	4	9	95% FTE	6/5/20	6/15/20	6/15/20	Yes
Daubert, Ellen	Human Services Supervisor	5452-125	3	6	95% FTE	3/4/22	3/4/22	3/4/22	Yes
Harter, Nanette	MHP	9100-120 6282-125	1	6	95% FTE	4/28/20	5/4/20	5/4/20	Yes
Smith-Moss, Desiree	SW-IT	3230-127	4	9	95% FTE	3/18/20	3/18/20	3/18/20	Yes
Wolcott, Rita,	CSW	9495-120	4	9	95% FTE	5/2/18	5/22/18	5/22/18	Yes

Wick, Amanda	CSW	12725-120	4	9	70% FTE	12/8/21	12/8/21	12/8/21	Yes
Wurzel, Krista	CSW	12463-120	4	9	95% FTE	1/2/20	1/15/20	1/15/20	Yes
Smith, Katie	CSW	13130-120	4	9	95% FTE	2/6/22	2/6/22	2/6/22	Yes
Brueske, Jenny	CSW	10458-120	4	9	95% FTE	10/9/19	10/11/19	10/11/19	Yes
Bechtel, Kristina	CSW	11859-120	4	9	95% FTE	10/1/20	10/19/20	10/19/20	Yes
Lawyer, Anna	APSW	131700-121	4	9	95% FTE	8/16/19	8/20/19	8/20/19	Yes
Degenhardt, Rachel	CSW	10127-120	4	9	95% FTE	6/4/18	6/5/18	6/5/18	Yes
Wolf, Kyra	CSW	11421-120	4	9	95% FTE	9/6/21	9/8/21	9/8/21	Yes
Ingenthron, Kayleigh	MHP/Clinical Therapist	6921-125	1	6	95% FTE	7/26/20	7/27/20	7/27/20	Yes
DeBell, Dana	CSW	11094-120	4	9	70% FTE	8/19/21	8/19/21	8/19/21	Yes
Root, Jenny	CSW	12252-120	4	9	50% FTE	3/3/21	3/12/21	3/12/21	Yes
King, Alexandra	CSW	12613-120	4	9	50% FTE	11/22/21	11/22/21	11/22/21	Yes

Buschman, Scott	CSW	12479-120	4	9	50% FTE	2/6/22	2/6/22	2/6/22	Yes
Slosser, Brandi	APSW	129616-121	4	9	50% FTE	6/4/18	6/4/18	6/4/18	Yes
Brush, Abby	CSW	10831-120	4	9	50% FTE	11/15/21	11/15/21	11/15/21	Yes
Meyers, Jenny	CSW	7048-120	4	9	50% FTE	3/5/18	3/23/18	3/23/18	Yes
Ranzenberger, Nicole	CSW	9774-120	4	9	50% FTE	1/30/18	2/6/18	2/6/18	Yes
Ramsey, Jane	CSW	3101-120	4	9	50% FTE	1/30/18	2/6/18	2/6/18	Yes
Hollowitch, Megan	CSW	2866-127	4	9	50% FTE	10/19/21	10/19/21	10/19/21	Yes
Cianci, Corrine	SW-IT	12998-120	4	9	50% FTE	11/1/19	11/5/19	11/5/19	Yes
Paar, Ashley	Social Worker	11697-120	4	9	95% FTE	5/2/18	5/21/18	5/21/18	Yes
Larson, Brooklynn	MHP/SAP	9261-123 18125-130	1	9, 16	95% FTE	3/3/21	3/26/21	3/26/21	Yes
Rooney, Joel	PsyD	2525-57	5	4	10% FTE	10/30/20	11/25/20	11/25/20	Yes
Brink, Kristine	APNP	3873-33	5	8	15% FTE	9/13/19	9/13/19	9/13/19	Yes
Harter, Amy	APNP	4392-33	5	8	20% FTE	9/17/18	9/18/18	9/18/18	Yes
Wagner, Emily	RN	196882-30	5	12	20% FTE	5/26/21	5/26/21	5/26/21	Yes
Anderson, Alyssa	SW	12483-120	4	9	95% FTE	09/26/19	09/26/19	09/26/19	Yes
Hamilton, Amanda	SW	13329-120	4	9	95% FTE	06/27/19	06/27/19	06/27/19	Yes
Thiele, Bridget	SW	12875-120	4	9	95% FTE	03/13/20	03/13/20	03/13/20	Yes

Reburn, Allie	SW	11883-120	4	9	95% FTE	2/15/19	2/15/19	2/15/19	Yes
Aloisi, Caleb	SAP	13408-120 16367-131	4	9	95% FTE	11/15/21	11/15/21	11/15/21	Yes
Fields, Katie	SW	11292-120	4	9	95% FTE	12/03/20	12/03/20	12/03/20	Yes
Kitt, Cory	MHP	4508-125	1	6	95% FTE	04/16/21	04/16/21	04/16/21	Yes
Hansakda, Suneesa	SW	13412-120	4	9	95% FTE	02/14/22	02/14/22	02/14/22	Yes
Young, Samantha	SW	12995-120	4	9	95% FTE	10/31/21	10/31/21	10/31/21	Yes
Schmidt, Amy	MCDHS BH Clinician	11998-120	4	9	95% FTE	7/26/19	7/31/19	7/31/19	Yes
Turner, Brett	RN	194314-30	5	12	20% FTE	9/9/19	10/10/19	10/10/19	Yes
Darling, Alicia	MCDHS Clinical Director	8559-123	3	5	85% FTE	12/3/20	12/4/20	12/4/20	Yes
Ashwell, Erikka	MCDHS BH Clinician	12981-120	4	9	95% FTE	7/17/19	7/17/19	7/17/19	Yes
Nolte, Emily	MCDHS BH Clinician	11924-120 16250-132	4	9, 16	50% FTE	4/29/19	4/23/19	4/23/19	Yes
Riley, Vicki	MCDHS BH Clinician	7187-125 17312-130	4	6, 16	60% FTE	1/6/21	1/6/21	1/6/21	Yes
Anderson, Elise	MCDHS MHP	131619-121	4	9	50% FTE	11/30/21	12/1/21	12/1/21	Yes
Swanson, Chadwick	MCDHS BH Clinician	1812-121	4	9	95% FTE	2/27/19	2/27/19	2/27/19	Yes
Koenen, Sarah	MCDHS BH Clinician	3079-120	4	9	95% FTE	7/16/18	7/17/18	7/17/18	Yes
Kirklin, Lois	MCDHS BH Clinician	12976-120	4	9	50% FTE	7/30/17	7/31/17	7/31/17	Yes

Stinson, Jessica	Behavioral Health Manager	8629-123	1,3,4	5	16%	9/27/19	9/27/19	9/27/19	Yes
Dunlap, Karla	Clinical Therapist	16406-131; 7531-125	1,5	6	8%	5/21/21	5/21/21	5/21/21	Yes
Anderson, Amanda	Social Worker	11826-120	4	9	21%	4/23/21	11/5/21	11/5/21	Yes
Johnson, Dana	Social Worker	11637-120	4	9	29%	4/4/22	4/4/22	4/4/22	Yes
Bauman, Tristine	Social Worker	12864-120	4	9	96%	8/23/19	9/3/19	9/3/19	Yes
Wright, Kelsey	Social Worker	3315-127	4	9	40%	6/15/21	6/17/21	6/17/21	Yes
Gjerset, Jessica	Social Worker	3265-127	4	9	72%	8/18/20	8/18/20	8/18/20	Yes
Goke, Kelsey	Social worker	3269-127	4	9	75%	10/14/20	10/14/20	10/14/20	Yes
Lamb, Rebecca	SAC	4578-226	4,5	14, 16	20%	4/3/20	4/13/20	4/13/20	Yes

APPENDIX III



**WESTERN REGION INTEGRATED CARE (WRIC)
POLICY AND PROCEDURES**

WRIC CONSORTIUM	Policy #:CCS QA	<u>Review Date</u>	<u>Date Revised</u>
SUBJECT: Comprehensive Community Service (CCS) Quality Assurance Process	DATE ISSUED: 06/01/2016	2/6/17	2/6/17
PREPARED BY: Kristi Herold	REVIEW CYCLE: Annually	4/23/18JN	4/23/18JN
		12/2019JN	2/20/20JN
		4/6/21KH	4/6/21KH
		4/11/22KH	4/11/22KH

POLICY TITLE: Quality Assurance monitoring of CCS Electronic Health Record

PURPOSE: Paperwork compliance to be completed for each case by the Service Facilitator (SF) in accordance with the WRIC CCS program’s requirements (as is appropriate to the specific case).

POLICY/PROCEDURE:

CCS QA process

1. Paperwork is to be completed by the assigned Service Facilitator (SF) for each person enrolled in the WRIC CCS Program in accordance with DHS 36, and the WRIC Consortium’s QA policy and/or procedures. QA details will be tracked by a QA Social Service Specialist (SSS) for each enrolled CCS consumer. Service Facilitator may use the Service Plan Admission Report as a way to monitor when CCS paperwork is due for 6 month and annuals. Service Facilitator may also refer to the previous QA checklist for correct dates.
2. QA SSS will review WRIC CCS documents in a timely manner.
 - a. QA Reviews will be completed every 6 months for each enrolled CCS consumer.
 - i. QA SSS will be using the following QA checklist forms:



Annual Admission
QA CCS checklist.do



6 MO QA CCS
checklist.docx

3. If the QA review for said WRIC CCS case is in compliance, QA SSS will send an email to the assigned SF and MHP informing them of the compliance of said case review.
 - a. QA SSS will attach QA checklist tool so assigned SF/MHP is aware of the review dates for next QA review period.
4. If the QA review indicates the case is **OUT OF COMPLIANCE in one of the following areas that do not meet the expectations of DHS Chapter 34 (CCS), MA requirements, MH/Substance Abuse functional screen.**
Admission:

- Prior to enrollment: CCS Prescription, Determination of Need (DON),
- Date of admission: application for services, consent for treatment
- a. Within 30 days from enrollment: CCS assessment, Service Plan

Annually:

- b. Consent for treatment, CCS prescription, DON, Service plan, assessment.

Six Month updates:

- c. Service Plan

Non-billable time:

- d. Admission: Assessment and Service plan not completed by day 30. The first 30 days are billable under assessment but anything after the 30 days is non billable until assessment and service plan are completed with appropriate signatures.
- e. Annually: If service plan is not completed within 6 months of the previous service plan, assessment not completed within 365 days of previous assessment.
- f. 6 months: If the service plan is not completed within 6 months of the previous service plan.

The following will occur:

- g. Direct Supervisor, CCS Administration, assigned MHP, and SF will be emailed the QA form indicating the non-compliant areas. **Expectation is completion IMMEDIATELY.**
 - i. Direct Supervisor will ensure the above documents are completed by the SF ASAP. Service facilitator will notify CCS QA and supervisor when the documents are in the record.
- h. If the assigned SF is not available, their direct supervisor will assign QA review to another SF to complete as this has a significant fiscal and audit impact on the WRIC CCS program.
- i. During the QA process when the compliance areas in **RED** print are completed, direct Supervisors, CCS Administration, SF and MHP will all receive an email addressing the number of days of unbillable time.
 - i. CCS QA staff will complete timeliness spreadsheet for tracking and to update service authorizations for the non-reimbursable days.
 - ii. These non-reimbursable days will recorded on a non-billable tracking spreadsheet for fiscal purposes.

5. If the QA review indicates the case is **OUT OF COMPLIANCE in one of the following areas**
Admission:

- Functional screen not completed within 90 days prior to admission and/or not realigned with admission, consent for functional screen, team roster, medication list, HIPPA.

Annually:

- Functional screen completed **within the month of the previous due date**, assessment (CCS and AODA as needed), Service Plan 6 months on/or before previous service plan, HIPPA, functional screen consent.

6. If said QA compliances areas above are not completed on the QA sheet the following will occur.
- a. MHP, and SF and SAP (if needed) will be emailed the QA form indicating the outstanding areas. The expectation is **to correct in 5 working days.**
 - b. CCS QA SSS will re-evaluate QA **10 working days** after MHP, SF and SAP have been notified. If documents stated above are still missing CCS QA staff will proceed to the following steps.

- i. CCS QA staff will notify SF, MHP, direct supervisor, CCS WRIC CCS Director, and Administrator's, outstanding areas.
 - ii. CCS QA staff will move the QA document to the Sharepoint QA site under the SF's named folde (La Crosse only). Monroe and Jackson County QA's will be moved to the (Outstanding QA's) QA folder W: HS ISRS QA /CCS QA documents/Outstanding QA folder. QA Supervisor will commmunicate these items on a quarterly basis.
 - iii. Direct supervisor should address with SF to complete the documents. It will be the direct Supervisor's responsibility to review and work with SF to ensure there are no outstanding QA forms.
 - iv. Once the supervisor ensures the QA document is in compliance they will mark the Sharepoint folder as DONE. In a timely manner QA Staff will delete these DONE files off of Sharepoint and complete any QA forms on the W drive.

7. If the QA review indicates the case is **OUT OF COMPLIANCE in one of the following areas**

Admission:

 - PPS completed, ROI for medical provider and schools if youth, **Consent for Telehealth**, Diagnosis with on/or before admission date as the start date, ANSA/CANS (La Crosse),crisis plan updated, **routed to crisis director** and signed (La Crosse)

Annually:

 - PPS updated, ROI for medical providers, schools if needed, ANSA/CANS and crisis plans updated, **routed to crisis director** and signed (LaCrosse)

Six Months:

 - PPS updated, **ANSA/CANS** and crisis plan updated, **routed to crisis director** and signed (LaCrosse)

8. If said QA compliances areas above are not completed on the QA sheet the following will occur.
 - a. MHP, and SF and SAP (if needed)will be emailed the QA form indicating the outstanding areas. The expectation is **to correct in 5 working days.**
 - b. CCS QA SSS will re-evaluate QA **10 working days** after MHP, SF and SAP have been notified. If documents stated above are still missing CCS QA staff will proceed to the following steps.
 - i. CCS QA staff will notify SF, MHP, direct supervisor, CCS WRIC CCS Director, and Administrator's, outstanding areas.
 - ii. CCS QA staff will move the QA document to the Sharepoint QA site under the SF's named folder.(La Crosse only) Monroe and Jackson County QA's will be moved to the (Outstanding QA's) QA folder W: HS ISRS QA /CCS QA documents/Outstanding QA folder. QA Supervisor will commmunicate these items on a quarterly basis.
 - iii. Direct supervisor should address with SF to complete the documents. It will be the direct Supervisor's responsibility to review and work staff to ensure there are no outstanding QA forms.
 - iv. Once the supervisor ensures the QA document is in compliance they will mark the Sharepoint folder as DONE. QA Staff will delete these DONE files off of Sharepoint and complete any QA forms on the W drive.

APPENDIX IV

Western Region Integrated Care- Comprehensive Community Services (CCS) Program Coordination Committee

The WRIC Coordination Committee will serve in an advisory role to the Western Region Integrated Care (WRIC) CCS program. Committee functions include input and review of Quality Improvement, policies, program practices and direction, and to protect consumer rights. The committee will review and make recommendations regarding the initial and revised CCS plans, and the CCS Quality Improvement Plan.

Membership: WRIC CCS Coordination Committee continues to strive to meet program requirements regarding membership and percentage of representation from consumer vs. county staff:

- 1/3 consumer or consumer advocate representatives that include:
 - Individuals with lived experience
 - Caregivers of individuals with lived experience
 - Other populations that may be represented by consumers or consumer advocate members include frail elder, children, physical disability, developmental disability, mental health, substance use
- Representative of La Crosse National Alliance for the Mentally Ill (NAMI)
- Representative providers of mental health services and/or community agencies
- Representatives from WRIC may include: Administrator, Service Director, Regional Supervisors, Mental health professionals, and Service facilitators.

Currently the committee is made up of a majority of WRIC consumers, community partners and employees. Several interested individuals (with lived experienced) participated and attended the committee to learn more about it. Members receive an orientation packet related to the role of the committee, understanding mental health and substance use issues, learning the benefits of psychosocial rehabilitation, special concerns of child, adult and elderly populations, and an overview of the system that serve. Orientation and training will be provided in the form of written information or in-service presentations at each meeting. The committee meets bimonthly via virtual meetings. Written minutes of the meetings and a membership list will be maintained at La Crosse County Human Services.

The following is offered as further clarification:

- **Information:** The WRIC CCS Program will keep committee members up to date with CCS related information in a timely manner. Due to volume, the format will be via email, with committee members requesting paper copies of items when desired.
- **Power and Role:** The committee is advisory in nature. The county will use the committee primarily in the “larger” issues relating to program quality, mission, policies, services, needs, standards, etc. While this is not a “working” committee, there may be time when discussion occurs prior to a decision being made when deemed appropriate. The committee will provide guidance in implementation of best practices, as well as offer a level of insight and feedback regarding compliance and direction of WRIC services.

Membership

There are 13 official WRIC CCS Coordination Committee members. The committee is comprised of consumers, consumer advocates, WRIC staff, vendors, and other community representatives.

CONSUMER OR CONSUMER ADVOCATE REPRESENTATIVE

- Theresa Capaul
- Debi Kimmel
- Margaux Carrimon

REPRESENTATIVE OF HO-CHUNK

- Jackie Gunderson

PROVIDER OF MENTAL HEALTH AND/OR SUBSTANCE USE SERVICES

- Jessica Kimber – Independent Living Resources
- Louise Campbell -Family and Children’s Center
- Jen Steinke-Northwest Counseling & Guidance
- Julie Woodbury – Children’s Wisconsin
- Russell Girard – Enigma Psychological Inc.

REPRESENTATIVES FROM WRIC COUNTY STAFF

- Emily Engling
- Ryan Ross
- Alicia Darling
- Jessica Stinson

APPENDIX V

Family Care/IRIS Western Region Integrated Care-CCS Program Talking Point



Dual Enrollment in CCS & Family Care/IRIS

Point of System Overlap

Comprehensive Community Services (CCS) is a mental health case management program not considered part of the benefit package of Family Care (unlike CSP). Individuals have the ability to enroll in Family Care/IRIS and CCS simultaneously. This results in a consumer being involved in two separate programs that both form teams to work with consumers to design plans of support that draw upon services from vendor networks.

System Philosophies

WRIC-CCS Program, Family Care, and IRIS are committed to utilizing team based and person centered processes to promote consumer independence and achievement of recovery goals.

