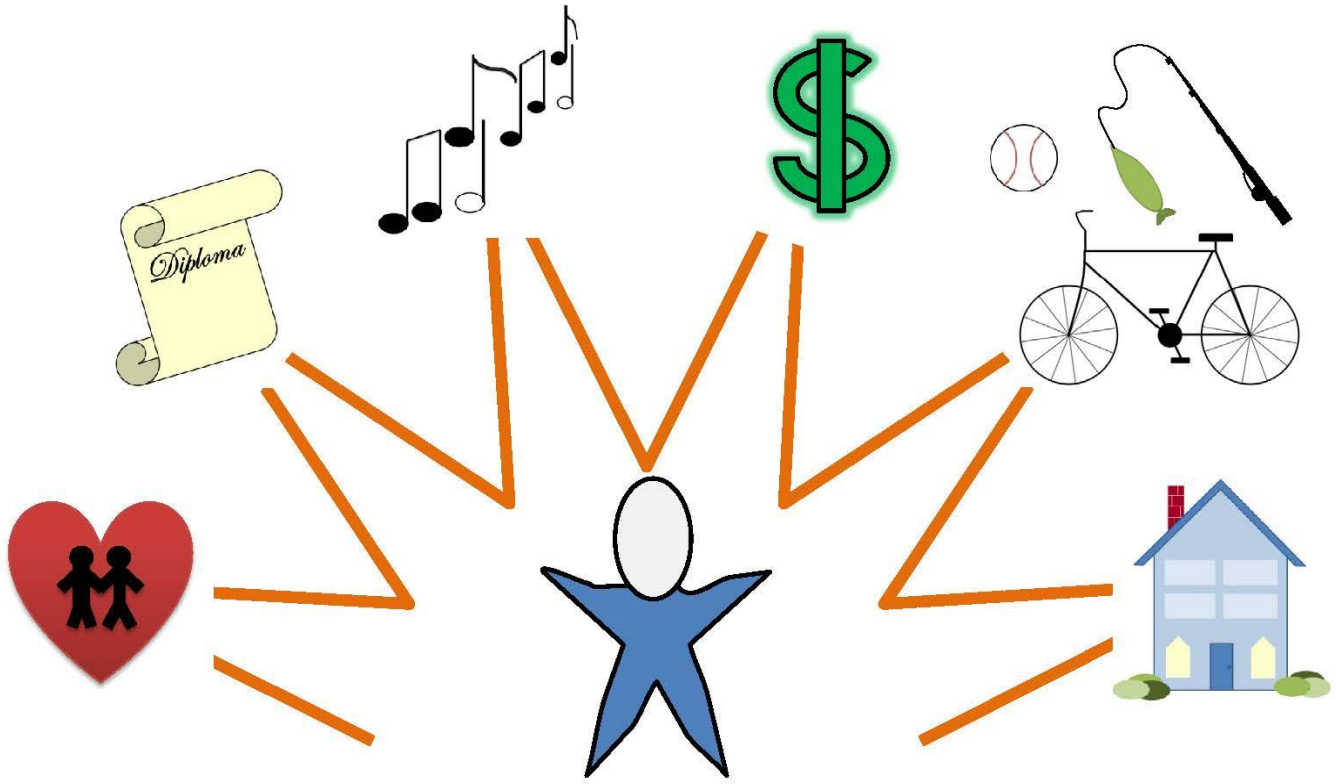
Dane County

CCS Provider Handbook



Department of Human Services
1202 Northport DR
Madison, WI 53704

Version 6.2018

Summary of *CCS Provider Handbook* Revisions

The following is a brief review of the revisions since the last publication of the *CCS Provider Handbook.*

NOTE: This only provides a summary of the changes and should not be taken as the full policy. The reader is advised to consult the full document for the details regarding the revisions.

For 2019-2020 Contracts

Re-contracting

- Establishes the process for contracting for services in 2019-2020.

