

DANE COUNTY APPLICATION FOR CCS SERVICE PROVIDERS

Revised: 3.20.2017

APPLICATION SUMMARY

ORGANIZATION LEGAL NAME			
MAILING ADDRESS <small>If P.O. Box, include Street Address on second line</small>			
TELEPHONE		LEGAL STATUS	
FAX NUMBER		<input type="checkbox"/> Municipality <input type="checkbox"/> Private, Non-Profit <input type="checkbox"/> Private, For Profit <input type="checkbox"/> Other: LLC, LLP Federal EIN: _____	
NAME CHIEF ADMIN/ CONTACT		Federal EIN: _____	
INTERNET WEBSITE (if applicable)		DUNS Number: _____	
E-MAIL ADDRESS			

CCS CONTACT PERSON	CCS CONTACT TITLE	PHONE NUMBER	E-MAIL

FINANCIAL CONTACT PERSON	FINANCIAL CONTACT TITLE	PHONE NUMBER	E-MAIL

I hereby attest that all statements made in this application and any attachments are correct to the best of my knowledge and that I will comply with all laws, rules, and regulations governing Comprehensive Community Services for persons with mental disorders and substance-use disorders. I have reviewed [Chapter DHS 36](#).

Signature of Legal Representative/Organization Head

Title

Printed Name

Date

OTHER CCS CERTIFICATION

Please list the CCS Programs in Wisconsin for which you or your organization provides service facilitation or other services to CCS clients.

County/Region/Tribe	Services Provided	Dates Services Provided

CCS PSYCHOSOCIAL REHABILITATION (PSR) SERVICE ARRAY

A. **SERVICES:** Check all of the service for which you request approval to offer in Dane County's CCS program. Definitions for each service may be found in the on-line ForwardHealth Handbook for Comprehensive Community Services found at: <https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Display/tabid/152/Default.aspx?ia=1&p=1&sa=12&s=2&c=61> .

- 1. Screening and Assessment.
- 2. Service Planning.
- 3. Service Facilitation.
- 4. Diagnostic Evaluations
- 5. Medication Management
- 6. Physical Health Monitoring
- 7. Peer Support
- 8. Individual Skill Development and Enhancement
- 9. Employment Related Skill Development
- 10. Individual and/or Family Psychoeducation
- 11. Wellness Management and Recovery/Recovery Support Services
- 12. Psychotherapy
- 13. Substance Abuse Treatment
- 14. Non-Traditional or Approved Services

CCS SERVICE DESCRIPTION

The following information will be used to set up the services in the web-based application. This will be used by Service Facilitators who may be searching for services for clients. This information will also be incorporated into a directory of CCS services that will appear in an on-line service directory made available to the general public.

A. AGE GROUPS SERVED (Check all that apply)

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Prenatal | <input type="checkbox"/> 60-64 |
| <input type="checkbox"/> Birth – 3 | <input type="checkbox"/> 65-69 |
| <input type="checkbox"/> 4-12 | <input type="checkbox"/> 70-74 |
| <input type="checkbox"/> 13-17 | <input type="checkbox"/> 75-79 |
| <input type="checkbox"/> 18-21 | <input type="checkbox"/> 80-84 |
| <input type="checkbox"/> 22-49 | <input type="checkbox"/> 85+ |
| <input type="checkbox"/> 50-54 | <input type="checkbox"/> Other: Specify |
| <input type="checkbox"/> 55-59 | |
-