System Overlap Tension Dynamics

Three separate systems both addressing mental health.
Who is supposed to pay a vendor to meet the mental health need?
What are the roles of the two different case managers?
Who pays for what when it comes to mental health services?
Multiple clinicians from different systems.
Potential for alternative perspectives on appropriate level of care.
Requires high level of communication.
Potential legal status complications (Ch. 51, 55, etc.).

Helpful Information to Guide Collaboration

WRIC CCS philosophy on dual enrollment:

- Both systems work within similar philosophies and have an array of services to offer. Dual enrollment in CCS and Family Care makes sense when a consumer is functionally eligible for both programs and has mental health/substance use needs that CCS can address.

When WRIC CCS is working with a consumer that appears to be eligible for Family Care:

- Individual has to meet criteria of physical disability, development disability, and/or frail elder based on functional screen to qualify for Family Care. CCS will refer individuals that appear to be eligible for Family Care to the ADRC for screening and referral. If consumer is unable to benefit from psychosocial rehabilitative services and has physical health/cognitive impairments, consumer may be referred to ADRC for long term care functional screen.

If a CCS consumer becomes eligible for Family Care:

- CCS will assist eligible consumers in getting enrolled in Family Care.
- CCS will work collaboratively with the Family Care entity to assess needs and identify needed services. With signed authorization from the consumer, CCS will provide clinical and historical information about mental health issues.
- During the transition period, CCS will continue to fund all services as outlined on the CCS plan.
- Team meeting will occur to determine needs and services within both programs

Dually enrolled consumers

- CCS assessment would determine clinical need and authorize services to address consumer's MH/AODA goals/objectives
- CCS would ensure that psychosocial rehabilitation services are being provided and should be billed for services found under its service array. CCS would submit claims for these services prior to HCBS waiver program
- CCS would include Family Care entity as part of the collaborative team meetings to ensure needs, barriers, gaps, and objectives are being addressed.
- Coordinated service teams to ensure programs are not duplicating services
- When a consumer is dually enrolled in CCS and IRIS, IRIS is the payor of last resort; therefore, if any needs can be met by CCS, CCS would provide the necessary services outlined on the service plan

When/Why would CCS discharge a consumer?

- Consumer may discharge from CCS if:
 - No longer eligible for or in need of psychosocial rehabilitation services
 - No longer wants psychosocial rehabilitation services
 - Whereabouts are unknown for at least 3 months despite diligent efforts to locate consumer
 - Refuses services for at least 3 months despite diligent efforts to engage consumer
 - Enters a long term care facility for medical reasons and is unlikely to return to community living
 - Decease
- Any discharge from CCS would be part of a planned and coordinated effort with Family Care entity

APPENDIX VI

Western Region Integrated Care - DHS 36 - CCS Psychosocial Rehabilitation Service Array
(All Providers must act within their scope of practice)

Allowable Provider/Billing Types	Service Category	Allowable Services
Providers described in DHS 36.10(2)(g)1-22	Screening & Assessment	<p>Screening & assessment services include: completion of initial & annual functional screens, & completing of the initial comprehensive assessment & ongoing assessments as needed. The assessment must cover all the domains, including substance abuse. Medicine Criteria. The assessment must address strengths, needs, recovery goals, priorities, preferences, values, & lifestyle of the member & identify how to evaluate progress toward the member’s desired outcomes.</p> <p>Assessments for minors must address the minor’s & families strengths, needs recovery and/or resilience goals, priorities, preferences, values & lifestyle of the member including an assessment of the relationships between the minor & his or her family. Assessments for minors should be age (developmentally) appropriate.</p>
Providers described in DHS 36.10 (2)(g) 1-22	Service Planning	<p>Service planning includes the development of a written plan of the psychosocial rehabilitation services that will be provided or arranged for the member. All services must be authorized by a mental health professional & a substance abuse professional if substance abuse services will be provided. The service plan is based on the assessed needs of the member. It must include measurable goals & the type & frequency of data that will be used to measure progress toward the desired outcomes. It must be completed within 30 days of the member’s application for CCS services. The completed services plan must be signed by the member, a mental health or substance abuse professional & the service facilitator.</p> <p>The service plan must be reviewed & updated based on the needs of the member or at least every six months. The review must include an assessment of the progress toward goals and member satisfaction with the services. The service plan review must be facilitated by the service facilitator in collaboration with the member and the recovery team.</p>

<p>Providers described in DHS 36.10(2)(g) 1-21</p>	<p>Service Facilitation</p>	<p>Service facilitation includes activities that ensure the member receives: assessment services, service planning, service delivery and supportive activities in an appropriate and timely manner. It also includes ensuring the service plan and service delivery for each member is coordinated, monitored, and designed to support the member in a manner that helps the member achieve the highest possible level of independent functioning. Service facilitation includes assisting the member in self-advocacy and helping the member obtain other necessary services such as medical, dental, legal, financial and housing services.</p> <p>Service facilitation for minors includes advocating, and assisting the minor’s family in advocating, for the minor to obtain necessary services. When working with a minor, service facilitation that is designed to support the family must be directly related to the assessed needs of the minor.</p> <p>Service facilitation includes coordinating a person’s crisis services, but not actually providing crisis services. Crisis services are provided by DHS 34 certified programs.</p> <p>All services should be culturally, linguistically, and age (developmentally) appropriate.</p>
<p>Providers described in DHS 36.10(2)(g) 1-14</p>	<p>Diagnostic Evaluations</p>	<p>Diagnostic evaluations include specialized evaluations needed by the member including, but not limited to neuropsychological, geropsychiatric, specialized trauma, and eating disorder evaluations. For minors, diagnostic evaluations can also include functional behavioral evaluations and adolescent alcohol/drug assessment intervention program.</p> <p>The CCS program does not cover evaluations for autism, developmental disabilities, or learning disabilities.</p>

<p>Providers described in DHS 36.10(2)(g) 1-3, 7-8 & 11</p> <p>Providers described in DHS 36.10(2)(g) 1-22</p>	<p>Medication Management</p> <p>Medication Management for Non-prescribers</p>	<p>Medication management services for prescribers include: diagnosing and specifying target symptoms; prescribing medication to alleviate the identified symptoms; monitoring changes in the member’s symptoms and tolerability of side effects; and reviewing data, including other medications, used to made medication decisions. Prescribers may also provide all services the non-prescribers can provide as noted below.</p> <p>Medication management services for non-prescribers include: supporting the member in taking his or her medications; increasing the member’s understanding of the benefits of medication and the symptoms it is treating; and monitoring changes in the member’s symptoms and tolerability of side effects.</p>
<p>Providers described in DHS 36.10(2)(g) 1-21</p>	<p>Physical Health & Monitoring</p>	<p>Physical health monitoring services focus on how the member’s mental health and/or substance abuse issues impact his or her ability to monitor and manage physical health and health risks. Physical health monitoring services include activities related to the monitoring and management of a member’s physical health. Services may include assisting and training the member and the member’s family to: identify symptoms of physical health conditions, monitor physical health medications and treatments, and develop health monitoring and management skills.</p>
<p>Providers described in DHS 36.10(2)(g) 20 (Providers must by WI certified)</p>	<p>Peer Support</p>	<p>Peer support services include a wide range of supports to assist the member and the member’s family with mental health and/or substance abuse issues in the recovery process. These services promote wellness, self-direction, and recovery by enhancing the skills and abilities of members to meet their chosen goals. The services also help members negotiate the mental health and/or substance abuse systems with dignity, and without trauma. Through a mutually empowering relationship, Certified Peer Specialists and members work as equals toward living in recovery.</p>

<p>Providers described in DHS 36.10(2)(g) 1-22</p>	<p>Individual Skill Development & Enhancement</p>	<p>Individual skill development and enhancement services include training in communication, interpersonal skills, problem solving, decision making, self-regulation, conflict resolution, and other specific needs identified I the member’s service plan. Services also include training in daily living skills related to personal care, household tasks, financial management, transportation, shopping, parenting, accessing and connecting to community resources and services (including health care services) and other specific daily living needs identified in the member’s services plan. Services provided to minors should also focus on improving integration into and interaction with the minor’s family, school, community, and other social networks. Services include assisting the minor’s family in gaining skills to assist the minor with individual skill development and enhancement. Services that are designed to support the family must be directly related to the assessed needs of the minor.</p> <p>Skill training may be provided by various methods, including but not limited to modeling, monitoring, mentoring, supervision, assistance, and cuing. Skill training may be provided individually or in a group setting.</p>
<p>Providers described in DHS 36.10(2)(g) 1-22</p>	<p>Employment-Related Skill Training</p>	<p>Services that address the person’s illness or symptom-related problems in order to secure and keep a job. Services may include but are not limited to: Employment and education assessments; assistance in accessing or participating in educational and employment related services; education about appropriate job-related behaviors; assistance with job preparation activities such as personal hygiene, clothing, and transportation; on-site employment evaluation and feedback sessions to identify and manage work-related symptoms; assistance with work-related crises; and individual therapeutic support.</p> <p>The CCS program does not cover time spent by the member working in a clubhouse. The CCS program covers time spent by clubhouse staff in providing psychosocial rehabilitation services, as defined in the service array, for the member if those services are identified in the member’s service plan.</p>

<p>Providers described in DHS 36.10(2)(g) 1-22</p>	<p>Individual and/or Family Psycho education</p>	<p>Psycho education services include: Providing education and information resources about the member’s mental health and/or substance abuse issues, skills training, problem solving, and ongoing guidance about managing and coping with mental health and/or substance abuse issues; and social and emotional support for dealing with mental health and/or substance abuse issues. Psycho education may be provided individually or in group setting to the member of the member’s family and natural supports (ie: anyone the member identifies as being supportive in his or her recovery and/or resilience process). Psycho education is not psychotherapy.</p> <p>Family psycho education must be provided for the direct benefit of the member. Consultation to family members for treatment of their issues not related to the member is not included as part of family psycho education. Family psycho education may include anticipatory guidance with the member is a minor.</p> <p>If psycho education is provided without the other components of the wellness management and recovery service array category (#11) it should be billed under this service array.</p>
<p>Providers described in DHS 36.10(2)(g) 1-22</p>	<p>Wellness Management & Recovery Services</p>	<p>Wellness management and recovery services, which are generally provided as mental health services, include empowering members to manage their mental health and/or substance abuse issues, helping them develop their own goals, and teaching them the knowledge and skills necessary to help them make informed treatment decisions. These services include: psycho education; behavioral tailoring; relapse prevention; development of a recovery action plan; recovery and/or resilience training; treatment strategies; social support building; and coping skills. Services can be taught using motivational, educational, and cognitive-behavioral strategies.</p> <p>If psycho education is provided without the other components of wellness management and recovery it should be billed under the individual and/or family psycho education service array category (#10).</p> <p>Recovery support services, which are generally provided as substance abuse services, include emotional, informational, instrumental, and affiliated support. Services include assisting the member in increasing engagement in treatment, developing appropriate coping strategies, and providing aftercare and assertive continuing care. Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery.</p>

<p>Providers described in DHS 36.10(2)(g) 1-10, 14, 22</p>	<p>Psychotherapy</p>	<p>Psychotherapy includes the diagnosis and treatment of mental, emotional, or behavioral disorders, conditions, or addictions through the application of methods derived from established psychological or systemic principals for the purpose of assisting people in modifying their behaviors, cognitions, emotions, and other personal characteristics, which may include the purpose understanding unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics.</p> <p>Psychotherapy may be provided in an individual or group setting.</p>
<p>Providers described in DHS 36.10(2)(g) 1, 2 (w/ knowledge of addiction treatment), 4 (w/ knowledge of psychopharmacology & addiction treatment) and 16. Substance abuse professionals include: *Certified Substance Abuse Counselors *Substance Abuse Counselor *Substance Abuse Counselor in Training *MPSW 1.09 specialty</p>	<p>Substance Abuse Treatment</p>	<p>Substance abuse treatment services include day treatment (WI Administrative Code DHS 75.12) and outpatient substance abuse counseling (DHS 75.13). Substance abuse treatment services can be in an individual or group setting.</p> <p>The other categories in the service array also include psychosocial rehabilitation substance abuse services that support members in their recovery.</p> <p>The CCS program does not cover Operating While Intoxicated assessments, urine analysis and drug screening, detoxification services, medically managed inpatient treatment services, or narcotic treatment services (opioid treatment programs). Some of these services may be covered under Medicaid outside of the CCS program.</p>

Appendix VII

WESTERN REGION INTEGRATED CARE – CCS PROGRAM POLICY AND PROCEDURES

SECTION: Western Region Integrated Care- CCS Program	POLICY #:	PAGE:	<u>Review Date</u>	<u>Date Revised</u>
SUBJECT: Program Assessment Policy	DATE ISSUED: 2005-		2/28/14	2/28/14
			6-14-14	6-14-14
PREPARED BY: Emily Engling	MANAGER APPROVAL: (Signature required)		4/27/15	4/11/22
			5/20/16	
			4/18/17	
REVIEW CYCLE: Annual	BOARD APPROVAL DATE: (If Applicable)		4/23/18	
			4/8/21	

PURPOSE

To ensure within all three WRIC partner counties that assessments, recovery plans, and services provided to consumers are based on assessed clinical needs and complete evaluations of individual strengths, barriers and goals of each consumer. A unified functional screen, assessment, recovery plan will be used.

POLICY/PROCEDURE

A comprehensive assessment shall be conducted for consumers who are functionally eligible and have a clinical need for Comprehensive Community Services in order to identify assessed clinical needs and individual strengths; desired goals and objectives of the consumer; crisis/wellness support plan, and to evaluate progress towards those goals and objectives.

PROCEDURE

1) ADMISSION

- a) The mental health professional will review case for clinical necessity and shall complete the Determination of Need.
- b) After determined as needing CCS services, the assessment process shall be explained to the consumer and, if appropriate, a legal representative or family member.
- c) The assessment process shall be completed by the Service facilitator along with the consumer and their chosen Recovery Team.
- d) In circumstances where there may be a substance use issue, a qualified Substance Abuse Professional shall:
 - i) Determine if a substance abuse diagnosis exists; and
 - ii) Conduct an assessment of the consumer's substance use, strengths and treatment needs.
- e) The assessment shall be completed within 30 days of the consumer's application for services.

2) ASSESSMENT CRITERIA.

- a) The assessment shall be comprehensive, accurate, and conducted within the context of the domains listed with this policy. The assessment must cover all the domains, including substance abuse. The assessment must address strengths, needs, recovery goals, priorities, preferences, values, lifestyle of the consumer, & identify how to evaluate progress toward the consumer's desired outcomes. Assessments

for minors must address the consumer and family strengths, needs, recovery and/or resilience goals, priorities, preferences, values & lifestyle of the member including an assessment of the relationships between the consumer & their family. Assessments for minors should be age (developmentally) appropriate.

- b) The assessment shall be consistent with all of the following:
 - i) Be based upon known facts, recent information, assessed needs, evaluations, and include documentation regarding co-existing mental health disorders, substance-use disorders, physical or mental impairments and medical problems.
 - ii) Be updated as new information becomes available or at least annually.
 - iii) Address the strengths, needs, recovery goals, priorities, preferences, values, and lifestyle of the consumer
 - iv) Address age and developmental factors that influence appropriate outcomes, goals and methods for addressing them.
 - v) Identify the cultural and environmental supports as they affect identified goals and desired outcomes and preferred methods for achieving the identified goals.
 - vi) Identify the consumer's recovery goals and understanding of options for treatment, psychosocial rehabilitation services and other community programs to address those goals.

3) **ASSESSMENT DOMAINS.** The assessment process shall address all of the following domains of functioning:

- a) Life satisfaction.
- b) Basic needs.
- c) Social network and family involvement.
 - i) "Family involvement" means the activities of a family member/caregiver to support a consumer receiving psychosocial rehabilitation services. Except where rights of visitation have been terminated, the family of a minor shall always be included. The family of an adult consumer may be involved only when the adult has given written permission.
- d) Community living skills.
- e) Housing issues.
- f) Employment.
- g) Education.
- h) Finances and benefits.
- i) Mental health.
- j) Physical health.
- k) Substance use.
- l) Trauma and significant life stressors.
- m) Medications.
- n) Crisis prevention and management.
- o) Legal status.

4) **ABBREVIATED ASSESSMENT.**

- a) The assessment may be abbreviated if the consumer has signed an admission agreement and one of the following circumstances applies:
 - i) The consumer's health or symptoms are such that only limited information can be obtained immediately; or
 - ii) The consumer chooses not to provide information necessary to complete a comprehensive assessment at the time of application; or
 - iii) The consumer is immediately interested in receiving only specific services that require limited information.

- b) An abbreviated assessment shall meet the requirements of the assessment criteria to the extent possible within the context that precluded a comprehensive assessment.
- c) The assessment summary shall include the specific reason for abbreviating the assessment.
- d) An abbreviated assessment shall be valid for up to 3 months from the date of the application.
 - i) Upon the expiration date, a comprehensive assessment shall be conducted to continue psychosocial rehabilitation services.
 - ii) If a comprehensive assessment is not conducted when the abbreviated assessment expires, the applicant shall be given written notice of a determination that the consumer does not need psychosocial rehabilitation services

5) ASSESSMENT SUMMARY:

- a) The assessment/interpretive summary is intended to be a standalone document that provides a 1-page summary of the consumer/family situation including all assessed needs and strengths, and to provide general recommendations for supports and services that creates a bridge to the service plan.
- b) The assessment summary shall be prepared by a service facilitator in collaboration with the mental health and/or substance abuse professional and shall include all of the following:
 - i. The period of time within which the assessment was conducted. Each meeting date shall be included.
 - ii. The information on which outcomes and service recommendations are based.
 - iii. Desired outcomes and measurable goals desired by the consumer.
 - iv. The names and relationship to the consumer of all individuals who participated in the assessment process.
 - v. Significant differences of opinion, if any, which are not resolved among members of the recovery team.
 - vi. Signatures of persons present at meetings being summarized

APPENDIX VIII

WRIC PROGRAM SERVICE PLANNING POLICY		
Section: WRIC	Date of Approval: 2005	Date Policy is Effective: 2005-updated 4/2018
Responsible Person: WRIC-CCS Program Administrator		Author: Matt Strittmater Revised by: Emily Engling/Emily McGonigle
Statutory/Administrative Reference: DHS 36.17		Approved by: LCHS-WRIC Human Service’s Director

PURPOSE

To ensure that within all three WRIC partner counties a written plan is developed that identifies the psychosocial services to be provided or arranged for a consumer based upon the individualized clinically assessed needs, recovery team input, and the expressed goals of the consumer. A unified functional screen, assessment, recovery plan will be used.