Overall

- Eliminates the living wage certification requirements.
- Eliminates the domestic partnership requirements.
- Establishes a conduct policy for all CCS personnel.
- Implements a risk assessment that informs the amount of fiscal and program oversight required.
- Establishes that references provided by the current provider agency will not be accepted unless the employee for whom the reference is being provided has worked at the provider agency for 1 year or longer.
- Requires notification to DCDHS within one (1) business day when a current staff member has been denied a license; had a license restricted or otherwise limited; been convicted of a crime; has been or is being investigated by a government agency for any other act, offense, or omission; has had a substantiated finding against him/her for abuse or neglect of a client or misappropriation of a client's property.

Services

- In addition to the State requirements, establishes minimum requirements for the staff of all agencies in terms of experience and the number of agencies for which staff can be on the CCS roster.
- Establishes additional minimum requirements for staff of Service Facilitation Agencies within one year of contracting to provide CCS services.
- Requires Service Directors or their County-approved designees to attend at least 75% of the Service Director meetings, as well as on-site Technical Assistance meetings.

Fiscal

- Establishes minimum requirements for fiscal staff, such as requiring contracted agencies to employ or contract with designated fiscal accounting staff who are not also program staff; to maintain a double entry accounting system; and, depending on the amount of funding, to complete a financial audit.

- Requires the submittal of a Certificate of Insurance (COI) for Commercial General Liability, Automobile Liability, and Professional Liability at the time of application.

- Establishes a process for adjusting rates using the Rate Proposal Workbook, as well as the Usual and Customary Rate Schedule.

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CCS Provider Handbook

Introduction

Welcome to the world of Comprehensive Community Services. Whether you are new to Comprehensive Community Services (CCS) for persons with mental illness and substance use disorders or an existing service provider, this handbook has been designed to provide you with information on becoming a contracted provider and delivering services under CCS.

Recovery[1]

Recovery from mental illness and/or substance use disorders, as defined by the Substance Abuse & Mental Health Services Administration (SAMHSA), is: "A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."

There are four (4) dimensions that support a life in recovery:

1. **Health**
   - Overcoming or managing one's disease(s) or symptoms.
   - Making informed, healthy choices that support physical and emotional well-being.
2. **Home**
   - A safe stable place to live.
3. **Purpose**
   - Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society.
4. **Community**
   - Relationships and social networks that provide support, friendship, love, and hope.

SAMHSA cites 10 guiding principles to recovery. These are:

1. Recovery emerges from hope.
2. Recovery is person driven.
3. Recovery occurs via many pathways.
4. Recovery is holistic.
5. Recovery is supported by peers and allies.
6. Recovery is supported through relationships and social networks.
7. Recovery is culturally-based and influenced.
8. Recovery is supported by addressing trauma.
9. Recovery involves individual, family, and community strengths and responsibility.
10. Recovery is based on respect.

The process of recovery is highly personal and occurs via many pathways. It may include clinical treatment, medications, faith-based approaches, peer support, family support, self-care, and other approaches. Recovery is characterized by continual growth and improvement in one's health and wellness that may involve setbacks. Because setbacks are a natural part of life, resilience becomes a key component of recovery.

[1] *SAMHSA's Working Definition of Recovery*, Publication PEP12-RECDEF, Substance Abuse & Mental Health Services Administration (Rockville, MD: U.S. Department of Health and Human Services, 2012), p. 2-5.

Resilience refers to an individual's ability to cope with adversity and adapt to challenges or change. Resilience develops over time and gives an individual the capacity not only to cope with life's challenges but also to be better prepared for the next stressful situation. Optimism and the ability to remain hopeful are essential to resilience and the process of recovery.

CCS

The Comprehensive Community Services (CCS) program is certified per the requirements of Wisconsin Administrative Code ch. DHS 36 and provides a flexible array of individualized community-based psychosocial rehabilitation services authorized by a licensed mental health professional under DHS 36.15. CCS services are provided to clients with mental health and/or substance use issues across the lifespan who qualify based on level of need measured by a Functional Screen. The intent of the services and supports is to provide maximum reduction of the effects of the individual's mental health and substance use disorders and restoration to the highest possible level of functioning. The goal is to facilitate client recovery and resilience. The services provided must be individualized to each person's needs and recovery goals as identified through a comprehensive assessment. The services must fall within the federal definition of "rehabilitative services" under 42 CFR s. 440.130(d) in order for the services to be reimbursed by Medicaid.