B. SPECIAL POPULATIONS SERVED (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Abuse/Neglect, Victim of | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Immigrant or Undocumented |
| <input type="checkbox"/> Alcoholic/Alcohol Impaired | <input type="checkbox"/> Juvenile Delinquent(s) |
| <input type="checkbox"/> Alzheimer's Disease/Related Dementia | <input type="checkbox"/> LBGT |
| <input type="checkbox"/> Blind/Visually Impaired | <input type="checkbox"/> Mentally Ill |
| <input type="checkbox"/> Deaf/Hard of Hearing | <input type="checkbox"/> Migrant |
| <input type="checkbox"/> Developmental Disability – Autism | <input type="checkbox"/> Physically Disabled/Mobility Impaired |
| <input type="checkbox"/> Developmental Disability – Brain Trauma | <input type="checkbox"/> Pregnant Teens |
| <input type="checkbox"/> Developmental Disability – Cerebral Palsy | <input type="checkbox"/> Rape/Incest/Sexual Assault, Victim of |
| <input type="checkbox"/> Developmental Disability – Cognitive Imp. | <input type="checkbox"/> Refugee |
| <input type="checkbox"/> Developmental Disability - Epilepsy | <input type="checkbox"/> Severe Emotional Disturbance |
| <input type="checkbox"/> Developmentally Disabled | <input type="checkbox"/> Sexual Offender |
| <input type="checkbox"/> Domestic Violence, Victim of | <input type="checkbox"/> Trauma Informed |
| <input type="checkbox"/> Drug Impaired | <input type="checkbox"/> Unmarried Parents |
| <input type="checkbox"/> Gambling Client | <input type="checkbox"/> Other: Specify |
-

C. GENDER SERVED (For gender specific services only. Check that which applies.)

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Females | <input type="checkbox"/> Males |
| <input type="checkbox"/> Gender, non-conforming | <input type="checkbox"/> Transgender |

D. SPECIAL RESTRICTIONS

In the following space, please provide a description of any restrictions on the type of the population you intend to serve.

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E. SERVICE LOCATIONS (Please record the locations of any key facilities where services may be provided.)

Building Name	Street Address	City

F. SERVICE DAYS AND HOURS

Check if Open	Day of the Week	Opening Time	Please Indicate A.M. or P.M.	Closing Time	Please Indicate A.M. or P.M.
<input type="checkbox"/>	Sunday		Choose an item.		Choose an item.
<input type="checkbox"/>	Monday		Choose an item.		Choose an item.
<input type="checkbox"/>	Tuesday		Choose an item.		Choose an item.
<input type="checkbox"/>	Wednesday		Choose an item.		Choose an item.
<input type="checkbox"/>	Thursday		Choose an item.		Choose an item.
<input type="checkbox"/>	Friday		Choose an item.		Choose an item.
<input type="checkbox"/>	Saturday		Choose an item.		Choose an item.

G. SERVICE DESCRIPTION

In the following space, please provide a description of the services (beyond that in the ForwardHealth service array) that will be provided. Attach additional sheets as necessary. This description may be used for marketing purposes. It will be included in the resource directory that will be made available to clients and service facilitators who will be identifying the resources that will be part of the clients' recovery plans.

H. CCS STAFF SUPERVISION AND CLINICAL COLLABORATION

In accordance with DHS 36.11, all CCS staff are required to be supervised and provided with the consultation needed to perform assigned functions to ensure effective service delivery.

Staff qualified under DHS 36.10(2)(g) 1. to 8. which includes: psychiatrists, physicians, psychiatric residents, psychologists, licensed independent clinical social workers, professional counselors and marriage and family therapists, adult psychiatric and mental health nurse practitioners, and advanced nurse prescribers shall participate in at least one hour of either clinical supervision or clinical collaboration per month for every 120-clock hours of face-to-face psychosocial rehabilitation or service facilitation they provide. Please indicate below by checking the appropriate box(es), how this supervision will be provided for this staff in your agency.

Check if Providing	Supervision and/or Clinical Collaboration to be Provided	Name of Person(s) Providing the Supervision and/or Clinical Collaboration
<input type="checkbox"/>	Individual sessions with the staff member case review to assess performance and provide feedback	
<input type="checkbox"/>	Individual side-by-side session in which the supervisor is present while the staff member provides assessments, service planning meetings, or psychosocial rehabilitation services and in which the supervisor assesses, teaches, and gives advice regarding the staff member's performance.	
<input type="checkbox"/>	Group meetings to review and assess staff performance and provide the staff member advice or direction regarding specific situations or strategies.	
<input type="checkbox"/>	Another form of professionally recognized method of supervision designed to provide sufficient guidance to assure the delivery of effective services to consumers by the staff member.	