POLICY

The development of a written plan of the psychosocial rehabilitation services that will be provided or arranged for the consumer will be based upon and completed in concert with the assessment.

PROCEDURE

1. SERVICE PLAN PROCESS:

- a. The service planning process will be explained to the consumer and, if the consumer chooses, a legal representative or family member.
- b. The service facilitator in collaboration with the mental health professional, consumer, and recovery team will carry out the service planning process. The process may consist of collaborative meetings with the consumer and the recovery team.
- c. In development of the service plan, the service facilitator will provide the consumer with clinically appropriate interventions based on assessed needs. These interventions may come from the WRIC CCS service array, community partners, and/or informal supports. Services will be offered according to the in-depth assessment which will point out the particular clinical needs of the consumer.
- d. Service planning will address the assessed clinical needs and recovery goal identified in the assessment.
- e. The service plan shall be completed within 30 days of the consumer’s application for services.

2. SERVICE PLAN DOCUMENTATION

- a. The service plan will include a description of all of the following:
 - i. Consumer strengths, assessed needs, and barriers.
 - ii. Goals – Measurable goals and type and frequency of data collection that will be used to measure progress toward desired outcomes.
 - iii. Service facilitation – The service facilitation activities that will be provided for the consumer or on the consumer’s behalf.
 - iv. Psychosocial Rehabilitation and Treatment Services – The psychosocial rehabilitation and treatment services, to be provided or arranged for the consumer, including the frequency (and schedule as needed) of services provided.
 - v. Service Providers and Natural Supports – The service providers and natural supports who are or will be responsible for providing the consumer’s treatment rehabilitation, or support services and the payment source for each.
 - vi. Crisis Plan– A strategic plan of the mobilization of services and supports in times of increased difficulty (separate document outside of the CCS assessment/service plan)
- b. Attendance (Team Meeting) Roster – An attendance roster will be signed by each person, including recovery team members in attendance at each service-planning meeting.
 - i. The roster will include:
 1. The date of the meeting.
 2. The name, address, and telephone number of each person attending the meeting.
 3. Each original, updated, and partially completed service plan will be maintained in the consumer treatment record.
- c. The completed service plan will be signed by the consumer, mental health professional, substance abuse professional (if applicable), guardian (if applicable), and the service facilitator.
- d. Documentation of the service plan will be available to all members of the recovery team.
 - i. The Service facilitator will obtain appropriate authorizations to release information to the recovery team members who are not members of La Crosse County Human Services (or contracted employees)
 - ii. The service plan document will be maintained in the consumer’s treatment record.

3. SERVICE PLAN REVIEW

- a. The service plan for each consumer will be reviewed and updated as the clinical needs of the consumer change or at least every 6 months.
- b. A service plan that is based on an abbreviated assessment will be reviewed and updated upon the expiration of the abbreviated assessment or before that time if the needs of the consumer change.
- c. The review will include an assessment of the progress toward goals and consumer satisfaction with services.

APPENDIX IX

WRIC CCS ORIENTATION AND ONGOING TRAINING		
Section: WRIC	Date of Approval: 2005	Date Policy is Effective: 2005-updated 4/2018
Responsible Person: WRIC- CCS Program Administrator	Author: Carol Schilling Revised by: Emily Engling	
Statutory/Administrative Reference:	Approved by: LCHS-WRIC Human Service's Director	

PURPOSE:

To ensure that WRIC Comprehensive Community Services staff maintain knowledge and training in order to provide competent quality services to consumer.

POLICY:

WRIC Comprehensive Community Services shall provide orientation and ongoing training to staff members providing psychosocial rehabilitation services.

PROCEDURE:

1. Orientation Program

a. Required hours of orientation for staff members:

With less than six months experience providing psychosocial rehabilitation services to children, adults or elders with mental disorders or substance-use disorder shall complete at least 40 hours of documented orientation training within three months of beginning work within the CCS.

With six months or more experience providing psychosocial rehabilitation services to children, adults or elders with mental disorders or substance-use disorder shall complete at least 20 hours of documented orientation training within three months of beginning work with the CCS.

b. Required hours of orientation for volunteers:

At least 40 hours of documented orientation training for each regularly scheduled volunteer before allowing the volunteer to work independently with consumer of family members.

c. Orientation Training shall include and staff members shall be able to apply all of the following:

- i. Parts of DHS 36 pertinent to the services they provide.
- ii. Policies and procedures pertinent to the services they provide.
- iii. Job responsibilities for staff members and volunteers.
- iv. Applicable parts of chs. 48, 51 and 55, Stats. and any related administrative rules.
- v. The basic provision of civil rights laws including the Americans with disabilities act of 1990 and the civil rights act of 1964 as the laws apply to staff providing services to individuals with disabilities.
- vi. Current standards regarding documentation and the provisions of HIPAA, s. 51.30, Stats. ch. DHS 92 and, if applicable, 42 CFR Part 2 regarding confidentiality of treatment records.
- vii. The provisions of s.51.61, Stats. and ch. DHS 94 regarding patient rights.
- viii. Current knowledge about mental disorders, substance-use disorders and co-occurring disabilities and treatment methods.

- ix. Recovery concepts and principles which ensure that services and supports promote consumer hope, healing, empowerment and connection to others and to the community; and are provided in a manner that is respectful, culturally appropriate, collaborative between consumer and service providers, based on consumer choice and goals and protective of consumer rights.
- x. Current principles and procedures for providing services to children and adults with mental disorder, substance-use disorders and co-occurring disorder. Areas addressed shall include recovery-oriented assessment and services, principles of relapse prevention, psychosocial rehabilitation services, age-appropriate assessments and services for individuals across the lifespan, the relationship between trauma and mental and substance abuse disorder, and culturally and linguistically appropriate services.
- xi. Techniques and procedures for providing non-violent crisis management for consumers, including verbal de-escalation, methods for obtaining backup, and acceptable methods for self-protection and protection of the consumer and other in emergency situations, suicide assessment, prevention and management.
- xii. Training that is specific to the position for which each employee is hired:
 - Service facilitators, for example, need to have a thorough understanding of facilitation and conflict resolution techniques, resources for meeting basic needs, any eligibility requirements of potential resource providers and procedures for accessing these resources.
 - Mental health professionals and Substance Abuse Professionals must have will training regarding the scope of their authority to authorize services and procedures to be followed in the authorization process.

2. Ongoing Training Program:

- a) Each staff member shall complete at least 8 hours of in-service training a year.
- b) In-service training shall be designed to increase the knowledge and skills received by staff members in the Orientation Training Program of this policy.
- c) Staff shared with other program may apply documented in-service hours received in those programs toward this requirement if that training meets the requirements in this policy.
- d) Ongoing in-service training shall include one or more of the following:
 - Time sets aside for in-service training, including discussion and presentation of current principles and methods of providing psychosocial rehabilitation services.
 - Presentations by community resource staff from other agencies, including consumer operated services.
 - Conferences and workshops

3. Training records:

- Updated, written copies of the orientation and ongoing training programs and documentation of the orientation and ongoing training received by staff members and volunteers shall be maintained by the WRIC CCS administrator and or/directo

APPENDIX IX (continued)

CCS Internal Training

Topic	Time	Description
CCS/CST Overview	1.5 hours	Broad overview look at CCS program and philosophy
CCS Service Array	1.4 hours	What services can CCS provide and who currently provides them in the region
Avatar Basics	2 hours	General Overview of Avatar
Progress Notes/Billing	1.5 hours	A look at writing progress notes and billing CCS
CCS Admission (first visit)	1.5 hours	Walk through of a mock admission to CCS; emphasis on forms and first visit
CCS Admission (avatar)	2 hours	Walk through of a mock admission to CCS in Avatar UAT
Assessment & Planning	1.5 hours	How to Identify Needs & Strengths as part of an assessment
CANS/ANSA	3 hours	How to score a CANS/ANSA and introduction to uses in assessment & plan
Assessment (avatar)	2 hours	Walk-through of the CCS Avatar Assessment
Service Planning	2 hours	Developing SMART objectives Use of CANS/ANSA to develop a plan
Service Plan (avatar)	2 hours	Walk-through Avatar Service Plan
CST Facilitation Skills (Basic)	2 hours	CST Philosophy & Basic Team Meeting Walk-through
Ongoing Team Meetings	2 hours	Utilizing Data (CANS/ANSA) to track progress and adapt service transitions
CCS – FAQs and other resources	1.5 hours	Discussion time for questions, resources, useful tools, daily practice suggestions, etc
Functional Screen	Minimum 4 hours	
<i>[hold for as need/alt date]</i>	10:00-12:00	

22.0 hrs

Supervisor Facilitated	Date Completed
Review org chart & take a walking tour of the building	
Discuss Code of Conduct being 24 hr nature & personal social media ramifications	
Review badge, office space, mail box, office space, furniture that needs approval	
Discuss Time sheet process	
Overview of orientation plan (HR, Audra/Renee, ISRS Core, Unit Specific)	
Overview of first year evaluation/input process (30 day, 120 day, 3 EDR's)	
Review 2 week schedule	
Introduce to mentor	
Discuss documentation standards/expectations	
Discuss Motivational Interviewing expectations	
Provide/review safety response grid	
Discuss AWS	
Discuss Comp Time availability/expectations	
Discuss Sick/Vacation (when, why, process, etc.)	
Provide overview of Random Time Study	
Discuss TIMER - what to pick, deadlines, etc	
Provide overview of CRIS	
Discuss training & mileage (approval process, logged in TLC)	
Review travel process (consider providing examples)	
Review cell phone, computer, texting expectations, email (esp. confidentiality)	
Review Procurement card process/expectations	
Outlook calendar expectations & how to navigate Outlook	
Overview of information locations (Sharepoint, L-S-W drives, CountyView, etc.)	
Mentor Facilitated	Date Completed
Demonstrate how to do mileage/trip optimizer	
Overview of reserving rooms/smart board	
Overview how to submit training hours to HR	
Facilities Requests	
Review printer use	
Demonstration of 211 website	
AVATAR coaching	
Review role/resources of E.S., ADRC/SOAT	
Discuss duress button	
Employee Facilitated	Date Completed
Meet with Manager for ISRS/WRIC Overview	
Meet with each ISRS Supervisor for overview of their services	
Complete TLC overview: http://learn.nctsn.org	
Review Acronym Sheet (ask if you have questions)	
View mandated reporting training and bring any questions to Supervisor	

APPENDIX X

WRIC PROGRAM OUTREACH POLICY		
Section: WRIC	Date of Approval: 2005	Date Policy is Effective: 2005-updated 4/2019
Responsible Person: WRIC-CCS Program Administrator		Author: Carol Schilling Revised By: Emily Engling
Statutory/Administrative Reference: DHS 36.07		Approved by: LCHS-WRIC Human Service's Director

PURPOSE

To increase awareness of Comprehensive Community Services and facilitate appropriate referrals in order to serve the needs of individuals with mental health and/or substance abuse issues.

POLICY

Comprehensive Community Services shall conduct outreach activities to potential consumers and encourage referrals from community service providers, family members of the public, and internal referrals within the WRIC consortium (La Crosse, Jackson and Monroe County Human Services).

PROCEDURE

1) OUTREACH

- a. Comprehensive Community Services shall seek referral from potential sources such as psychiatric hospitals, law enforcement and correctional agencies, other community agencies, departments with Western Region Integrated Care programs (La Crosse, Jackson and Monroe counties), other Health and Human Service Departments within La Crosse, Jackson and Monroe counties, family members, significant others and potential consumers.
- b. Comprehensive Community Services shall provide updated information including pamphlets and referral forms regarding services and admission criteria/procedures to the referral sources. Information on Comprehensive Community Services will be available through the Resource Centers of La Crosse, Jackson, and Monroe Counties, the Community Link, and Great Rivers 211 taxonomy of services.
- c. Comprehensive Community Services shall provide service information and consultation regarding potential Comprehensive Community Services consumers, including:
 - i. In-services and presentations
 - ii. Participation in ongoing education to the public about services and local resource agencies
 - iii. Case specific consultation to community agencies and service providers.
 - iv. Outreach conducted through the various community agencies of La Crosse, Jackson and Monroe Counties.

2) Referral

- a) Each county has a centralized intake line where referrals to be taken
 - 1) La Crosse County Health and Human Services: 608-784-HELP
 - 2) Jackson County Department of Health and Human Services: 715-284-4301
 - 3) Monroe County Department of Health and Human Services: 608-269-8600

APPENDIX XI

WRIC PROGRAM APPLICATION FOR SERVICES AND SCREENING POLICY		
Section: WRIC	Date of Approval: 2005	Date Policy is Effective: 2005; revised 4/2020
Responsible Person: WRIC-CCS Program Administrator	Author: Matt Strittmater Revised by: Emily Engling	
Statutory/Administrative Reference: DHS 36.13; DHS 36.19	Approved by: LCHS-WRIC Human Service’s Director	

PURPOSE

To provide a process for application and screening for Comprehensive Community Services.

POLICY:

Individuals and/or parents/guardians of individual may apply for the WRIC Comprehensive Community Services (CCS) program if eligible for Medicaid and have a mental health and/or substance use diagnosis.

PROCEDURE:

Any person seeking WRIC CCS shall contact their respective county’s Human Services agency. Individuals will be assessed for services based on functional eligibility, determination of clinical need, and comprehensive needs assessment. An application and admission agreement (consent to treatment) shall be completed and signed by applicant.

APPENDIX XI (cont)

WRIC CCS Program Description & Eligibility

General Description:

Comprehensive Community Services (CCS) is a community-based, wraparound program that helps individuals with mental health and/or substance use reach their goals. CCS is intended to provide services and supports to promote an individual's wellness and recovery. Each CCS team is unique to the individual's experience and needs.

Who is Eligible?

Eligibility for CCS is determined through a screening process conducted by each county. WRIC consumers need to have or be eligible for Medicaid. CCS is available to individuals of all ages living with a mental health and/or substance use disorder and in need of on-going, wraparound supports. WRIC CCS program is intended for individuals who need more than outpatient services but need less than Community Support Program.

Program Components:

The consumer will identify members of a recovery team. The recovery team consists of both formal and informal supports. The team utilizes the expertise of all members to support the consumer in meeting his/her goals and moving forward in his/her journey of wellness.

The WRIC CCS program has a network of providers to support consumers reach their recovery goals. Services may include: skill development, wellness management, therapy, medication management, employment skills training, peer support, residential support services, service facilitation, and/or physical health monitoring. The consumer's wraparound team may include, but not limited to: county staff, community partners, vendors (contracted agencies with WRIC CCS), schools, family, and friends.

Recovery Principles: Services are provided in a manner that is 1) driven by consumer voice; 2) strength based; 3) team based; 4) collaborative; 5) unconditional care; 6) outcome based; 7) community based; 8) culturally responsive; 9) individualized and developmentally informed, and 10) includes natural supports

When Will CCS be Available?

WRIC CCS is available to individuals once functionally eligible based on a State functional screen, a physician prescription, and determination of clinical need is assessed.

Through the county intake process, the intake worker determines with the consumer if there are immediate needs that should be addressed. The intake and/or crisis worker makes arrangements to address needs until CCS can begin. Cases may be prioritized based on immediate need (i.e. either inpatient or at risk of going to inpatient hospital/IMD; at risk of out of home/residential placement; and/or other safety reasons identified by the review teams).

Program Application:

Eligible individuals who are interested in applying for CCS complete an application and admission agreement that provides basic information on the WRIC CCS program. Interested individuals may contact their county Human Services on how to apply. More information on WRIC CCS can be found at <http://www.lacrossecounty.org/>, calling (608) 784-4357, or visiting La Crosse County Human Services at 300 North 4th St., La Crosse, WI 54601.

**Western Region Integrated Care
Comprehensive Community Services Program
Application for Services**

Name _____

Gender: _____

Applicant Address: _____

Cell Phone: _____

Home Phone: _____

Active Medical Assistance: _____

Update parent/guardian information if needed:

If applicable:

Guardian or Parent(s): _____ Phone: _____

Address (if different): _____ City/State: _____ Zip: _____

If applicable:

Legal Guardian or Parent(s): _____ Phone: _____

Address (if different): _____ City/State: _____ Zip: _____

Reason for application (What is your best hope to gain from the program?):

If applicable:

Do you currently receive services from La Crosse, Jackson, or Monroe County Human Services?

(such as case management, therapy, Representative Payee, psychiatry, nursing, Adult Family Home services)

Applicant Signature _____

Signature Date _____

Legal Parent or Guardian Signature _____

Relationship to Applicant _____

Signature Date _____

SEE SCANNED COPY FOR OFFICIAL RECORD OF SIGNATURE(S)

**WRIC CCS Application for Services
Parent/Guardian Information (for current Application)**

Name	Relationship to Applicant	Home Phone	Address
------	---------------------------	------------	---------

APPENDIX XII

WRIC ADMISSION CRITERIA AND DETERMINATION OF PROGRAM NEED POLICY		
Section: WRIC	Date of Approval: 2005	Date Policy is Effective: 2005
Responsible Person: WRIC-CCS Program Administrators	Author: Matt Strittmater Revised by Christin Skolnik	
Statutory/Administrative Reference: DHS 36.14	Approved by: LCHS-WRIC Human Service's Director	

PURPOSE

To ensure that appropriate applicants are admitted to the WRIC Comprehensive Community Services Program.

POLICY

Admission to the WRIC Comprehensive Community Services program shall be limited to individuals who have been determined to need psychosocial rehabilitation and found functionally eligible for the services.

PROCEDURE

1. Eligibility
 - a. In addition to the eligibility requirements outlined in the Admission Eligibility for Services Policy, applicants shall
 - i. Meet the criteria outlined in this policy; and
 - ii. Qualify for and hold Medicaid benefits
2. Determination of need for psychosocial rehabilitation services.
 - a. The MH/AODA Functional Screen and Children's Long Term Functional Screen shall be used to determine that an individual requires more than outpatient counseling but less than the services provided by a community support program, and;
 - b. The individual shall also meet all of the following criteria:
 - i. Have a diagnosis of a mental disorder and/or a substance use disorder
 - ii. Have a functional impairment that interferes with or limits three or more major life activities and results in needs for services that are described as ongoing, comprehensive and either high-intensity or low-intensity.
 1. Determination of a qualifying functional impairment is dependent upon whether the applicant meets one of the following descriptions:
 - a. "Group 1". Persons in this group include children, and adults and elders in need of ongoing, high intensity, comprehensive services who have diagnoses of a major mental disorder or substance use disorder, and substantial needs for psychiatric, substance abuse, or addiction treatment.
 - b. "Group 2". Persons in this group include children,

and adults and elders in need of ongoing, low intensity comprehensive services who have a diagnosed mental or substance-use disorder. These individuals generally function in a fairly independent and stable manner but may occasionally experience acute psychiatric crises.