In order to qualify as psychosocial rehabilitation, a service must:

- have been determined through the assessment process to be needed by an individual client;
- involve direct service;
- address the client's mental health and substance use disorders to maximize functioning and minimize symptoms;
- be consistent with the individual client's diagnosis and symptoms;
- safely and effectively match the individual's need for support and motivational level;
- be provided in the least restrictive, most natural setting to be effective for the client;
- not be solely for the convenience of the individual client, family or provider;
- be of proven value and usefulness; and
- be the most economic option consistent with the client's needs.

CCS Service Array

A Provider may apply to provide any number of services on the CCS Service Array, from one to many. It is not necessary for a service provider to provide all of the services. The CCS Service Array includes the following areas:

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

CCS Model

The CCS model represents a significant change in the approach in Dane County to contracting for services. Some of those differences are outlined in Table 1.

Table 1: Select Differences Between General DCDHS Contracts for Mental Health and AODA Services and CCS Program Contracts

Feature	General DCDHS Contracts	CCS Program
Application to be a Service Provider	Applications are made in response to a request for proposal (RFP). RFPs are released every 5 years or whenever there is a need for or a significant change in a service. The majority of RFPs are released in April and due in May of each year.	All willing and qualified providers may apply at any time to the County's Provider Network Coordinator.
Contract Term	Typically 1 year.	CCS contracts are for a 2 year term limit provided that CCS funding continues as currently proposed at the State level and that the service provider continues to be credentialed by the County and the County's Provider Network Coordinator. Contracts may be amended as needed.
Contract Payment	Typically contracts are paid each month based on 1/12th of contract amount. Requisite reports are submitted as required. Contracts may also include provisions for generating and/or sharing Medicaid or other revenue.	CCS contracts are paid on the basis of unit times unit rate (unit x unit rate) depending on the credentials of the performing service provider, i.e., Masters, Bachelors, etc. Service providers are to bill based on their usual and customary costs as identified and approved in their CCS contract with the County. County will pay the lesser of the usual and customary charge or the CCS interim rates published in the ForwardHealth Handbook. There will be an annual reconciliation process in compliance with State procedures. Once the process is completed with the State, additional payment up to the usual and customary charges may be passed on to the service provider as approved by the State and County. Costs not supported by

Table 1: Select Differences Between General DCDHS Contracts for Mental Health and AODA Services and CCS Program Contracts

Feature	General DCDHS Contracts	CCS Program
		the provider's audit shall be reimbursed by the service provider to the County. Rates must be able to be supported by the agency audit and other documentation. Providers will be required to submit claims through the County's on-line web-based application.
Orientation and Training	Providers are expected to independently provide staff training and orientation.	The County will provide some, but not all, of the orientation and training required under DHS 36.12 (1). Providers will be required to provide documentation to the County's Provider Network Coordinator that each staff member receives the required number of hours of initial and ongoing training each year.
Service Authorizations	Process varies from contract to contract.	Services are selected based on the needs, goals, and preferences of the client and identified in the recovery plan. Services must be authorized by the Mental Health Professional, and for clients who have or are suspected of having a substance use disorder, by the Substance Abuse Professional.

Key components of the Dane County CCS Model from the client perspective include:

- A warm connection from any "door" to the CCS Program.
- Information on the program and determination of eligibility through a centralized intake performed by DCDHS. This will include assistance with obtaining the physician prescription for services, the completion of the application and admission agreement, the functional screen, and determination of need for psychosocial rehabilitation services.
- Choice in selecting a service facilitator.
- Selecting a recovery team that includes the client, Service Facilitator, and Mental Health Professional. If the client has or is suspected of having a substance use disorder, then a Substance Abuse Professional is to be a part of the recovery team as well. The team may also include, with the client's consent, service providers, family members, natural supports, and advocates. If the client is a minor or is incompetent or incapacitated, then a parent or legal representative of the consumer is to be included on the recovery team.
- Stating in his/her own words how she/he views recovery—including how the client views his/her, experiences, challenges, strengths, resources, and needs in each of the domains in the

assessment process. This includes stating his/her recovery goals, desired outcomes, priorities, preferences, values, and methods for achieving them.