Staff qualified under DHS 36.10(2)(g) 9. to 22. which includes: certified social workers, certified advance practice social workers, certified independent social workers, psychology residents, physician assistants, registered nurses, occupational therapists, master's level clinicians, alcohol and drug abuse counselors, certified occupational therapy assistants, licensed practical nurses, peer specialist, rehabilitation workers,

clinical students, and other professionals are to receive, from a staff member qualified under 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. Please indicate below by checking the appropriate box(es), how this supervision will be provided for this staff in your agency.

Check if Providing	Supervision and/or Consultation to be Provided	Name of Person(s) Providing the Supervision and Consultation
<input checked="" type="checkbox"/>	Day-to-day supervision and consultation AND	
<input type="checkbox"/>	At least one hour of supervision per week OR	
<input type="checkbox"/>	At least one hour of supervision for every 30 clock hours of face-to-face psychosocial rehabilitation services or service facilitation provided.	

Clinical supervision and clinical collaboration records shall be dated and documented with the signature of the person providing supervision or clinical collaboration. Please indicate below by checking the appropriate box(es), how this will be documented for staff in your agency.

Check if Means of Documentation	Documentation Type
<input type="checkbox"/>	The master log.
<input type="checkbox"/>	Supervisory records.
<input type="checkbox"/>	Staff record of each staff member who attends the session or review.
<input type="checkbox"/>	Consumer records.

I. CCS STAFF LISTING

Complete the attached CCS Staff Listing chart for all staff who will be providing services under the CCS Program. Include staff providing clinical supervision and collaboration. Be sure to attach to the application, the completed Background Information Disclosure (BID) form, the response from the Department of Justice (DOJ) Wisconsin Criminal History Record Request, and the response letter or print out from the web site for the Department of Health Services report on the person's status.

If service facilitation services will be provided, please identify in the space below how Mental Health Professional and Substance Abuse Professional services will be provided:

J. APPLICATION ATTACHMENTS

A completed application is to include both the agency and staff materials cited below:

Agency Materials

- Signed, completed application;
- IRS Form W-9 (Request for Taxpayer Identification Number and Certification);
- Copy of personnel policies delineating the non-discrimination, background checks, and misconduct reporting;
- CCS Staff Listing Chart.
- Fair Labor Practices Certification form, signed and dated.

Staff Materials

For each person who will be providing CCS services, please provide:

- Resume;
- Two (2) professional reference letters or checks;
- Degree / License / or Rehabilitation Worker Training verification
- Background Information Disclosure Form (HFA-64A);
- Department of Justice "No Record Found" or criminal record transcript;
- Department of Health Services Response to Caregiver Background Check (IBIS) letter or on-line print out.

Agency Name: _____

CCS STAFF LISTING – Chapter DHS 36

Name (Last, First, MI)	Position Description	Credentials/ License Number	Functions and Qualifications		FTE %		Caregiver Misconduct Background Checks – Dates Conducted				
			Functions 1 – MH Professional 2 – Administrator 3 – Serv Director 4 – Serv Facilitator 5 – Services Array	Minimum Qualifications Per DHS 36.10 (g) Record Number From Regs Ranging From 1-22			E = Employed (full or part time) C = Contracted	E C	BID (Mon/Yr)	DOJ (Mon/Yr)	DHS IBIS (Mon/Yr)
						<input type="checkbox"/> E <input type="checkbox"/> C					<input type="checkbox"/> Y <input type="checkbox"/> N
						<input type="checkbox"/> E <input type="checkbox"/> C					<input type="checkbox"/> Y <input type="checkbox"/> N
						<input type="checkbox"/> E <input type="checkbox"/> C					<input type="checkbox"/> Y <input type="checkbox"/> N
						<input type="checkbox"/> E <input type="checkbox"/> C					<input type="checkbox"/> Y <input type="checkbox"/> N
						<input type="checkbox"/> E <input type="checkbox"/> C					<input type="checkbox"/> Y <input type="checkbox"/> N
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						<input type="checkbox"/> E <input type="checkbox"/> C					<input type="checkbox"/> Y <input type="checkbox"/> N
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						<input type="checkbox"/> E <input type="checkbox"/> C					<input type="checkbox"/> Y <input type="checkbox"/> N
						<input type="checkbox"/> E <input type="checkbox"/> C					<input type="checkbox"/> Y <input type="checkbox"/> N
						<input type="checkbox"/> E <input type="checkbox"/> C					<input type="checkbox"/> Y <input type="checkbox"/> N
						<input type="checkbox"/> E <input type="checkbox"/> C					<input type="checkbox"/> Y <input type="checkbox"/> N