Note: Appropriate identification of mental health or substance-use related problems for this group is critical, especially because they are often first seen in non-mental health or substance-use treatment settings, e.g., primary care sector, school system, law enforcement, child welfare, aging services, domestic violence shelters, etc.

3. The Mental health professional shall review and attest to the applicant's need for psychosocial rehabilitation services and medical and supportive activities.

Western Region Integrated Care
Comprehensive Community Services Program
Determination of Need Statement

Name: _____ Functional Screen Eligibility Date: _____
Mental health professional Screening Date: _____
SSN: _____ Date of Birth: _____
Insurance: MA: Other: _____

There is an existing diagnosis of mental disorder or substance use disorder:

- Yes DSM Diagnosis: _____
 No

There is an existing functional impairment:

- Yes Meets "Group 1" Criteria: Persons in this group include children and adults in need of ongoing, high-intensity, comprehensive services who have a diagnosed major mental disorder or substance-use disorder, and substantial needs for psychiatric, substance abuse, or addiction treatment.
- No Meets "Group 2" Criteria: Persons in this group include children and adults in need of ongoing, low-intensity comprehensive services who have a diagnosed mental or substance-use disorder. These individuals generally function in a fairly independent and stable manner but may occasionally experience acute psychiatric crises.

- The applicant meets the CCS eligibility requirements and is determined to need psychosocial Rehabilitation services. **See details below.**
- The applicant is not eligible for CCS because: **See details below.**
- The applicant is determined to NOT need psychosocial rehabilitation services.
- The applicant is not eligible for MA and/or does not qualify under the program exceptions.

Western Region Integrated Care ensures that no consumer is denied benefits or services or is subjected to discrimination on the basis of age, race or ethnicity, religion, marital status, arrest or conviction record, ancestry, national origin, disability, gender, sexual orientation or physical condition.

I have reviewed the applicant's need for psychosocial rehabilitation services and attest to this determination.

Mental health professional: _____
OR designee qualified under s. HFS 36.10(2) (g) 1.to 8.

Date: _____



WRIC Comprehensive Community Services Admission Agreement

Client Name:

Consent Date:

Comprehensive Community Service: Yes

Comprehensive Community Services: The Comprehensive Community Services (CCS) program is a community-based psychosocial rehabilitation service that provides or arranges for psychosocial rehabilitation services for eligible adult or child consumers. Psychosocial rehabilitation services are medical and remedial services and supportive activities that assist the consumer to achieve his or her highest possible level of independent functioning, stability, and to facilitate recovery.

Services are provided during the agency operational hours (Monday through Friday from 8:00 a.m. to 4:30 p.m.), but may be provided after-hours by arrangement when a need is determined. WRIC Crisis Intervention Services are available during and after-hours. Crisis services may be accessed during agency operational hours by calling at 608-784-4357 and requesting them. After-hours crisis services can be accessed in La Crosse County by calling 608-784-4357 (784-HELP). Crisis Services for Monroe and Jackson County residents contact Northwest Connections at 888-552-6642.

Consumer Rights: All rights outlined in the Your Rights and the Grievance Procedure brochure apply to Comprehensive Community Services. In addition, consumers of CCS have the right to: 1.Choice in the selection of recovery team members, services, and service providers. 2.The right to specific, complete, and accurate information about proposed services. 3.The fair hearing process under s. HFS 104.01 (5) for Medical Assistance Consumers, for all other consumer the right to request a review of a CCS determination by the Department of Health and Family Services.

Acknowledgement: I acknowledge that I have read this agreement and understand the nature and purpose of the Comprehensive Community Services program. I received a copy of Your Rights and the Grievance Procedure, and it has been explained to me. I have been provided with information on the cost of services as well as my financial responsibility for the services I receive. I HEREBY CONSENT TO COMPREHENSIVE COMMUNITY SERVICES "If the consumer is a competent adult, then only his or her signature is required. "If the consumer is 14 years old or older but not yet eighteen, then BOTH the consumer and a parent or guardian must sign. "If the consumer is under the age of 14 years old, then only the parent or guardian must sign. If the consumer had been adjudged to be incompetent the appointed guardian must sign.

CRISIS SERVICES: Crisis Intervention services are available during and after-hours only by calling 608-784-4357. Monroe and Jackson County residents contact Northwest Connections at 888-552-6642.

CONSUMER RIGHTS: All rights outlined in "Your Rights and the Grievance Procedure" apply to each program/service listed on this form.

ACKNOWLEDGEMENT

Informed Consent is valid for no more than fifteen (15) months from this date and may be withdrawn at any time in writing.

Costs are covered either through consumer out of pocket payments, other insurance, or eligible Medicaid programs.

Loss of Medicaid eligibility may affect services, as well as my financial responsibility for the services I receive

I acknowledge that I have read this agreement and understand the nature and purpose of the programs/services I will be offered.

I received a copy of Your rights and the Grievance Procedure, and it has been explained to me.

I have been provided with information on the cost of services as well as my financial responsibility for the services I receive.

I HEREBY CONSENT TO RECEIVE THE INDICATED PROGRAMS/SERVICES

If the consumer is a competent adult, then only his or her signature is required.

If the consumer had been adjudged to be incompetent the appointed guardian must sign.

Client Signature:

Date:

Parent/guardian Signature:

Date:



Western Region Integrated Care Consent for Telehealth

Consent Date:

Client:

La Crosse County Human Services
Consent Form Addendum: Telehealth Consent

The purpose of this document is to obtain consent for Telehealth Services with La Crosse County Human Services LCHSD). In order to maintain care under certain circumstances, including during periods of any closure for any reason, we may offer to conduct individual psychotherapy sessions and assessments via telehealth service. Telehealth service is the delivery of healthcare services when the therapist and consumer are not in the same physical location/site through the use of various technologies. This could include video sessions via telehealth software on a computer or tablet.

Definition of Telehealth

Variously dubbed telemedicine, teletherapy, distance therapy, e-therapy, internet therapy, or online therapy, "telehealth" is defined as the use of electronic transmission to provide interactive real-time mental health services remotely, including consultation, assessment, diagnosis, treatment planning, counseling, psychotherapy, coaching, guidance, psycho-education, education and transfer of medical information with an experienced therapist. **Telehealth services do not include phone calls, texting or e-mail.**

Agreements

Telehealth is governed by all the same ethics and laws that cover in-person, in-office psychotherapy. Consequently, all other policies, consents and agreements signed with your therapist apply to telehealth services as well. This document is an addendum to all in-office services agreements, and does not substitute for any such agreements.

Advantages and Disadvantages

The main advantage of telehealth is that it provides flexibility for continuity of care when in-person sessions cannot be conducted. Telehealth by videoconference allows for both verbal and non-verbal communication in a way that is similar but not identical to in-person communication.

Telehealth is not a universal substitute, nor the same as in-person psychotherapy services. Some report that telehealth services do not provide the same level of ease, comfort and connection, and may not seem as "complete" when discussing personal and private matters. Body language isn't as fully visible. Misunderstandings may occur more easily. These differences may impact the quality of the professional therapeutic relationship. Just as with in-person psychotherapy, the effectiveness of telehealth services cannot be guaranteed. Discuss any concerns as they arise.

Prerequisites

Telehealth may work best when face-to-face sessions occur at the beginning of a therapeutic relationship.



Western Region Integrated Care

Consent for Telehealth

Telehealth also requires some reasonable comfort with technology. Telehealth is best for augmenting in-person services when a client is unable to come to the office location due to temporary limitations, such as medical conditions limiting physical mobility, distance due to travel, and scheduling conflicts, etc. To

provide optimal care, ideally in-person sessions are recommended.

Under certain extreme circumstances when telehealth should not be provided due to the nature of therapeutic services needed, your therapist may recommend: coming into the office, waiting until you can come into the office, or referring you to a therapist who can provide such services in-person. With the COVID-19 pandemic, receiving in-person therapy services from anyone may become very challenging; telehealth provides a great alternative to in person services, when possible.

Emergencies

Telehealth is not recommended for any psychological emergency. If your therapist believes you would be better served with in-person therapy and your therapist is unable to provide that, you will be referred to a therapist in your area that can provide such services. (Note: Again, this may not be possible, despite being needed, given the current COVID-19 pandemic and limited options for in-person work).

Just as with in-person services, if an emergency should occur during a telehealth session, your therapist will consider taking any steps necessary to ensure your safety and that of others.

Scheduling

Telehealth sessions are scheduled ahead of time at regular times. These appointments reserve time specifically for you. Just as with in-person appointments, you are responsible for keeping and paying for all telehealth appointments.

We will start and end on time. In all telehealth sessions, the therapist will initiate the telehealth session, unless other arrangements are made in advance. A window of 15 minutes will remain open after the start time of your session. Just as with an in-person session, if your therapist doesn't hear from you or can't get through to you, please call them by phone if you are having difficulty.

Cancellations and missed appointments are handled in the same way as in-person cancellations are handled in other forms. The therapist cannot be responsible for the client's ability to participate in sessions, including technological difficulties or disruptions.

Confidentiality

The same laws protecting the confidentiality of your medical information in the office apply to telehealth sessions, including mandatory reporting and permitted exceptions, such as child, elder and dependent adult abuse reporting, risks to the client's wellbeing, threats of violence to an identifiable victim and when clients enter their own emotional or mental factors into a legal proceeding.



Western Region Integrated Care Consent for Telehealth

The client and therapist both agree to keep the same privacy safeguards used during in-person sessions. Ensure that your environment is free from unexpected or unauthorized intrusions or disruptions to our communication. You are asked to preserve privacy and limit the risk of being overheard by a third party by conducting the session in a private room with closed doors, with reasonable sound barriers, and no one else present or observing. Earphones may be very helpful to help you preserve privacy as well. The client and therapist both agree to not record the telehealth sessions without prior written consent.

Consent

You have the right to opt in or opt out of telehealth communication at any time, without affecting your right to future care or treatment, except during the COVID 19 pandemic when in-person sessions will not be available for a period of time. Please discuss this thoroughly with your therapist.

Your signature below indicates that you understand that you are responsible for learning to handle the specific medium used, prior to your telehealth sessions, and to engage in any necessary rehearsals to ensure effectiveness. (See "Instructions" on following pages.) Before an initial telehealth session, a test call up to 10 minutes in advance (not immediately prior to your session) can be arranged to ensure that technology is functioning properly.

Security

No electronic transmission system is considered completely safe from intrusion. While a variety of software programs are available for video conferencing, such as Facetime, or GoToMeeting, most are not encrypted, or compliant with Federal law to protect the privacy of your health communication. We use software with encryption to maximize your confidentiality.

Interception of communication by third parties remains technically possible. You are responsible for information security on your own computer, laptop, tablet, or smartphone.

Due to the complexities of electronic media and the internet, the risks of telehealth include the potential for the release of private information, including audio, written materials and images which may be disrupted, distorted, interrupted or intercepted by unauthorized persons, despite your therapist's reasonable efforts. Consequently, your psychotherapist cannot fully guarantee the security of telehealth sessions.

Video Conferencing

At the time of the telehealth appointment, it is your responsibility to have your electronic device on, video conferencing software launched, and be ready to start the session at the time of the scheduled telehealth appointment. This requires setting up, a few minutes prior to each start time. The client is responsible for his/her own hardware and software, audio and video peripherals, and connectivity and bandwidth



Western Region Integrated Care Consent for Telehealth

considerations.

If a video telehealth session is disrupted after reasonable attempts, we may have to reschedule the session or switch to a phone call to discuss next steps.

Payment & Insurance

Telehealth services are professional services and are charged at the same rate as in-person services.

Clients relying on insurance reimbursement are responsible for contacting your insurance companies immediately and well in advance to ensure that telehealth is covered by your policy. Telehealth must be coded differently for insurance billing purposes. Even when health insurance covers in-person services,

health insurance may limit or deny coverage of telehealth services. If your insurance does not cover telehealth services, you will personally be responsible for payment.

Information on Telehealth Sessions

- * We agree to use a HIPAA compliant platform for telehealth services, and your therapist will explain to you how to use it.
- * You will need to use a webcam or smartphone during the session.
- * It is important to be in a quiet, private space, in your own residence, that is free of distractions (including cell phone or other devices) during the session.
- * It is important to use a secure internet connection rather than public/free Wi-Fi.
- * It is important to be on time. If you need to cancel or change your telehealth-appointment, you must notify your therapist by phone, in advance of your scheduled time.
- * We are in need of a valid phone number to reach you in the event of any technical difficulties (to restart the session, to reschedule the session, or in the event of technical difficulties, etc.).
- * If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in telehealth sessions.
- * You should confirm with your insurance company that the video sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment.
- * Your therapist may determine that due to certain circumstances, telehealth is no longer appropriate and that we should resume our session's in-person.

We will use secure platforms (Doxy.me or Microsoft Teams with Business Agreement, which is HIPAA compliant) with industry-standard encryption and security there is no way to guarantee that this software is completely failure-proof. As with any technology, there is a chance of a security breach that would



Western Region Integrated Care Consent for Telehealth

affect the privacy of personal and/or medical information. Since you will be completing sessions in your own home, we cannot guarantee the same level of privacy that you have when you are in our clinic. This means that you are responsible for making sure that you are in a private area where disruptions (e.g., others coming into the room or hearing what you say in another room) are minimized as much as possible.

In order to reduce risks to confidentiality, we require that all video sessions occur in a private room with no one else present and ask that you wear headphones to limit the possibility of other people overhearing confidential information.

Since this may be different than the type of sessions with which you are familiar, it is important that you understand, acknowledge, and agree to the following statements:

- * You understand that you have agreed to engage in a telehealth encounter for yourself that will contain personal identifying information as well as protected health information.
- * You understand that the therapist will be at a different location from you.
- * You understand that you have the right to withhold or withdraw your consent to the use of telehealth services at any time in the course of your care, without affecting your right to future care or treatment.
- * You have been informed of and accept the potential risks associated with telehealth, such as failure of security protocols that may cause a breach of privacy of personal and/or medical information.
- * You understand that the laws that protect privacy and the confidentiality of medical information also apply to telehealth, and that no information obtained in the use of telehealth which identifies you will be disclosed to other entities without your consent or as may be allowed by law.
- * You have been given the opportunity to ask your provider at LCHSD questions relative to your Telehealth encounter, security practices, technical specifications, and other related risks.

By signing this form, you certify:

- * That you have read or had read and/or had this form explained to you;
- * That you fully understand its contents including the risks and benefits of telehealth services;
- and
- * That you have been given ample opportunity to ask questions and that any questions have been answered to your satisfaction.

Client Signature

Signature _____

Date: _____

Parent/Guardian Signature

APPENDIX XIII

WRIC PROGRAM RECOVERY TEAM POLICY		
Section: WRIC	Date of Approval: 2005	Date Policy is Effective: 2005-Updated 5/2016
Responsible Person: WRIC Service facilitator	Author: Matt Strittmater Revised by: Christin Skolnik	
Statutory/Administrative Reference:	Approved by: LCHS-WRIC Human Service's Director	

PURPOSE

To ensure a fully integrated single system of care that includes the equal participation of the consumer in collaboration with their formal and natural supports

POLICY

During the initial assessment, a collaborative, multi-system team shall be formed for each consumer admitted to the WRIC Comprehensive Community Services program with a Coordinated Services Teams approach which includes the consumer and those identified by the consumer as natural supports.

PROCEDURE

1. The consumer will identify members of their recovery team.
2. The consumer will be an equal member on their team.
 - a. WRIC Comprehensive Community Services Program will make necessary efforts to reduce barriers to successful engagement and participation, including providing practical supports to enable the consumer to fully participate in CCS and when applicable CST approach, and in their recovery.
 - i. Successful engagement and participation is more likely to occur when consumers are considered equal partner, treated with dignity and respect, and have a voice and ownership regarding their care and life.
 - b. The partnership of the team will acknowledge the cultural beliefs and practices of the consumer, and will provide the best culturally competent services it can. If this is not occurring, the consumer will be encouraged to bring additional members to the team who will be able to provide improved culturally competent services.
3. The recovery team may be facilitated by the most appropriate member of the team, which should be designated by the consumer or consumer's guardian, with the ultimate goal of the consumer facilitating their own team.

RECOVERY TEAM MEMBERS. The recovery team shall include:

- a. The consumer
- b. WRIC CCS service facilitator
- c. WRIC CCS mental health professional and/or substance abuse professional.
 - i. If the consumer has or is believed to have a co-occurring condition, the recovery team shall either:
 1. Consult with a mental health professional and substance abuse professional; or
 2. Include on the recovery team both a mental health professional and substance abuse professional or a person who has the qualifications of both.
- d. Caregiver or legal representative (as applicable) if the consumer is a minor or is incompetent or incapacitated.
- e. Services providers, family members, natural supports, school system/IEP team, and advocates shall be included on the recovery team when applicable, with the consumer's consent, unless their participation is unobtainable or inappropriate

4. TEAM MEMBER ROLES AND RESPONSIBILITIES

- a. Participate in the assessment and service planning process.
- b. The role of each team member shall be guided by the nature of the team member's relationship to the consumer and the scope of the team member's practice. The consumer will be viewed and valued as an "expert" regarding their personal experience.
- c. Team members shall have a clear understanding of and respect for each other's roles, limitations, and strengths.
- d. Team members shall provide information, evaluate input from various sources, and make collaborative recommendations regarding outcomes, psychosocial rehabilitation services and supportive activities

COORDINATED SERVICES TEAMS APPROACH

- a. CST process centers decision-making by the family team. The team supports the child, family, and each other throughout the process. Both planning and interventions rest on the combined skills and flexible resources of this diversified, committed group of individuals. The strengths and resources of the child, family, natural supports and providers are the key to selecting interventions and supports most likely to meet the identified needs.
- b. The team selects the top three priorities from the Assessment Summary domains – these are then the areas of focus in the Plan of Care.
- c. Implementation of the Plan of Care. When the plan is completed, it will be reviewed, approved, and signed by necessary parties – once this occurs, the plan will be implemented.
- d. Team provides on-going support and monitoring; meeting when necessary to review the plan, progress toward goals, and need for plan modification. Teams typically meet every 4 to 6 weeks, depending on individual team needs (the statutory minimum is at least every 6 months).