- Participating as a member of his/her recovery team to explore his/her strengths and to develop a recovery plan based on his/her goals, hopes, and dreams.
- Having a choice in services and service providers.
- Having the recovery plan regularly reviewed to ensure services are delivered according to the plan and the client is satisfied, to assess progress toward goals, and to plan for discharge. The plan is modified as needed to account for changes in the individual's life.
- Planning for discharge.

Cultural Competence

CCS believes that cultural competency is a fundamental part of best practice standards which includes self-awareness, education, inclusiveness, understanding, courage and the ability to question self and others. Cultural competency is a long-term developmental process, which encourages an understanding of our own beliefs and values and how they affect our relationship with clients. It is a willingness to learn about others, embrace different cultures/ethnicities, take risks, ask questions for a better understanding, and make mistakes while learning. Cultural diversity is more than language, food, dress and cultural events; it is the way a person thinks, acts, and believes about the world around them. It is the Provider's obligation to gain the necessary cultural information about CCS participants that will help them provide a basis for their work together.

To ensure the delivery of culturally and linguistically appropriate services by Providers that are respectful and responsive to cultural and linguistic needs, CCS has the following expectations of Providers:

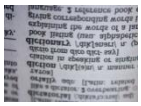
- Each provider will complete training in diversity topics in human services such as cultural humility, cultural competence, or human service practice with specific populations within three months of becoming a CCS provider.

- Offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each CCS client with limited English proficiency at all points of contact, in a timely manner during all hours of operation;

- Provide both verbal offers and written notices informing clients of their right to receive language assistance services in their preferred language. ISpeak Cards and Language Posters that can help comply with this expectation are available at: https://www.dhs.wisconsin.gov/civil-rights/lep-resources.htm under Cards and Posters;

- Not use family or friends to provide interpretation services, except when requested by the client;

- Make available easily understood client-related materials and post signage in the languages of the commonly encountered groups in a public area such as a waiting room.



Definitions

These definitions are largely taken from Wisconsin Administrative Code, ch. DHS 36.03.

Adult - means an individual 18 years of age or older.

Client – also called the consumer in the ch. 36 definitions, means an individual who has been determined to need psychosocial rehabilitation services. Note: Family members of the client or the client's primary

caregivers also are considered to be consumers, and therefore, may receive some services related to the consumer's disorder provided that the services are included as part of the client's recovery plan.

County – means Dane County Department of Human Services.

Mental Health Professional – means a staff member who is qualified under ch. DHS 36.10(2)(g) 1 to 8. This includes psychiatrists and physicians who are licensed under Chapter 448, Wis Stats to practice and who meet the experience and accreditation requirements; psychologists who are licensed under Chapter 455 Wis Stats to practice and who meet the experience and accreditation requirements; psychiatric residents who have a doctoral degree in medicine as a medical doctor or doctor of osteopathy and have successfully completed 1,500 hours of clinical experience; licensed clinical social workers, licensed professional counselors and marriage and family therapists qualified under Chapter 457, Wis. Stats., who meet the hours of supervised clinical experience; board certified adult psychiatric and mental health nurse practitioners, family psychiatric and mental health nurse practitioners or clinical specialists in adult psychiatric and mental health nursing with the appropriate accreditation; and advanced practice nurse prescribers who are board certified and have the requisite hours of supervised clinical and prescribing experience.

Provider Network Coordinator - this agency assists the County with the recruitment, application, screening, background checks, and ongoing monitoring of credentials of service providers.