Name (Last, First, MI)	Position Description	Credentials/ License Number	Functions and Qualifications		FTE %	Caregiver Misconduct Background Checks – Dates Conducted				
			Functions 1 – MH Professional 2 – Administrator 3 – Serv Director 4 – Serv Facilitator 5 – Services Array	Minimum Qualifications Per DHS 36.10 (g) Record Number From Regs Ranging From 1-22		E = Employed (full or part time) C = Contracted	BID (Mon/Yr)	DOJ (Mon/Yr)	DHS IBIS (Mon/Yr)	Review within last 4 yrs/
						<input type="checkbox"/> E <input type="checkbox"/> C				<input type="checkbox"/> Y <input type="checkbox"/> N
						<input type="checkbox"/> E <input type="checkbox"/> C				<input type="checkbox"/> Y <input type="checkbox"/> N
						<input type="checkbox"/> E <input type="checkbox"/> C				<input type="checkbox"/> Y <input type="checkbox"/> N
						<input type="checkbox"/> E <input type="checkbox"/> C				<input type="checkbox"/> Y <input type="checkbox"/> N
						<input type="checkbox"/> E <input type="checkbox"/> C				<input type="checkbox"/> Y <input type="checkbox"/> N
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						<input type="checkbox"/> E <input type="checkbox"/> C				<input type="checkbox"/> Y <input type="checkbox"/> N

**FAIR LABOR PRACTICES CERTIFICATION
Dane County Ordinance 25.11(28)**

The undersigned, for and on behalf of the PROPOSER, BIDDER OR APPLICANT named herein, certifies as follows:

1. That he or she is an officer or duly authorized agent of the above-referenced PROPOSER, BIDDER OR APPLICANT, which has submitted a proposal, bid or application for a contract with the county of Dane.

That PROPOSER, BIDDER OR APPLICANT has: (Check One)

_____ not been found by the National Labor Relations Board (“NLRB”) or the Wisconsin Employment Relations Commission (“WERC”) to have violated any statute or regulation regarding labor standards or relations in the seven years prior to the date this Certification is signed.

_____ been found by the National Labor Relations Board (“NLRB”) or the Wisconsin Employment Relations Commission (“WERC”) to have violated any statute or regulation regarding labor standards or relations in the seven years prior to the date this Certification is signed

Date Signed: _____

Officer or Authorized Agent

Business Name

NOTE: You can find information regarding the violations described above at:
www.nlr.gov and <http://werc.wi.gov>.

For Reference Dane County Ord. 28.11 (28) is as follows:

(28) BIDDER RESPONSIBILITY. (a) Any bid, application or proposal for any contract with the county, including public works contracts regulated under chapter 40, shall include a certification indicating whether the bidder has been found by the National Labor Relations Board (NLRB) or the Wisconsin Employment Relations Committee (WERC) to have violated any statute or regulation regarding labor standards or relations within the last seven years. The purchasing manager shall investigate any such finding and make a recommendation to the committee, which shall determine whether the conduct resulting in the finding affects the bidder’s responsibility to perform the contract.

If you indicated that you have been found by the NLRB or WERC to have such a violation, you must include a copy of any relevant information regarding such violation with your proposal, bid or application.