APPENDIX XIV

WRIC PROGRAM SERVICE DELIVERY POLICY		
Section: WRIC	Date of Approval: 2005	Date Policy is Effective: 2005-Updated 5/2016
Responsible Person: WRIC-CCS Program Administrator		Author: Matt Strittmater, revised by Christin Skolnik
Statutory/Administrative Reference: DHS 36.17		Approved by: LCHS-WRIC Human Service's Director

PURPOSE

To ensure that services are provided to consumers in the most effective and coordinated manner using both the WRIC Comprehensive Community Services (CCS) Program and when assessed as appropriate for children in multiple systems of care, the Coordinated Services Teams (CST) approach.

POLICY

Psychosocial rehabilitation and treatment services will be provided in the most natural, least restrictive, and most integrated settings consistent with legal standards, be delivered with reasonable promptness, and build upon the natural supports available in the community.

PROCEDURE

1. Provision of Services

- a) Services provided will be reflected in the Recovery Plan.
- b) Services will be provided with sufficient frequency to support achievement of goals identified in the Recovery Plan.
- c) Documentation of the services will be included in the consumer treatment record.
- d) Service facilitators will collaborate and communicate with community vendors regarding assessed needs, delivery of authorized services, treatment planning, and discharge.

2. Coordination of Service Delivery

- a) Services will be delivered in coordination with other involved services, agencies, and systems including, but not limited to: adult protective services, child welfare services, youth justice, school systems, crisis systems, and legal systems.

3. Consumer Support and Mentoring

- a) The WRIC Comprehensive Community Services Program will make diligent efforts to reduce barriers to successful engagement and participation; this will include providing practical supports to enable the consumer to fully participate in Comprehensive Community Services and in their recovery process.

- b) The WRIC Comprehensive Community Services program will support consumer requests to include advocates and natural supports in the service planning and delivery process.
- c) The WRIC Comprehensive Community Services program will support consumers by providing the following education and training:
 - a. Development of self-advocacy skills.
 - b. How to exercise consumer rights and civil rights.
 - c. Development of skills to exercise control and responsibility in their services and their lives.
- d) The WRIC Comprehensive Community Services program shall assure that consumers and legal guardians receive necessary information and assistance in advocating for their rights and service needs.

4. Coordinated Services Teams Approach within the WRIC Comprehensive Community Services Program. The CST process centers decision-making by the family team. The team supports the child, family, and each other throughout the process. Both planning and interventions rest on the combined skills and flexible resources of this diversified, committed group of individuals. The strengths and resources of the child, family, natural supports and providers are the key to selecting interventions and supports most likely to meet the identified needs.

Flexible Funding will be made available for children enrolled in the CST approach within the CCS (and other systems if applicable) to assist families with purchasing services and/or items not eligible for purchase within WRIC CCS. Funding will be set aside within each county's annual budget and accessed by the county specific manager/CST director. All assessed needs should be documented and alternative options explored prior to requesting CST funds.

The Team

1. The goal for team membership is to have a balance of natural support people such as relatives, friends and neighbors and service providers such as a therapist, teacher, and social worker. To qualify for team involvement, individuals should:
 - a) Have a role in the lives of the child and/or family
 - b) Be supportive of the child and family
 - c) Be approved for membership by the parent
 - d) Be committed to the process (includes regular attendance at meetings, participation in decisions, and involvement in the service plan)
2. Service Principles for Family Teams
 - a) Services are consumer/family-centered, strength-based and oriented to the least restrictive options.
 - b) Decisions are reached by consensus whenever possible. All members have input into the plan and all members have ownership of the plan.
 - c) Teams meet regularly not just around crises.
 - d) Teams address a full range of life needs that could impact on the child/family.
 - e) Teams stay focused on reaching attainable goals and regularly measure progress.
 - f) Teams celebrate success.
 - g) Care is unconditional - services change if something doesn't work

3. Phases of Team Involvement

a) Assessment & Planning (**Completed during CCS intake**)

- a. Regular, collaborative meetings with team and consumer during admission process and ongoing during assessment planning.
- b. Determine strengths and needs of the child, family, and team
- c. Complete Assessment Summary, which assesses the 12 areas (domains) of the child and family's life, including: Living Situation; Basic Needs/Financial; Family; Mental Health; Social; Community; Cultural; Spiritual; Educational; Legal; Medical; and AODA.
- d. Develop Service Plan: consumer (with the help from the team) identifies top priorities/goals to address. Goals are broken down into objectives that are specific, measurable, achievable, relevant, and time-bound. Specific intervention will be identified to help consumer work toward objectives
- e. Develop Crisis/Support Plan: In developing crisis response plans, teams pre-plan crisis intervention with the people and/or agencies who may be involved in the crisis resolution. Plan is intended to be a support plan with coping skills and techniques

b) Ongoing Monitoring

- a. Implementation of the Service Plan: When the plan is completed, it will be reviewed, approved, and signed by necessary team members – once this occurs, the plan will be implemented.
- b. Team provides on-going support and monitoring; meeting when necessary to review the plan, progress toward goals, and need for plan modification. Teams typically meet monthly, depending on individual team's needs (the statutory minimum is at least every 6 months).

c) Transition & Closure

- a. The consumer has knowledge of and access to services and a voice in decisions that are made
- b. Team discusses discharge planning, which focuses on planning around long-term services the consumer may continue to use or will need to access after the formal team process has ended.
- c. Formal team participation is ended. Once consumers feel they know how to plan for the future (they have ownership of their plan) and no longer need the support of the team, the formal team process should end (CST)
- d. Consumer utilizes community support network. The consumer knows who to contact and how to get their needs met without the ongoing support of a formal team.
- e. Consumers/families may become part of an alumni effort. Family members may choose to participate in alumni efforts which could include advocating for other families, helping coordinate a support group, and participating on a Coordinating Committee (CCS or CST committee)

APPENDIX XV

WRIC PROGRAM SERVICE COORDINATION POLICY		
Section: WRIC	Date of Approval: 2005	Date Policy is Effective: 2005-Updated 5/2016
Responsible Person: WRIC-CCS Program Administrator	Author: Christin Skolnik	
Statutory/Administrative Reference: DHS 36.07	Approved by: LCHS-WRIC Human Service's Director	

PURPOSE

To ensure coordination of services for consumers of the WRIC Comprehensive Community Services Program and Coordinated Services Team approach within La Crosse, Jackson, and Monroe County Human Services.

POLICY

WRIC Comprehensive Community Services shall develop and implement collaborative arrangements and interagency agreements within the Human Services agency and with community organizations and agencies to outline roles and responsibilities when working with consumers who are involved in multiple services.

PROCEDURE

- 1) WRIC Comprehensive Community Services shall work collaboratively with other programs or units of Human Services and other agencies or services to coordinate when consumers receive services in more than one area.
- 2) Contracts and Agreements
 - a) WRIC Comprehensive Community Services shall establish contracts, agreements memoranda of understanding (MOU) with internal agency departments and outside service providers in order to define clear roles and responsibilities, and ensure collaboration and quality of service.
 - b) Agreements to incorporate CCS service plan goals, participate as necessary on teams and adopt the "Building Blocks" of mental health redesign shall be a part of every contract, agreement and MOU.
 - c) Contracts, agreements or MOU's shall include the CCS agreement to incorporate court requirements and other legal mandates into consumer recovery plans, when applicable.
- 3) WRIC Comprehensive Community Services shall establish contracts to provide services when a needed service is not available in the existing array of services. When the county identifies a service for a consumer that is not currently in the service array, this will be discussed with the CCS team and county administration if appropriate and that service will be developed in the community if at all available in our area. We are intending to be very flexible in the responsiveness to consumers needs in as much as our community can develop what is needed.
- 4) Crisis Services
 - a) WRIC Comprehensive Community Services shall collaborate with crisis services to ensure identification and referral for CCS, as well as when consumers are in need of crisis intervention/support

- 5) Protective Services or Elder Abuse Investigations.
 - a) WRIC Comprehensive Community Services shall work collaboratively with Adult Protective Services when a CCS consumer is the subject of an emergency protective placement or involved in protective services or elder abuse investigations.
 - b) The consumer's protective service needs shall be incorporated into the CCS service plan.
 - c) The Adult Protective Services system and WRIC Comprehensive Community Services shall work collaboratively within the Human Services agency
- 6) Child Welfare Services or Child Abuse Investigations
 - a) WRIC Comprehensive Community Services shall work collaboratively with child welfare services when a CCS consumer is the subject of a child protective services order or involved in placement services or child abuse investigations.
 - b) The consumer's protective service needs shall be incorporated into the CCS service plan.
 - c) County specific Children and Families Services and WRIC Comprehensive Community Services shall work side-by-side as a fully integrated services system within the Human Services agency.
- 7) Other Care Coordination Services
 - a) When WRIC Comprehensive Community Services are provided in conjunction with other care coordination services, Comprehensive Community Services shall work collaboratively with that services system.
 - b) When the care coordination service is provided within the county specific Human Services agency, WRIC Comprehensive Community Services shall join with other existing teams or services to work as a fully integrated service system.
 - i) WRIC Comprehensive Community Services shall work with other agency departments under a memorandum of understanding that defines roles and responsibilities and outlines how the systems will work together for the benefit of the consumer.
 - c) When a care coordination service is provided outside of the agency, as with school systems, WRIC Comprehensive Community Services shall pursue agreements or memoranda of understanding in order to ensure coordination of services with that system.
 - i) Agreements shall define roles and responsibilities and outline how the systems will work together for the benefit of the consumer.
- 8) Chapter 51 Commitments
 - a) When WRIC Comprehensive Community Services is providing services to a civil commitment consumer, the treatment requirements of the commitment shall be incorporated into the CCS Service Plan.
 - b) WRIC Comprehensive Community Services shall be responsible for providing appropriate treatment services to the consumer so that he or she can live in the least restrictive setting possible to ensure treatment and safety concerns.

APPENDIX XVI

WRIC PROGRAM STAFF QUALIFICATIONS AND CREDENTIALS POLICY		
Section: WRIC	Date of Approval: 2005	Date Policy is Effective: 2005-Updated 4/2020
Responsible Person: WRIC-CCS Program Administrator		Author: Carol Schilling, Revised by Emily Engling
Statutory/Administrative Reference: DHS 12; DHS 34; DHS 36; DHS 61; DHS 63; DHS 75		Approved by: LCHS-WRIC Human Service’s Director

PURPOSE

To ensure that all staff for WRIC Comprehensive Community Services and the Coordinated Services Teams approach are qualified for the positions in which they are providing services.

POLICY

The WRIC CCS Program will verify that all individuals hired possess the required degrees, licenses, certifications, qualifications and training required for each particular position.

PROCEDURE

1. Minimum Qualifications for County Staff
 - a. Requires graduation from an accredited college or university with a major in Social Work (or any Human Services related field)
 - b. Strong preference for minimum of one year of experience working with the same population (mental health, substance abuse) and familiarity with community resources available to them

2. Staff Credentials
 - a. Staff members providing services within WRIC-CCS Program shall have the professional certification, training, experience and ability needed to carry out duties as outlined in the position description and DHS 36.
 - b. WRIC-CCS Program or designee shall confirm an applicant's current professional licensure or certification if that licensure or certification is a condition of employment. This shall be in accordance with the Department of Human Services Administrative section of the county's Personnel Department.
 - c. Each staff will also be required to adhere to state and county standards for professional codes of conduct.

3. Documentation/Records of Staff Qualifications
 - a. Copies of staff degrees, licenses, certifications and completed training will be maintained within each WRIC county Human Services for all employees. For contracted vendors, La Crosse County Human Services and/or the agency will maintain required documents.

4. Hiring Qualified Staff
 - a. An applicant for employment shall provide at least 2 professional references
 - b. Provide transcripts upon request
 - c. References and recommendations shall be documented.

- d. WRIC-CCS Program or designee shall review application information, conduct interview and reference checks to determine whether applicant is suitable for program and its consumers. This shall include a check of relevant and available conviction records. Subject to ss. 111.322 and 111.335, Stats., an individual may not have a conviction record. This shall be done in collaboration with the Personnel Department of the county.

5. Specific CCS Staff Functions

- a. ADMINISTRATOR FUNCTIONS shall be fulfilled by a Supervisor from the WRIC-CCS Program Lead County who shall hold one of qualifications listed in this policy under (3)(e) (2) (g) 1 to 14.
- b. SERVICE DIRECTOR FUNCTIONS shall be fulfilled by an individual from within the WRIC-CCS Program Lead County who meets the minimum qualifications listed in this policy under (3)(e)(g)(1) through (8).
- c. MENTAL HEALTH PROFESSIONAL FUNCTIONS shall be fulfilled locally within each WRIC partner county by the Clinical Services Psychologist, CCS Supervisor, or qualified designee meeting the minimum qualifications listed in this policy under (3)(e)(1).
- d. SUBSTANCE ABUSE PROFESSIONAL duties shall be fulfilled locally within each WRIC partner county by the Clinical Services AODA counselor or other qualified designee meeting the minimum qualifications listed in this policy under (3)(e)(1).
- e. SERVICE FACILITATION FUNCTIONS shall be conducted locally within each WRIC partner county by various Human Services and contracted staff who are assigned to CCS and meet one of the minimum qualifications listed in this policy under (3)(e)(4).

APPENDIX XVII

WRIC DISCHARGE POLICY		
Section:WRIC	Date of Approval: 2005	Date Policy is Effective: 2005-Reviewed 4/2018
Responsible Person: WRIC-CCS Program Administrator		Author: Christin Skolnik. Reviewed: Emily Engling
Statutory/Administrative Reference:		Approved by: LCHS-WRIC Human Service’s Director

PURPOSE:
To provide meaningful discharge and referral of community services for persons who have successfully (or otherwise) been discharged from the CCS program

POLICY:

Discharge from the Western Region Integrated Care-Comprehensive Community Services Program and/or Coordinated Services Teams approach will occur based on any identified individualized criteria listed on the recovery plan as well as the following reason for discharge:

- The voluntary consumer no longer wants psychosocial rehabilitation services.
- The whereabouts of the consumer are unknown for at least 3 months despite diligent efforts to locate the consumer.
- The consumer refused services from CCS for at least 3 months despite diligent outreach efforts to engage the consumer.
- The consumer enters a long-term care facility for medical reasons and is unlikely to return to community living.
- The consumer is deceased.
- Psychosocial rehabilitation services are no longer needed, according to recovery team.

In addition, on the recovery plan, there is sufficient space allotted for the recovery team to add any additional individualized discharge criteria.

If there is disagreement among the recovery team as to the clinical appropriateness of discharge from the program, the mental health professional may advise on the clinical appropriateness of CCS involvement in the consumer’s recovery. If the consumer continues to be clinically and functionally eligible for CCS, they can remain in CCS.

When a consumer is discharged from the CCS program, the consumer will be given written notice of the discharge, to include:

1. A copy of the discharge summary,
2. Written procedures on how to re-apply for CCS services,
3. If a consumer is discharged from the CCS program involuntarily, and the consumer received Medical Assistance, the fair hearing procedure is outlined in DHS 104.01 (5), For all other consumer’s, information on how the consumer can submit a written request for a review of the discharge to the department.

A WRIC CCS service facilitator/mental health professional shall develop a written discharge summary for each consumer discharged from psychosocial rehabilitation services, to include the following:

1. Reasons for discharge.
2. Consumer status and condition at discharge including the consumer 's progress toward the outcomes specified in the service plan.
3. Documentation of the circumstances as determined by the consumer and recovery team, that would suggest a renewed need for psychosocial rehabilitation services.
4. Obtain signatures from the consumer, service facilitator, mental health professional, and supervisor. Document reason if signatures are unable to be obtained.

APPENDIX XIX

WRIC Monitoring and Documentation Policy		
Section: WRIC	Date of Approval: 2005	Date Policy is Effective: 2005-updated 4/2018
Responsible Person: WRIC-CCS Program Administrator	Author: Carol Schilling, revised by Emily Engling	
Statutory/Administrative Reference:	Approved by: LCHS-WRIC Human Service's Director	

PURPOSE:

To ensure there is adequate monitoring of documentation by the service array providers

POLICY:

It is the responsibility of the WRIC service facilitator/mental health professional to monitor the services provided to a consumer. Service providers shall submit invoices, along with progress note documentation on a monthly basis. Documentation is stored in the consumer's electronic health record. More frequent documentation may be necessary as determined by the service facilitator and indicated in the service plan, at the request of the consumer or recovery team consensus. Documentation from the service provider will also be included in the chart following discussions with service providers.

PROCEDURE:

1. Services provided will be reflected in the service plan.
2. Each provider will be identified in the service plan
3. Each provider will document services provided monthly and submit to the Fiscal Department who in turn delivers documentation to the CCS Social Service Specialist. If more frequent documentation is requested, the service facilitator or social service specialist will make these requests known to the service provider.

COMPLIANCE TO DHS 36:

36.18 Consumer service Records. This is the standard by which the records will be maintained.

1. Each consumer service record shall be maintained pursuant to the confidentiality requirements under HIPAA, s.51.30, Stats., ch. DHS 92 and, if applicable, 42 CFR Part 2. Electronic records and electronic signatures shall meet the HIPAA requirements in 45 CFR 164, Subpart C.
2. The WRIC CCS Program utilizes an electronic health record that is accessible across the WRIC consortium.
3. Each consumer record shall be organized in a consistent format. All of the following information shall be included in the consumer's record:
 - a. Results of the assessment completed under s. DHS 36.16, including the assessment summary.
 - b. Initial and updated service plans, including attendance rosters from service planning sessions.
 - c. Authorization of services
 - d. Any request by the consumer for a change in services or services provider and the response by the CCS to such a request.
 - e. Service delivery information, including all of the following:
 - i. Service facilitation notes and progress notes.