Recovery – means the process of a person's growth and improvement, despite a history of mental health or substance use disorders, in attitudes, values, feeling, goals, skills and behavior. Recovery is measured by a decrease in dysfunctional symptoms and an increase in maintaining the person's highest level of health, wellness, stability, self-determination, and self-sufficiency.

Recovery Plan – also called the service plan in the ch. DHS 36.03 definitions, means a written plan of psychosocial services to be provided or arranged for a client that is based on an individualized assessment of the client.

Recovery Team – means the group of individuals who are identified to participate in an assessment of the needs of the consumer (client), service planning and delivery, and evaluation of desired outcomes.

Service Facilitation – means any activity that ensures the consumer receives assessment services, service planning, service delivery, and supportive activities in an appropriate and timely manner.

Service Facilitator (Primary) – means a CCS staff member who is qualified under ch. DHS 36.10(2)(g) 1 to 21, and who has the overall responsibility for service facilitation.

Service Facilitator (Secondary) – means a CCS staff member who is qualified under ch. DHS 36.10(2)(g) 1 to 21, and who has responsibility for service facilitation in support of the primary Service Facilitator, such as covering leaves of absence, vacation, or other urgent needs when the primary Service Facilitator is not available.

Service Provider – means an agency or individual, under contract with the County as a CCS provider, that provides one or more mental health or substance-use treatments or services.

Staff Member - means an individual employed by a county department, tribe, or contracted agency meeting the standards established in ch. DHS 36.

Substance Abuse Professional – means a physician knowledgeable in addiction treatment, a psychologist knowledgeable in psychopharmacology and addiction treatment, or a person who meets the requirements of DHS 75.02(84) meaning a person who holds a clinical substance abuse counselor certificate or a substance abuse counselor certificate or a substance abuse counselor in-training certificate granted by the Department of Safety and Professional Services. Persons may also be credentialed by the Marriage and

Family Therapy, Counseling, and Social Worker Examining Board under MPSW 1.09 to treat alcohol or substance dependence or abuse as a specialty.

Roles

While Wisconsin Administrative Code, ch. DHS 36 more fully explains the roles of key staff, (marked with asterisks *), a brief explanation of several are provided here.

CCS Administrator

The CCS Administrator, located within DCDHS, has overall responsibility for the County's CCS program, including compliance with Wisconsin Administrative Code, ch. DHS 36 and other applicable state and federal regulations. The Administrator helps to develop and implement policies and procedures.

CCS Service Director*

These individuals are responsible for the overall quality of the services provided to clients and for day-to-day consultation to CCS staff. There are currently two CCS Service Directors with DCDHS in addition to CCS Service Directors who are employed within the agencies that contract with DCDHS to provide service facilitation services on the CCS service array. Each service provider that contracts with the County to provide service facilitation services must have a Service Director on staff.

Centralized Intake Unit

The primary duties of Social Workers in the DCDHS Centralized Intake Unit are to meet with individuals who have a mental health and/or substance use diagnosis to educate them about the features of the CCS program and its Recovery model, ascertain their voluntary interest in participating, determine functional screen eligibility, determine need for psychosocial rehabilitation services, obtain physician's prescription for CCS services, assist consumers in selecting a Service Facilitation Agency, assess need for immediate services, arrange for immediate services if necessary, arrange smooth transfer to the selected Service Facilitator, perform annual reassessments of eligibility and refer people who are not interested or eligible to other services.

Mental Health Professional*

Mental Health Professionals serve as members of the recovery team. The Mental Health Professional reviews and attests to the applicant's need for psychosocial services and medical and supportive activities to address the desired recovery goals and authorizes the proposed psychosocial services. Each service provider that contracts with the County to provide service facilitation must have a Mental Health Professional on staff.

Provider Network Coordinator

This agency assists the County with the recruitment, application, screening, background checks, and ongoing monitoring of credentials of service providers.

Service Facilitator*

Service Facilitators are located in purchase-of-service agencies under contract with DCDHS or at DCDHS. These individuals assist clients in identifying a recovery team; gather information focusing on the clients' needs, goals, strengths, desired outcomes, and priorities as part of the assessment process; and ensure

that the service plan and service delivery for each client is integrated, coordinated and monitored, and is designed to support the client in a manner that helps the client to achieve the highest level of independent functioning.

Substance Abuse Professional*

If the applicant has or may have a substance use disorder, the Substance Abuse Professional establishes the diagnosis, conducts an assessment of the client's substance use, strengths and treatment needs, and also signs the authorization for services. Substance Abuse Professionals serve as members of the recovery team. Each service provider that contracts with the County to provide service facilitation must have a Substance Abuse Professional on staff.

Becoming a Provider

Dane County's Comprehensive Community Services program maintains an open network of qualified providers. However, in order to contract with Dane County's Comprehensive Community Services program, certain minimum fiscal and service standards must be met. Failure to meet the minimum requirements will preclude an agency from contracting with Dane County's CCS Program.

Fiscal Standards

1) Agencies are required to employ or contract designated fiscal accounting staff who is/are not also program staff.

2) Agencies are required to maintain a double entry accounting system.

3) Agencies may be required to complete a financial audit, depending on the annual amount of funding received by the agency from the Department of Human Services, across all contracts.

Service Standards

Minimum qualifications for CCS staff members are defined in DHS 36.10(2)(g). However, Dane County's CCS Program defines additional requirements within particular staff roles and organizational structure as follows:

Minimum Requirements for all agencies

1) Each agency's CCS supervisor, defined by minimum qualifications in DHS 36.10(2)(g)1-8. must be directly employed by the agency.

   OR

   Staff on the agency's CCS staff listing must have a mean experience of at least 2 years providing psychosocial rehabilitation within any of the service array categories to individuals with mental health and/or substance use disorders.

2) At all times during the contract period, any staff providing direct services (billable on progress notes) to clients cannot be on more than two (2) different agency staff listings. Exceptions can be requested in writing and will only be accepted on a case-by-case basis.

Additional Minimum Requirements for Service Facilitation Agencies

3) Within one year of contracting with Dane County's CCS Program, agencies that are contracted to provide service facilitation are required to directly employ at least 3.0 FTE (Full-Time Equivalent) Service Facilitators.

4) Within one year of contracting with Dane County's CCS Program, agencies that are contracted to provide service facilitation are required to directly employ their Mental Health Professional role, and must maintain Mental Health Professional staff at a ratio of at least 1 FTE Mental Health Professionals to 12 FTE Service Facilitators.

5) Service Directors, or their county-approved designee, are required to attend Service Director meetings at DCDHS as well as on-site Technical Assistance meetings. Attendance rates <75% are considered out of compliance.

Expectations

Providers are expected to:

a. Be recovery-focused;

b. Use evidence-based practices;

c. Have and implement written personnel policies and procedures that do not discriminate against any staff member or application for employment based on the individual's age, race, religion, color, sexual orientation, national origin, disability, ancestry, marital status, pregnancy or childbirth, or arrest or conviction record. Providers with 20 or more employees and who receive $20,000 or more in annual contracts with Dane County are required to file an Affirmative Action Plan with the Dane County Contract Compliance Officer in accord with Chapter 19 of the Dane County Code of Ordinances within 15 days of the effective date of the contract.

d. Possess the appropriate professional certification, training, education, experience, and abilities to carry out their prescribed duties;

e. Conduct and comply with the caregiver background checks and misconduct reporting requirements in s. 50.065, Stats., and ch. DHS 12, and the caregiver misconduct reporting and investigation requirements in ch. DHS 13;

f. Be a legal entity registered with the Wisconsin Department of Financial Institutions and in good standing;

g. If receiving federal funds, the business must be registered on the System for Award Management (SAM – sam.gov) and not be debarred, excluded, or otherwise prohibited from doing business with the Federal government;

h. Obtain and keep in full force during the term of the contract, the required insurance coverages, limits, and endorsements. Note that these need to be in the name of the legal entity registered with the Wisconsin Department of Financial Institutions. These are described in greater detail in the CCS contract boilerplate, a copy of which may be found at: https://danecountyhumanservices.org/Providers/Applications/boilerplate_contracts.aspx .