- ii. Records of referrals of the consumer to outside resources.
- iii. Description of significant events that are related to the consumer's service plan and contribute to an overall understanding of the consumer's ongoing level and quality of functioning.
- iv. Evidence of the consumer's progress, including response to services, changes in condition and changes in services provided.
- v. Observation of changes in activity level or in physical, cognitive or emotional status and details of any related referrals.
- vi. Team meeting and consultation notes.
- vii. Service provider notes in accordance with standard professional documentation practices.
- viii. Reports of treatment or other activities from other resources or partners that may be influential in the CCS's service planning.
- f. A list of current prescription medication and regularly taken over the counter medications. Documentation of each prescribed medication shall include all of the following:
 - i. Name of medication and dosage
 - ii. Route of administration
 - iii. Frequency
 - iv. Duration, including the date the medication is to be stopped.
 - v. Intended purpose
 - vi. Name of the prescriber. The signature of prescriber is also required if the CCS prescribes medication as a service
 - vii. Activities related to the monitoring of medication if an assessed need on the CCS service plan including monitoring of symptoms and side effects and supporting member in taking medication (as well as an assessment of the consumer's ability to self-administer medication)
- g. Signed consent forms for disclosure of information and for medication administration and treatment.
- h. Legal documents addressing commitment, guardianship, and advance directives.
- i. Discharge summary and any related information.
- j. Any other information that is appropriate for the consumer service record

APPENDIX IX

WRIC PROGRAM CRIMINAL BACKGROUND CHECKS		
Section: WRIC	Date of Approval: 2005	Date Policy is Effective: 2005-updated 4/2020
Responsible Person: WRIC Supervisors		Author: Carol Schilling, Revised by Emily Engling
Statutory/Administrative Reference: DHS 12 Caregiver Background Checks		Approved by: LCHS-WRIC Human Service's Director

PURPOSE:

To protect consumers from harm by requiring uniform background information screening of persons who are employees of or under contract to Western Regional Integrated Care Human Service Departments (La Crosse, Jackson, Monroe counties).

POLICY:

All persons being considered for hire in WRIC CCS will undergo a criminal record and Wisconsin Caregiver Law check prior to a providing services to CCS consumers. The Human Resources Director or other county designee will make the hiring decision when there is a criminal conviction found and will make the determination on whether the offense is substantially related to the job duties. For contracted providers, WRIC CCS administration will make the determination and consult with HR director and/or State office.

PROCEDURE:

WRIC partner counties will comply with county specific Human Services and county personnel policy on conducting Criminal Background Checks - AA3.2.1.3 Criminal Background Checks Policy.

APPENDIX XX

WRIC PROGRAM INVESTIGATION AND REPORTING OF CAREGIVER MISCONDUCT POLICY		
Section: WRIC	Date of Approval: 2005	Date Policy is Effective: 2005-updated 5/2016
Responsible Person: Human Services Director		Author: Carol Schilling, revised by Christin Skolnik
Statutory/Administrative Reference: DHS 13: Reporting and Investigation of Caregiver Misconduct		Approved by: LCHS-WRIC Human Service’s Director

POLICY STATEMENT:

It is the policy of collaborative WRIC partner counties to protect individuals who receive services from any type of caregiver misconduct.

1) Compliance Assurance & Training

a) The Human Services Directors will ensure that all staff and caregivers who are under the control of the agency and have access to consumers are aware of the requirements of DHF 13 and that failure to report caregiver misconduct can result in disciplinary action, up to and including termination of employment. ,

b) All staff and caregivers under the control of WRIC will be trained to know and understand the rights of the consumers they serve and staff person’s responsibilities in reporting and documenting caregiver misconduct. This training will occur as part of each new employee's orientation. Training will include education on the Human Services policy on Investigation and Reporting of Caregiver Misconduct upon orientation to the agency.

2) Penalty for Failure to Report Incidents of Caregiver Misconduct

a) An entity that intentionally fails to report an allegation of caregiver misconduct by any person employed by or under contract with the entity may be required to forfeit not more than \$1,(XX) and may be subject to any of the following sanctions:

i) Submission by the entity of a plan of correction for approval by the Department of Human Services, and implementation of the plan of correction.

ii)Implementation by the entity of a department-imposed plan of correction.

iii) Any regulatory limitations or conditions, as appropriate, imposed by the Department of Human Services on the entity.

iv) Suspension or revocation of licensure, certification or other approval of a period of not more than 5 years.

3) Consumer Notification

a) As part of the notification of rights required under DHS 94.04, Human Services will inform consumers (and their parents or guardians, if consent by a parent or guardian is required for treatment) about the procedures of investigating

and reporting caregiver misconduct. An overview of the procedures will be included as an insert in the Consumers Rights and the Grievance Procedure Brochure.

b) The Program Coordinator responsible for the consumer's service area will inform a consumer who is a victim of caregiver misconduct of the process of investigation and reporting.

4) Reporting Caregiver Misconduct

a) Any person may report caregiver misconduct if she/he has information that leads her/him to reasonably suspect or believe caregiver misconduct or an injury occurred, or she/he has information that would lead a reasonable person to believe an incident occurred. [DHS 13.05 (4)]

b) Upon learning of an incident of alleged misconduct, a staff person will ensure the immediate safety of the consumer(s) involved and take any necessary steps to assure that consumers are protected from risk of continued misconduct. [DHS 13.05(2)]

c) The term, "learns of an incident," refers to the date the incident is reported or when any Human Services supervisor or manager learns of the alleged incident.

d) The staff person will determine if any consumer has injuries requiring attention or care and take immediate action to provide care. This may include emergency care or other medical care. The staff person is responsible for documenting any observed or reported injuries and the actions taken to address them.

e) If there is an immediate need that extends beyond the staff person's authority or capability, the staff person will contact her/his supervisor or program coordinator to address them.

f) The staff person will notify her/his immediate supervisor of the incident immediately whenever possible or by the end of her/his shift. In the absence of the supervisor's availability, the staff person will notify the next supervisor in the organizational structure.

5) Child Abuse Reporting [DHS 13.05(3)(c)]

a) Whenever a child is thought to be the recipient of the alleged caregiver misconduct, the staff person who becomes aware of the incident, in accordance with s. 48.981, Stats., will immediately report, by telephone or personally, to the county department of social services or human services or the sheriff or city, village or town police department the facts and circumstances contributing to a suspicion that child abuse or neglect has occurred or to a belief that it will occur.

b) The Program Coordinator or the Program Director will notify the Department of Human Services in writing or by phone within 7 calendar days that the child abuse report has been made. The report will be made to: Caregiver Registry and, investigation Unit, Bureau of Quality Assurance. P.O. Box 2969, Madison, Wisconsin 53701-2969 or phone: 608-261-7650.

6) Completion of the Health and Human Services Incident Summary

a) After any necessary steps have been taken to assure that consumers are protected, the reporter, someone on his/her behalf or a staff person will complete a Human Services Incident Summary.

- b) The staff person who becomes aware of an incident of alleged caregiver misconduct is responsible for ensuring that the Incident Summary is completed.
 - c) Incident Summary are available within Human Services Department.
 - d) The staff person who becomes aware of an incident of alleged caregiver misconduct is responsible for ensuring that the Incident Summary is given to the Program Manager/Supervisor (or her/his designee) who has responsibility for the service area by the end of the day in which the incident is discovered.
 - e) In the event that a Program Coordinator is the alleged person responsible for the caregiver misconduct, the staff person who becomes aware of the misconduct will ensure that the Incident Summary is given to the Program Director by the end of the day in which the incident is discovered.
 - f) In the event that the Health and Human Services Director is the alleged person responsible for the caregiver misconduct, the staff person who becomes aware of the misconduct will ensure that the Incident Summary is given to one of the Program Coordinators by the end of the day in which the incident is discovered.
- 7) Program Coordinator Review and Action
- a) Consumer Protection
 - i) Upon receiving the Incident Summary, the Program Coordinator Manager/Supervisor (or Director if the circumstances dictate) will review the steps taken to protect consumer and assess further immediate and long-term safety needs. The Program Coordinator will take any other necessary steps to assure that consumers are protected from subsequent episodes of misconduct while a determination on the matter is ending. [HFS 13.05(2)]
 - b) Investigation of the Incident
 - i) The Program Coordinator in consultation with at least one other program coordinator or the Human Services Director will review the Incident Summary, conduct a thorough investigation, document the course and results of their investigation and determine what steps are necessary to determine the complete factual circumstances surrounding the alleged incident.
 - ii) A thorough investigation can include several elements, such as the following:
 - (1) Collecting physical and documentary evidence including photographs and diagrams
 - (2) Conducting interviews of victims, witnesses and other who may have knowledge of the allegation
 - (3) Finding other evidence that corroborates or disproves any evidence initially collected
 - (4) Involving other regulatory authorities who could assist in the investigation such as law enforcement as applicable.
 - (5) Documenting each step taken during the investigation and the results of the investigation.
 - iii) In the event that a Program Coordinator is the subject of the Incident Summary, the Human Services Director will review the Incident Summary

and determine what steps are necessary to determine the complete factual circumstances surrounding the alleged incident.

iv) In the event that the Human Services Director is the subject of the Incident Summary, a minimum of two Program Manager or Program Supervisors will review the Incident Summary and determine what steps are necessary to determine the complete factual circumstances surrounding the alleged incident.

v) If it is determined that a more thorough investigation must be conducted, the Program Manager will identify an appropriate and independent investigating agent such as a state or regional staff person, a law enforcement agency, a representative of an outside county, or adult or child protective services.

c) Reports to Law Enforcement.

i) Whenever allegations that are the subject of a report involve the possible commission of a crime, Program Manager or Human Services Director will also separately notify law enforcement authorities having jurisdiction in the case. [DHS 13.05(3)(a)note]

d) Elder Abuse Reporting [DHS 13.05(4)(c)]

i) If the caregiver who is the subject of the report is believed to have abused or neglected or misappropriated the property of a consumer who is aged 60 or older or subject to the infirmities of aging and who either does not reside in a nursing home or community-based residential facility licensed under ch. 50. Stats.. or receive services from a home health agency licensed under ch. 50. Stats.. then the Program Manager or the Health and Human Services Director may file a report with Adult Protective Services as the lead agency for elder abuse in accordance with s. 46.90. Stats.

ii) The lead elder abuse agency designated under s. 46.90 (2). Stats.. will be responsible for notifying the Department of Health and Family Services that it has received the report. For La Crosse County the lead agency is La Crosse County Human Services Department.

e) Decision to Report to the Bureau of Quality Assurance [DHS 13.05(3)(a) & DHS 13.05(3)(b)].I

i) The Program Manager in consultation with Human Services Director will review the Incident Summary and other investigatory information to determine if:

(1) Health and Human Services can name the person(s) that the agency has reasonable cause to believe committed the incident or Human Services has reasonable cause to believe that with some further degree of investigation, another regulatory authority could name the person(s).

(2) Human Services has reasonable cause to believe the agency has, or that with some further degree of investigation, another regulator authority could obtain sufficient evidence to show the incident occurred.

(3) Human Services has reasonable cause to believe the incident meets one or more of the definitions of abuse, neglect, or misappropriation in DHS 13, Wisconsin Administrative Code.

ii) If the three elements listed above are present, the Program Manger or Human Services Director will complete the state Incident Report £0 (DSL-2447) and submit it to Bureau of Quality Assurance via mail or fax within calendar days from the date Health and Human Services knew or should have own about the misconduct. The report will be submitted to: Bureau of Quality Assurance, Caregiver Regulation and Investigation Section, PO Box 2969, Madison, WI 3701-2969, or Phone 608-261-7650, or FAX 608-267-1.445.

iii) If the alleged caregiver misconduct involves staff credentialed by the Department of Regulation and Licensing, the Program Manager or the Human Services Director will instead send the Incident Report form SL-2447) to; Department of Regulation and Licensing, PO Box 8935, Madison, WI 3708-8935

f) When Reporting to BQA is NOT Required

i) The Program Manger/ Supervisor or the Human Services Director will make a determination if the agency is not required to submit the Incident Report Form (DSL- 2447) relative to the incident to the Bureau of Quality Assurance based on whether either of the following is true:

(1) Health and Human Services can affirmatively determine that the incident does not meet the definition of caregiver misconduct; or

(2) Health and Human Services cannot affirmatively rule out the incident as one that would meet the definition of caregiver misconduct, but the effects of the incident on the consumer are minor.

(a) "Minor" effects on a consumer of alleged misconduct are, for purposes of complaint reporting requirements only, those that do not use apparent physical, emotional, or mental pain or suffering, to a consumer. For example, missing candy or snacks, food missing from a consumer's tray after the consumer is finished eating; little or no negative response to mild profanity used in a consumer's presence or directed at a consumer can be considered minor effects on the consumer. A skin tear that allegedly occurs due to rough handling, however, where the consumer expressed discomfort at the time the tear occurs is not considered a minor effect. Verbal or physical threats to a consumer at agitate the consumer or make the consumer cower or cry are not considered minor effects. Taking a consumer's only spending money for the week is not considered a minor effect.

g) Notifying the Subject of the Report

i) The Program Manager or the Services Director will notify the subject of a report that an allegation of abuse or neglect of a consumer or misappropriation of a consumer's property has been made and that the ,report is being forwarded to the appropriate authority. Notice to the

subject of the report will be given as soon as practicable, but within 7 calendar days of Human Services' reporting to the appropriate authority. [DHS 13.05(3)(d)]

- h) BQA's Response to Reports of Misconduct Filed by Entities
 - i) When Health and Human Services sends a caregiver misconduct report to the Bureau of Quality Assurance, BQA will notify the accused person, Human Services and complainant by letter regarding whether or not an investigation will be conducted.
 - ii) BQA may conduct further investigation by conducting on-site visits, in-person interviews and/or telephone interviews. Both state investigators and contracted private investigators, as authorized by s. 146.40, Wis. Stats., complete caregiver misconduct investigations. Human Services staff will cooperate with the investigation process. After the investigation is complete, BQA determines whether there is sufficient evidence to substantiate the complaint. (DHS 13.005 (6))
 - iii) BQA will notify the accused person, Human Services or staffing agency (if known), the complainant and other appropriate agencies of the outcome of the investigation, i.e., whether or not the complaint was substantiated.
 - iv) The accused person has 30 days to appeal the BQA decision to substantiate a finding. If there is no appeal filed or if the Department's position is upheld after a hearing, a finding of misconduct is placed on the Wisconsin Caregiver Registry in that caregiver's name.
- i) Continued Employment of a Caregiver Against Whom an Allegation is Reported
 - i) In order for the Department of Health and Family Services to substantiate misconduct against a caregiver, the incident must meet the definition of "abuse," "neglect," or "misappropriation" as set forth in ch. DHS 13, Wisconsin Administrative Code. An incident may violate the work roles or procedures of Health and Human Services but at the same time not meet the definitions or the evidentiary standards in the administrative role. Therefore, it is possible that Human Services may appropriately discipline or terminate a caregiver for a particular incident, but BQA may determine that it is unable to substantiate caregiver misconduct.
 - ii) Any employment action taken against the caregiver while a complaint is pending is an internal decision on the part of Human Services and county personnel department. Human Services is not required to suspend or terminate a caregiver against, whom an allegation has been made and reported. During this period, options available to the Human Services include increased supervision, an alternate work assignment, training, as well as employment sanctions such as a verbal or written reprimand, administrative leave, suspension or termination. Until a final determination is made, it is Human Services decision whether to choose interim options.
- j) Continued Employment When an Allegation of Misconduct is Substantiated.

- i) Health and Human Services will not employ or contract with a person who has direct, regular contact with a consumer if the person has a finding of misconduct on the Wisconsin Caregiver Registry unless the person has received a Rehabilitation Review approval as provided in chapter DHS 12 of the Wisconsin Administrative Code. [DHS 12.10]
- k) Filing and Storage of Caregiver Misconduct Reports
 - i) Human Services will maintain on file for inspection by BQA staff documentation of the 30 most recent incidents that Human Services has learned of, information obtained during the Community Program's investigations of these alleged incidents and injuries, and its findings.
 - ii) Health and Human Services will use its internal Incident Summary Form and/or the state forms (DSL-2447) to maintain documentation of the investigations. The requirement to maintain documentation of its investigation ensures that both Human Services and BQA has done everything possible to identify the persons who may have harmed a consumer, and the misconduct reporting requirement is thereby deemed to have been met.
- l) Internal Administrative Review
 - i) Health and Human Services will conduct an internal administrative review after the investigation of caregiver misconduct is completed and the determination has been made whether or not to file a report with the Bureau of Quality Assurance.
 - ii) The Program Manager involved in the incident or the Human Services Director will convene an internal review of the circumstances involved in the misconduct. This may include evaluating such things as staff training education and current policies and procedures. The purpose of this review is to identify any actions or changes that would eliminate or reduce the likelihood of other similar incidents of caregiver misconduct.

APPENDIX XXI

WRIC CCS QUALITY IMPROVEMENT POLICY		
Section: WRIC	Date of Approval: 2005	Date Policy is Effective: 2005-revised 4/2019 EE
Responsible Person: WRIC Supervisor		Author: Matthew Strittmater; Revised: Emily Engling
Statutory/Administrative Reference:		Approved by: LCHS-WRIC Human Service Director's

PURPOSE:

POLICY:

The WRIC CCS Quality Improvement Plan is as follows:

1. A consistent level of monitoring, and responding as needed to data collected through CCS service planning and assessment process. WRIC CCS will collect data on consumer satisfaction with services, involvement in recovery planning, and progress toward desired outcomes. Participation satisfaction will also be collected on overall satisfaction with the CCS program, consumer voice, development of goals and objectives, and teaming process. The confidentiality of persons providing opinions to CCS will be protected. All data will be summarized and reviewed with the WRIC CCS Coordination Committee and CCS staff on a quarterly basis.
2. A yearly MHSIP survey will be conducted annually so consumer and family input can be given regarding program strengths and weaknesses, and to invite recommendations for improvement. Results will be shared with WRIC CCS Coordination Committee & recommendations for improvement/feedback will be asked for from the committee.
3. The MHSIP (child and family) survey will also be utilized annually for consumers and their families enrolled in the Coordinated Services Teams Approach within the WRIC CCS program.
4. A mini consumer satisfaction survey is offered every 6 months to WRIC CCS consumers.
5. At least one Quality Improvement project will be implemented each year. The WRIC CCS Coordination Committee will be informed or involved on all projects.
6. WRIC CCS-Program Vendor Service Array updated annually or as needed with all regional vendors available listed

Appendix XXII

Western Region Integrated Care CCS Vendor Listing

Diagnostic Evaluations	Caillier Clinic, Ltd Moonlight Psychotherapy & Psychological Services Person First Supportive Services Place of Mind LLC	Ridge & Valley Counseling Inc Stein Counseling & Consulting Synergy Group of Eau Claire SC Wellpoint Care Network (formerly SaintA)
Individual Skill Development Enhancement	Aptiv Assisted Care Attic Correctional Services Aurora Services Brave Spaces Counseling & Wellness LLC Brotoloc Caillier Clinic, Ltd Catholic Charities Changing Lanes Fitness & Nutrition Children's Hospital of Wisconsin Chileda Institute, Inc. Chippewa River Industries, Inc. Counseling Associates Deer Path Integrated Living Driftless Job Finder LLC Driftless Recovery Embrace Wellness In Motion LLC Enigma Psychological, Inc. Evergreen Manor Family & Children's Center First Time Farms Flocks Guardians Flying Horse Stable	Geier Care Company LLC Grace Counseling Gundersen Clinic Ltd Humphrey, William (Essential Skills) Independent Living Resources Innovative Wisconsin L&P Services Life in Harmony Maplewood CBRF Mastering Life Skills LLC Mathes, Laura Middleton Music Therapy Services Neshonoc Manor Person First Supportive Services Soaring Skills Stein Counseling & Consulting Strides Equestrian Therapeutic Center Tellurian Trailways Counseling and Consulting LLC Trempealeau County Health Care Center Trinity Equestrian Vernon Area Rehabilitation Center Inc. Windy Ridge Care, Inc.
Wellness Recovery Management Services	Aptiv Assisted Care Attic Correctional Services Aurora Services Brave Spaces Counseling & Wellness LLC Brotoloc Caillier Clinic, Ltd Catholic Charities Changing Lanes Fitness & Nutrition	Humphrey, William (Essential Skills) Independent Living Resources Innovative Wisconsin Integrated Mindfulness Institute LLC L&P Services Life in Harmony Maplewood CBRF Mastering Life Skills LLC Middleton Music Therapy Services Neshonoc Manor

	<p>Children's Hospital of Wisconsin Counseling Associates Deer Path Integrated Living Driftless Job Finder LLC Driftless Recovery Embrace Wellness In Motion LLC Enigma Psychological, Inc. Evergreen Manor Evergreen Manor III Family & Children's Center First Time Farms FixidFitness Flocks Guardians Flying Horse Stable Geier Care Company LLC Grace Counseling Gundersen Clinic Ltd</p>	<p>Person First Supportive Services Soaring Skills Stein Counseling & Consulting Strides Equestrian Therapeutic Center Tammy Zee Yoga Studio Tellurian The Parenting Place Trailways Counseling and Consulting LLC Trempealeau County Health Care Center Trinity Equestrian Vernon Area Rehabilitation Center Windy Ridge Care, Inc. Wisconsin Family Ties</p>
Medication Management for Non-Prescribers	<p>Aptiv Assisted Care Attic Correctional Services Brotoloc Catholic Charities Deer Path Integrated Living Evergreen Manor Flocks Guardians Geier Care Company LLC</p>	<p>Grace Counseling Gundersen Unity House Innovative Wisconsin Maplewood CBRF Mastering Life Skills LLC Neshonoc Manor Trempealeau County Health Care Center Vernon Area Rehabilitation Center Inc. Windy Ridge Care, Inc.</p>
Individual/Family Psychoeducation	<p>AJ Falkers Counseling & Consulting Services Aptiv Brave Spaces Counseling & Wellness LLC Cascading Waters LLC Catholic Charities Chileda Institute, Inc. Enigma Psychological, Inc. Gundersen Clinic Ltd</p>	<p>Mayo Clinic Health System Peace of Mind Counseling LLC Person First Supportive Services Pine Valley Integrated Services Polnaszek, Andrea Stein Counseling & Consulting Trailways Counseling and Consulting LLC Wellpoint Care Network (formerly SaintA)</p>
Psychotherapy	<p>AJ Falkers Counseling & Consulting Services Brave Spaces Counseling & Wellness LLC Caillier Clinic, Ltd Cascading Waters LLC Chileda Institute, Inc. Counseling Associates</p>	<p>Innovative Wisconsin Maple Tree Wellness LLC Mayo Clinic Health System Mcpheon, Lamont Moberg, Tiffany (Seed to Bloom) Nystrom and Associates Peace of Mind Counseling LLC Pine Valley Integrated Services</p>

	<p>Driftless Recovery Eclectic Counseling Enigma Psychological, Inc. Family & Children's Center Family Solutions Counseling LLC Forward Learning Youth & Young Adults Garrison Counseling Gateways Counseling Services Grace Counseling Gundersen Clinic Ltd</p>	<p>Polnaszek, Andrea Positive Changes Counseling LLC Ridge & Valley Counseling Inc Stein Counseling & Consulting Trailways Counseling and Consulting LLC Trailways Counseling and Consulting LLC Vernon Memorial Healthcare Inc. Wellpoint Care Network (formerly SaintA)</p>
Substance Abuse Treatment	<p>Attic Correctional Services Caillier Clinic, Ltd Counseling Associates Driftless Recovery</p>	<p>Gateways Counseling Services Gundersen Clinic Ltd Peace of Mind Counseling LLC Pine Valley Integrated Services</p>
Employment Related Skills Training	<p>Aurora Services Chippewa River Industries, Inc. Driftless Job Finder LLC Family & Children's Center VARC</p>	
Physical Health Monitoring	<p>Gundersen La Crosse, Jackson, Monroe Co Human Services</p>	

LA CROSSE COUNTY (Lead WRIC County) POLICY ON CONFIDENTIALITY

PURPOSE

This is the policy on confidentiality and is intended to comply with the HIPAA Law and other State and Federal regulations. Any information or records that are very personal in nature should be kept confidential.

WHAT DOES CONFIDENTIAL MEAN?

Keeping information or records confidential means that these things will not intentionally, negligently or carelessly be released to any person who does not have a proper business reason to know such information, or not be released without prior permission given by the person affected. A violation is called a "breach of confidentiality."

EXAMPLES OF RECORDS

Some examples of very personal records are: medical records, medical treatment and billing information, medical condition or leave status, pregnancy information, birth dates and age, disabilities, social security numbers, names of family members, racial or ethnic group, religious beliefs, sexual preference, and other confidential information.

We need to maintain confidentiality for the records of customers, clients and residents of La Crosse, Monroe and Jackson Counties as well as for the records of La Crosse, Monroe and Jackson County employees. Some County business information is confidential as well, like the bids of contractors on a contract.

WHAT INFORMATION IS COVERED?

This confidentiality policy applies to all information and records, whether on paper, electronically recorded, or shared orally, related to the operations of La Crosse, Monroe and Jackson County including, but not limited to:

- client/resident names and other identifying information
- client/resident personal and medical information, inmate medical information
- client/resident financial and billing information
- employee medical information

Employee personnel records and other employee personal information are confidential records, except as defined by the Wisconsin Statutes to be open records.

In addition, any information that has been marked "confidential" by La Crosse, Monroe and Jackson County, or other agencies is covered by this policy.

Reading, use, or release of confidential and medical information without permission is strictly forbidden and may result in immediate disciplinary action up to and including discharge.

PAGE 2 – POLICY ON CONFIDENTIALITY

Keeping protected information confidential is the responsibility of all La Crosse County employees. Employees must comply with County, State, Federal and HIPAA policies for confidentiality. Non-County employees, working at La Crosse, Monroe and Jackson Counties and contractors and vendors providing or having access to confidential information, must comply also. Non-employees working with La Crosse County must be told that they must comply with La Crosse Monroe and Jackson Counties confidentiality policies and must agree to fitting penalties if they fail to follow the La Crosse Monroe and Jackson Counties Confidentiality Policy. Contracts, when appropriate, must refer to the policy and penalties.

Documents agreeing not to disclose confidential information and 'business associate agreements' should be used to make sure there is compliance with La Crosse Monroe and Jackson Counties policy and compliance with the HIPAA law requirements.

WHAT IS THE PROCEDURE IF THERE IS A BREACH?

If you truly believe that a breach of confidentiality has occurred, you should report the incident as soon as possible to the closest supervisor available. If they are not available, report to any of the following:

- your immediate supervisor
- your department head
- your departmental Privacy Officer
- the County Personnel Director
- the County Corporation Counsel
- the County Administrator

Complaints, concerns, or reports of a breach of confidentiality of HIPAA protected Personal Health Information or other personal confidential information under this policy must be reported to the Department Privacy Officer, in addition to your supervisor. Personal Health Information means any "individually identifiable health information" kept or transmitted by electronic or other means.

MUST I REPORT A BREACH?

Yes. Employees who truly believe that a breach of confidentiality has occurred but do not report it are subject to disciplinary action.

WHAT WILL BE DONE AFTER I REPORT A BREACH?

An investigation may be conducted by the person responsible for supervising the person suspected of breaching confidentiality. All information gathered will be reviewed to determine what corrective action is to be taken. Discipline may be recommended to the supervisor of the person who caused a breach. That person may be disciplined up to and including termination of employment, depending on how serious the breach is. If the breach concerns personal confidential information such as social security, driver's license, or financial account information of a person, the County shall make reasonable efforts to notify each person who is the subject of the breach regarding the unauthorized release as required by state law.

CAN I BE RETALIATED AGAINST?

No. Under no circumstances will the County allow retaliation or intimidation of a person who reports a breach. If there is retaliation by someone, that person may be further disciplined up to and including termination.

For more information regarding specific confidentiality requirements, please contact the Department Head or Privacy Officer.

I have received and read La Crosse, Monroe and Jackson County's Policy on Confidentiality

Date_____ Name_____

Signature_____

**LA CROSSE COUNTY DEPARTMENT OF HUMAN SERVICES
POLICY AND PROCEDURES**

SECTION: ADMINISTRATIVE	POLICY # :	PAGE: 1	<u>Review Date</u> KS 3/2016 KS 6/2017	<u>Date Revised</u> KS 3/2016 EE 2018
SUBJECT: Exchange of Confidential Information within HS		DATE ISSUED: 3/2016		
PREPARED BY: Kathy Serres / Matt Strittmater	MANAGER APPROVAL: (Signature required)			
REVIEW CYCLE: Yearly	BOARD APPROVAL DATE: (If Applicable)			

POLICY TITLE: EXCHANGE OF CONFIDENTIAL INFORMATION WITHIN HUMAN SERVICES

PURPOSE: Provide instruction on exchange of confidential information between Human Services sections and among partner counties of operating consortiums (WREAS, and WRIC)

POLICY/PROCEDURE:

HUMAN SERVICES Under Wis. Stat. Sec. 46.23(3)(e), a **subunit of a county department of human services** may exchange confidential information about a client, *without the informed consent of the client*: with any other subunit of the same county department of human services; with a resource center; with a care management organization; with a long-term care district; with an elder or adult-at-risk agency; and / or with a person providing services to the client under a purchase of services contract with the county department of human services;

Confidential information should only be accessed or shared on a “need to know” basis if **necessary** to enable an employee or service provider to perform his or her duties, or to enable the county department of human services or partner counties to coordinate the delivery of services to the client. State statute also provides further restrictions to client information from EWISACWIS for Child Protection and CARES/CWW for Food Share, MA etc. Staff with access to client information within these programs will follow the confidentiality requirements provided in their state security agreements.

COORDINATED CARE EXPECTATION: County and consortium staff are expected to effectively communicate when a consumer or family is involved in multiple services. Accessible information brings an opportunity for improved care, but only when active communication occurs among service providers. This can be especially important if one service system needs to act upon information they become aware of when viewing progress notes, etc. placed in the consumer file by another service system. *Staff should reach out to other service system staff prior to acting upon information that may have an impact on working relations with other service system staff when possible.* (i.e. – JSS staff communicates with ISRS social worker to discuss concerning information in ISRS social worker’s progress note about consumer substance abuse before addressing the concern with the consumer).

COMPUTER SYSTEMS Staff utilizing Human Services integrated computer systems, AVATAR, Imaging systems etc, may allow additional access to multiple sections client information within Human Services and partner counties information, based on established security roles. Confidential information shall only be accessed or shared on a “need to

know” basis if **necessary** to enable an employee or service provider to perform his or her duties, or to enable the county department of human services or partner counties to coordinate the delivery of services to the client. Staff shall document their need for access to all clients not directly assigned to them within the audit system as requested or within client notation. All systems are subject to audits. Prescriber and Therapist progress notes within Avatar are not visible to non-ISRS staff; please communicate directly with the practitioner for a summary of consumer progress.

ADDITIONAL CONFIDENTIALITY INFORMATION-- for additional information on confidentiality see the CONFIDENTIALITY folder on HS SHAREPOINT for:

Confidentiality Policy and Confidentiality Training materials

Violations of this policy can include disciplinary action up to and including termination of employment



Western Region Integrated Care (WRIC)

“A La Crosse, Monroe, and Jackson County
Behavioral Health Collaborative.”

NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND IS DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE READ IT CAREFULLY**

This notice applies to Western Region Integrated Care (WRIC) and its staff, volunteers, and students. This notice also applies to other health care providers that come to Western Region Integrated Care (WRIC) to provide health care to our clients.

Western Region Integrated Care (WRIC) must maintain the privacy of your personal health information and give you this notice that describes our legal duties and privacy practices concerning your health insurance. In general, when we release your health information, we must release only the information we need to achieve the purpose of the use or disclosure. However, all of your health information that you designate will be available for release if you sign an authorization form allowing us to release the information you have requested.

We reserve the right to change our practices and to make new provisions effective for all protected health information we maintain. Should our information practices change, we will post a revised notice within the facility, make revised notices available upon request, and post revised notices to our web site at:

<http://www.co.la-crosse.wi.us/Departments/humanservices>

We will not use or disclose your health information without your authorization, except as follows:

Treatment: We will use your health information for purposes of treatment

Example: Information obtained by a social worker, doctor, nurse, or member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you.

Payment: We will use your health information for payment of claims

Example: A bill may be sent to your third-party payer (insurance company, Medical Assistance). The information on or accompanying the bill may include information that identifies you, as well as your diagnosis. Information from your medical record may be sent to your insurance carrier and associated medical review agencies in order to get your bill paid.

Example: We will authorize, process and pay incoming claims from various providers of health care services which contain information that identifies you and the healthcare procedure(s) you have received. Information may be exchanged with that provider in order to authorize, process, and/or pay your claim.

Health care operations: We may need your diagnosis, treatment and outcome information in order to improve the quality or cost of care we deliver. These quality and cost improvement activities may include evaluating the performance of your doctors, nurses and other health care professions, or examining the effectiveness of the treatment provided to you when compared to patients in similar situations.

Example: Human Services receives ongoing audits from the State of Wisconsin and/or their appointed auditor for quality assurance, program compliance and program funding. The State of Wisconsin and/or their appointed auditor are required to follow the same laws pertaining to the confidentiality of your health information.

Example: Business Associates

Human Services contracts with various business associates to provide services. Examples include collection agencies and computer software vendors. We may disclose your health information to our business associates so that they can perform the job we have asked them to do. To protect your health information, however, we require the business associate to sign an agreement to protect the confidentiality of your information.

As required by law: Sometimes we must report some of your health information to legal authorities, such as law enforcement officials, court officials or additional government agencies.

Example: We may have to report abuse, neglect, domestic violence or certain physical injuries or to respond to a court order.

To avoid a serious threat to health or safety: As required by law and standards of ethical conduct, we may release your health information to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to you or the public's health or safety.

Military, National Security, or Incarceration/Law enforcement custody: If you are involved with the military, national security or intelligence activities, if you are in the custody of law enforcement officials, or an inmate in a correctional institution, we may release your health information to the proper authorities so they may carry out their duties under the law.

Court ordered review: We may disclose health information as required by an authorized court order.

Death records: We may disclose your health information to coroners, medical examiners and funeral directors so they can carry out their duties related to your death, such as identifying the body,

determining cause of death, or in the case of funeral directors, to carry out funeral preparation activities.

Worker's Compensation: We may disclose your health information to the appropriate persons in order to comply with the laws related to workers' compensation or other similar programs. These programs may provide benefits for work-related injuries or illness.

Any uses and disclosures of your health information other than generally described above will only be made with your individual written authorization, which you may revoke in writing as provided by 45 CFR 164.508.

YOUR HEALTH INFORMATION RIGHTS

You have several rights with regard to your health information. If you wish to exercise those rights, please contact our Privacy Officer. Specifically, you have the right to:

Inspect and copy your health information. With a few exceptions, you have the right to inspect and obtain a copy of your health information. However, this right does not apply to psychotherapy notes or information gathered for judicial proceedings, for example. In addition, we may charge you a reasonable fee if you want a copy of your health information.

Request to correct your health information. If you believe your health information is incorrect, you may ask us to correct the information. Your request must be made in writing and contain the reason as to why your health information should be changed. However, if we did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request.

Request restrictions on certain uses and disclosures. You have the right to ask for restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or health care operating activities. Or you may want to limit the amount of health information you authorize us to provide to family or friends involved in your care or payment of medical bills. You may also want to limit the health information provided to authorities involved with disaster relief efforts. You must make this request in writing. However, we are not required to agree in all circumstances to your requested restriction.

Receive confidential communication of health information. You have the right to ask that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status at a different address. You must make this request in writing and we must accommodate reasonable requests.

Receive a record of disclosures of your health information. In some limited instances, you have the right to ask for a list of any disclosures of your health information we have made during the previous six years, but the request cannot include dates before April 14, 2003. You must make this request in writing. This listing must include the date of each disclosure, who received the disclosed health information, a brief description of the health information released, and why the disclosure was made. We must comply with your written request within 60 days, unless you agree to a 30-day extension. We will not charge you for this listing unless it is requested more than once per year. In addition, we will not include disclosures made to you, or for purposes of treatment, payment or

healthcare operations, national security, law enforcement/ corrections and certain health oversight activities.

Obtain a paper copy of this notice. Upon your request, you may at any time receive a paper copy of this notice.

Complain. Western Region Integrated Care (WRIC) has a documented complaint process regarding the use and/or disclosure of protected health information. If you believe your privacy rights have been violated, you may file a complaint with us or with the Federal Department of Health and Human Services. If you wish to file a complaint, you may contact the Privacy Officer for assistance at 785-5875 or by writing to:

PRIVACY OFFICER / LA CROSSE COUNTY HUMAN SERVICES
300 4TH ST N
LA CROSSE WI 54601

WE WILL NOT RETALIATE AGAINST YOU FOR FILING SUCH A COMPLAINT

Appendix XXVI



Release of Information

Client Name:
Client ID#:
Date of Birth:

AUTHORIZES

Authorization Date:

Individuals/Agency/Organization making disclosure:

Street Address:
City:
State:
Zip Code:

Individual(s)/Agency/Organization receiving information:

Street Address:
City:
State:
Zip Code:

For the purpose of:

I further authorize the two-way exchange of information between the above organizations for the duration of this agreement:

The type and amount of information to be used or disclosed is as follows for the below start and end dates:

Start Date for Requested Information:

End Date for Requested Information:

I understand the information in my health record may include information related to sexually transmitted disease, STD, HIV, behavioral or mental health services, drug/alcohol abuse or developmental disabilities. I do not want the following information released:

YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION

Right to Receive a Copy of This Authorization- I understand if I sign this authorization, I will be provided with a copy of this authorization. **Right to Refuse to Sign this Authorization-** I understand that I am under no obligation to sign this form and that the provider may not condition treatment, or payment on my decision to sign this authorization, except WI law does require the resident/legal representatives authorization to disclose 252.15 or 51.30 records for payment purposes **Right to Withdraw to This Authorization-** I understand that I have the right

to withdraw this authorization at any time by providing a written statement of withdrawal to La Crosse County departmental Privacy Officer. I understand that my withdrawal will not be effective until received by the Privacy Officer and will not be effective regarding the uses and/or disclosures of my health information that the department has made prior to receipt of my withdrawal statement. I understand if the authorization was obtained as a condition of obtaining insurance coverage, other law gives the insurer with the right to contest a claim under the policy or the policy itself. **Right to Inspect or Copy the Health Information to Be Used or Disclosed-** I understand that I have the right to inspect or copy (may be provided at a reasonable fee) the health information to obtain copies of my health information by contacting the department Privacy Officer. **HIV TEST RESULTS:** I understand my HIV test results may be released without authorization to persons/organizations that have access under State law and a list of those persons/organizations is available upon request.

REDISCLASURE NOTICE: I understand that information used or disclosed based on this authorization may be subject to redisclosure and no longer protected by Federal privacy standards.

EXPIRATION DATE: This authorization is good until the below listed date or event. This Authorization covers records that were created or existing on or before the date this authorization was signed, as well as records that are created after the date this authorization was signed until the expiration date. By signing this authorization, I am confirming that it accurately reflects my wishes.

Expiration cannot exceed 12 months of Authorization Date.

Expiration Date:

Expiration Event:

Consumer Signature

Date:

Appendix XXVII

WRIC CCS Program Contract Language for Vendor Service Array

The Comprehensive Community Services (CCS) program is a community based psychosocial rehabilitation service that provides or arranges for psychosocial rehabilitation services for eligible adult or child consumers.

**Psychosocial rehabilitation services are medical or remedial services and supportive activities that assist the consumer to achieve his or her highest possible level of independent functioning, stability and to facilitate recovery.*

Who is eligible:

- The program is an entitlement for MA eligible persons.
- Person of any age with a mental health or substance abuse diagnosis AND
- Functional impairment that interferes with or limits three or more major life domains and results in needs for services that are described as ongoing, comprehensive and either high-intensity or low-intensity.

The following is the Service Array for Children, Adolescents and Adults:

- *Screening and Assessment
- *Service Planning
- *Service Facilitation
- *Individual Skill Development and Enhancement
- *Diagnostic Evaluations
- *Employment Related Skill Training
- *Peer Support
- *Individual and/or Family Psycho-education
- *Psychotherapy
- *Wellness Management & Recovery/Recovery Support Services
- *Medication Management for prescribers and non-prescribers
- *Substance Abuse Treatment
- *Physical Health Monitoring

Services that will remain fee for service through Medical Assistance:

- Pharmaceutical Medication Management when performed by a psychiatrist

The CCS Program requires all contracted providers meet requirements within both DHS 36 and the Forward Health Handbook. These requirements include:

- Criminal and caregiver background checks must be conducted by the agency on all staff providing CCS services **prior to contracting and/or initiating service. Contracted agencies are responsible for submitting all CCS performing providers' background verification (BID, DOJ, Caregiver, Out of State checks) for new staff and every 4 years**
- The Background Check process includes each of the following:
 - Completed Background Information and Disclosure (BID) form for every background check conducted
 - Copy of Department of Justice (DOJ) criminal background check results
 - Copy of Caregiver background check results
 - Copy of Out of State background checks, if applicable
 - Results of any subsequent investigation related to the information obtained from the background check
 - Note: contracted agency shall review background check results to ensure in compliance with DHS regulations)
- 2 references (professional or educational) for each staff
- Copy of each staffs' diploma/degree, licensure, certification, etc
- Training logs for each staff as outlined below:

- Training logs for all current and terminated staff who have provided services within the calendar year must be submitted to the Purchaser within 90 days of start of services and annually by January 31st for payment to be made to the Provider.
- Rehabilitation workers need to successfully complete 30 hours of training during the past two years prior to providing services to CCS consumers. The training must be in the following topics below:
 - Recovery Concepts
 - Consumer Rights
 - Consumer-Centered Individual Treatment Planning
 - Mental Illness
 - Co-occurring mental illness and substance abuse
 - Psychotropic medications and side effects
 - Functional Assessment
 - Local Community Resources
 - Adult Vulnerability
 - Consumer Confidentiality
- Note: The above 30 hours of training is for Rehabilitation worker only, and in ADDITION to the necessary training logs hours.
- Each staff member shall receive clinical supervision/collaboration:
 - Provider is required meet supervision requirements established within DHS 36 for staff providing CCS services.
 - Each staff member qualified under s. DHS 36.10 (2) (g) 9. to 22. shall receive, from a staff member qualified under s. DHS 36.10 (2) (g) 1. to 8., day-to-day supervision and consultation and at least one hour of supervision per week or for every 30 clock hours of face-to-face psychosocial rehabilitation services or service facilitation they provide. Day-to day consultation shall be available during CCS hours of operation.
 - Each staff member qualified under s. DHS 36.10 (2) (g) 1. to 8. shall participate in at least one hour of either supervision or clinical collaboration per month or for every 120-clock hours of face-to-face psychosocial rehabilitation or service facilitation they provide.
- Provider is required to submit the performing provider form monthly
 - Update when staff are hired on to agency
 - Update when staff leave agency
 - Submit all the above documentation and update on for
- Documentation for CCS services must be submitted from Provider to Purchaser. Provider must follow 60 day clean claim policy as listed within the Purchase of Service Contract Section V: A-F.
- Documentation for CCS services must show a clinical service was provided or payment will be denied.
- Providers are responsible to insure they are providing service within their scope of practice that is set out by their respective guiding statute.
- If the contracted provider bills and gets paid by any other third party payers or Medicaid, it is the understanding that the Provider will need to refund those Providers and bill the County within the timelines as outlined in the Purchase of Service Contract Section V.

Non-compliance of any of the above requirements could lead to a termination of the contract with the provider or fiscal recoupment if vendor is found in non-compliance by an audit.

**COMPREHENSIVE COMMUNITY SERVICE PROGRAM (CCS)
ORIENTATION AND TRAINING PROGRAM LOG (DHS 36.12)**

Agency: _____ Staff Name: _____

Position: _____ Required by (date): _____

Training Hours, circle one: 20 (for new employees with 6 months experience)
40 (for new employees with less than 6 months experience and volunteers)
8 (annual renewal)

Date of Completion	Duration in hours	Employee Initials	Supervisor Initials	TOPIC *required within 3 months of start date in CCS
				* DHS 36 CCS
				* WRIC CCS Provider Packet and WRIC Documentation Expectations
				* Service Array Descriptions as it relates to staff job responsibilities and internal job related duties
				*Applicable parts of chs 48 , 51 , 55
				*ADA & the Civil Rights Act as it applies to providing services to individuals w/ disabilities.
				*Review HIPAA , 51.30 , 92 , & if applicable 42 CFR Part 2 regarding confidentiality of records
				* 51.61 and DHS 94 regarding patient rights
				*Training on Mental Health and Substance Use Disorders
				*Recovery Concepts and Principles
				*Trauma Informed Care https://learn.nctsn.org/ https://www.dhs.wisconsin.gov/tic/webcasts.htm
				* Non-Violent Crisis Intervention
				Other Topic: Cultural Competency/Cultural Intelligence
				Other Topic:

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

HSD Approval: _____ Date: _____

Return this form annually on or before January 31st to:

hsinvoices@lacrossecounty.org OR
 La Crosse County Human Services
 300 4th Street North Attn: Emily Engling
 La Crosse, WI 54601

To sign up for the online CCS behavioral health training, please complete the following steps (covers all required topics for the CCS training log):

1. Go to: <http://www.uwgb.edu/behavioral-health-training-partnership/training/online-training/>
2. Click “Register Now”
3. Step 1: Complete the “Consumer Information” by filling in all your information, using your work email, address, and phone number.
 - For the question, “Are you employed by a member county?,” select “yes.”
 - For the question, “Are you contracted with a member county?,” select “no”
 - For the question, “Member County Contracted With,” select “I am not contracted with a member county.”
 - Click “Next”
4. Step 2: “Registration Options”
 - Check “Member Fee, Employed/Contracted with a Member County”
 - Click “Next”
5. Step 3: “Web-based Courses”
 - Check “Dual Track Crisis/CCS Web-based Course”
 - Click “Next”
6. Step 4: “Order Details” (should have 2 items shown: “Member Fee & Dual Track Crisis/CCS Web-based Course”)
 - Click “Submit”

Once a registration is submitted, the Behavioral Health Training Partnership receives a confirmation email. They then manually assign a username and password to the course, and email that information to you. It may take them up to a week to manually process registrations. **Please follow the instructions that they send regarding next steps for registering for the web-based Crisis Intervention/CCS Dual Track core curriculum**

Other online training options

- **DHS CCS Website** <https://www.dhs.wisconsin.gov/ccs/index.htm>
- **Client Rights (WI-DHS)** <https://connect.wisconsin.gov/dhscromod1>
- **Suicide Risk Assessment (Columbia Suicide Risk Assessment):**
 - **Resources:** <http://cssrs.columbia.edu/the-columbia-scale-c-ssrs/cssrs-for-communities-and-healthcare/#filter=general-use.english>
- **WI Mandated Reporting:** <http://wcpds.wisc.edu/mandatedreporter/>
- **Medication Management for Non-Prescribers (SAMHSA):**
<https://ahpnet.adobeconnect.com/p0ek1w8azy5t/?launcher=false&fcsContent=true&pbMode=normal>
- **Mental Health Disorder:**
 - <https://www.nami.org/Learn-More/Mental-Health-Conditions>
 - <https://www.nimh.nih.gov/index.shtml>
- **Substance Use Disorders:**
 - <https://healthknowledge.org/>
 - [Everything You Think You Know About Addiction Is Wrong](#)
 - <https://www.drugabuse.gov/>
- **Recovery Concepts and Principles:**
 - <https://www.samhsa.gov/recovery-to-practice>
 - <https://www.samhsa.gov/brss-tacs>
 - <https://www.samhsa.gov/wellness-initiative>
- **Trauma Informed Care:**
 - [The 12 Core Concepts of Understanding Traumatic Stress Responses](#)
 - Understanding the Science of Trauma & Gestures that Heal <https://changingmindsnow.org/>
 - <http://www.rememberingtrauma.org/>
 - [How Experiences Build Brain Architecture](#)



**WESTERN REGION INTEGRATED CARE (WRIC)
POLICY AND PROCEDURES**

WRIC CONSORTIUM	Policy #:	Review Date 4/10/17	Date Revised 4/10/17 MS/RW
SUBJECT: WRIC CCS Complaint/Grievance Process	DATE ISSUED: 5/5/16	MS/RW	4/8/19 EE
PREPARED BY: Emily Engling/Renee Weston	REVIEW CYCLE: Annual	4/8/19 EE 4/6/20 EE 4/14/21 EE	4/6/20 EE 4/14/21 EE 4/25/22

POLICY TITLE: WRIC CCS Complaint/Grievance Process

PURPOSE: To define the process for addressing complaints and grievances.

POLICY/PROCEDURE:

Effective 7/1/14 and in compliance with CCS Certification, all client grievances for Western Region Integrated Care (CCS only) will go through La Crosse County as the lead county:

- All complaints/grievances received in La Crosse, Monroe and Jackson Counties regarding the CCS Program will be directed to Emily Engling
- All complaints/grievances are covered under rights guaranteed in DHS 94/WI Statute 51.61, HIPAA or civil rights)
- Immediately upon receipt, Emily Engling will follow La Crosse County’s formal grievance process which is:
 - Notification of La Crosse County Client Rights Grievance Coordinator (CRGC)
 - Assignment of a Client Rights Specialist (CRS)
 1. La Crosse County Client Rights Specialist (CRS) for La Crosse County residents.
 2. Assignment of a Monroe County Client Rights Specialist (CRS) for Monroe County residents.
 3. Assignment of a Jackson County Client Rights Specialist (CRS) for Jackson County residents.
 - Attempting informal resolution if possible
 - CRS Investigation and Determination Report if informal resolution cannot be reached
 - Client appeals will be directed to Emily Engling for county level review and decision
 - WRIC Leadership Team will provide oversight to this process
 - WRIC CCS Administrator Emily Engling, CCS Coordination Committee, and WRIC Leadership Team will need to learn about the conclusion/resolution for WRIC CCS to implement any recommendation as a result of the grievance outcome, monitor internal service delivery consistency, and ensure quality assurance/improvement purposes.

WRIC Leadership Team Members:

Chrstin Skolnik, La Crosse County Integrated Support & Recovery Services Manager
 Jason Witt, La Crosse County Director
 Ron Hamilton, Monroe County Director
 Chris Hovell, Jackson County Director

CCS Coordinating

Committee Members:

Emily Engling	Jessica Stinson
Jessica Kimber	Alicia Darling
Ryan Ross	Louise Campbell
Jackie Gunderson	Jen Steinke
Julie Woodbury	Theresa Capaul
Debi Kimmel	Russell Girard
Margaux Carrimon	

Appendix XXIX

**LA CROSSE COUNTY DEPARTMENT OF HUMAN SERVICES
POLICY AND PROCEDURES**

SECTIONS: ISRS/JSS/WRIC (CSP & CCS only)		PAGE: 1 of 1	<u>Review Date</u> 9/9/09	<u>Date Revised</u> 11/11/09
SUBJECT: Death Reporting / Investigation		DATE ISSUED: 11-11-09	6/4/10	6/4/10
PREPARED BY: Matt Strittmater		REVIEW CYCLE: Annual	3/1/17	3/20/17
			1/18/18 KF	2/07/18 KF

POLICY TITLE: Death Reporting / Investigation

PURPOSE: Specify steps to take when a current/former consumer of ISRS, JSS (adult), CSP, or CCS (adults and children/youth) death occurs.

POLICY/PROCEDURE:

- I. There shall be a Core Death Review Team in the lead county (La Crosse) that will consist of the La Crosse County Outpatient MH/SA Clinic Administrator, the La Crosse County APS Unit, and the WRIC Medical Director. Other potential consumers for the review process are identified in section V. below.
- II. JSS/ISRS/WRIC CCS & CSP staff will notify via email La Crosse County ISRS Outpatient MH/SA Clinic Administrator, La Crosse County APS Unit (apsreferrals@lacrossecounty.org), and the APS Unit in county of residence of deceased client (if Jackson or Monroe County), as soon as possible when an “active” consumer of ISRS, JSS, or WRIC CSP & CCS passes away.
 - A. “Active” refers to any consumer open to service up to 90 days prior to death, but does not include individuals who only had isolated Mobile Crisis contacts (1-2) within the past 90 days.
 - B. Deaths of clients from WRIC CCS and WRIC CSP will be reviewed in the county of residence of the deceased client, but will include one or more members from the lead county’s Core Death Review Team. (Only CCS children/youth follow this process; other CSN/JSS child/youth deaths are addressed in another process.)
 - C. All active client deaths should be reported regardless of the cause of death, though not all cases will be subject to formal review. The following criteria will be utilized to determine if a death will undergo formal review:
 - i. All cases will be formally reviewed if the subject died under any of the following circumstances: known or presumed suicide, substance overdose (intentional or unintentional), complication of psychotropic medication, neglect or abuse, unknown cause of death in an otherwise medically healthy client.
 - ii. All cases will be formally reviewed if the death needs to be reported to the State based upon criteria listed on form DDE 2470. (Both the La Crosse County Internal Death Review Form as well as the State form DDE 2470 must be completed for these cases.)

- iii. If the death occurred by “natural” or known “medical” causes in an individual with known physical illness (i.e. elderly, pneumonia, heart attack, cancer), the Core Death Review Team will determine if a formal review is needed. There may be cases in which a formal review would reveal areas for improvement in services and/or collaboration between service providers in the community.
- III. Program administration will ensure that staff are debriefed and referred for additional assistance (EAP, etc.) as needed.
- IV. La Crosse County APS will:
 - A. Create a folder to track each case inside the Internal Death Review folder on the W Drive.
 - B. Determine within 24 hours whether or not the death needs to be reported to the State based upon criteria listed on form DDE 2470. * Note - only certain causes of death need to be reported, and the State has an alternative definition of “active” consumer than what is defined above.
 - C. Complete form DDE 2470 and send it to the State when the reporting conditions are met. A copy will also be placed in the appropriate folder within the Internal Death Review folder on the W drive.
- V. The Outpatient Clinic Administrator in the county of origin of the deceased client will collaborate with a member of the Core Death Review Team to plan the death review meeting. Consumers will include (i) one or more members of the Core Death Review Team, (ii) an APS professional, and (iii) staff that were involved from the service program(s). A team is expected to have a variety of clinical perspectives to complement the staff who were involved in a case, and may include staff from sections who were not involved with the consumer. Jackson County/Monroe County/WRIC CSP and CCS administrators should be consulted on who to include on review teams for non-La Crosse County residents who were consumers of WRIC CSP and CCS.
- VI. The team will complete an Internal Death Review within 30 days. The team will use a La Crosse County form that is inclusive of all items on the Event Analysis (DQA 2486), but has additional items we have identified as useful to our review process. Answers from our form will be utilized by APS staff to complete the Event Analysis (DQA 2486) form if the State requests an investigation. Any action needed should have a target date for completion/responsible party assigned.
- VII. APS or Outpatient MH/SA Clinic Administrator will file completed Internal Death Reviews in the consumer’s chart in the appropriate Electronic Health Record (i.e. Avatar, Procentive, CarePaths). In La Crosse County, review documents will also be filed in the Internal Death Review folder on the W. drive.
- VIII. Administration from ISRS, JSS, WRIC CCS, and WRIC CSP will be notified by APS or La Crosse County Outpatient MH/SA Clinic Administrator when the process is complete to ensure that follow