i. Maintain the appropriate staff records and provide the required information to the County's Provider Network Coordinator and to DCDHS;

j. Provide and document the required supervision and clinical collaboration under DHS 36.11;

k. Participate in the County's orientation and training program;

l. Maintain internet access and use the County's electronic mental health web app which will be used for recording documentation of the services authorized, provided, and billed;

m. Comply with all applicable CCS policies and procedures. In addition to those cited in the contract, these may be found at: https://danecountyhumanservices.org/ccs/prov/pnp.aspx ;

n. Display the DCDHS logo in its waiting rooms and incorporate the logo in all Provider publications and stationery that pertain to services funded by the County. Costs associated with display of the logo are the responsibility of the County.

o. Meet minimum fiscal and service standards

Application

Applications are available from the County's Provider Network Coordinator at http://www.risewisconsin.org/ or by contacting:

CCS Provider Network Coordinator
RISE Wisconsin
1334 Dewey Ct.
Madison, WI 53703
608.210.0106 (direct line)
608.210.6634 (main office)
ProviderNetwork@risewisconsin.org

Application Process

Applicants are to complete and submit to the Provider Network Coordinator:

- ❑ Application – completed, signed copy including completed and signed Usual and Customary Rate Schedule;
- ❑ Copy of Rate Proposal Workbook , if applicable;
- ❑ Copy of personnel policies – being sure to delineate the non-discrimination, background checks, and misconduct reporting policies;
- ❑ CCS Staff Listing Form with dates of caregiver background checks and misconduct reporting;
- ❑ IRS W-9 Form – Request for Taxpayer Identification Number and Certification. A copy of the form may be found at: https://danecountyhumanservices.org/Providers/DataCollection/fiscal_data_forms_and_documents.aspx ;
- ❑ Fair Labor Practices Certification Form, signed and dated;
- ❑ Background Check forms for each staff person who will be credentialed under the CCS program, including the Background Information Disclosure form and investigation reports. These must be current within the past four (4) years. Copies of forms may be found at: https://danecountyhumanservices.org/ccs/prov/app_proc.aspx ;
- ❑ For each staff person who will be credentialed under the CCS program, their **resume** and **references** obtained from at least two (2) people, including previous employers, education, or post-secondary educational institutions attended if available. References must be **documented in writing** either by letter or by written documentation of the verbal contact with the reference, dates of contact, person making the contact, individuals contacted, and the nature and the content of the contact. This is in compliance with DHS 36.10(2)(d)1. References provided by the current provider

agency will not be accepted unless the employee for whom the reference is being provided has worked at the provider agency for 1 year or longer.

- ❑ Verification of qualifying licensure, degree, or Rehabilitation Worker training for each staff person who will be credentialed under the CCS program;
- ❑ Verification of CCS related training received from another CCS certified County, if any;
- ❑ Verification of other training that meets CCS requirements, if any.
- ❑ Certificate of Insurance (COI) for Commercial General Liability, Automobile Liability, Professional Liability, and Worker's Compensation

The Provider Network Coordinator will:

- ❑ Review the application and supporting materials for completeness;
- ❑ Determine that the employment practices of the agency/service provider do not discriminate against any staff member or applicant for employment based on the individual's age, race, religion, color, sexual orientation, national origin, disability, ancestry, marital status, pregnancy or childbirth, arrest or conviction record;
- ❑ Determine that staff members have the professional certification, training, experience, and abilities to carry out prescribed duties;
- ❑ Review and affirm that the agency/service provider is in compliance with the caregiver background check and misconduct reporting requirements under DHS 36.10(2)(c);
- ❑ Determine that there are sufficient staff with the appropriate credentials to provide the needed clinical supervision and collaboration;
- ❑ For agencies/individuals seeking to become service facilitators, verify that there is a Mental Health Professional and a Substance Abuse Professional to serve as members of the recovery team, as well as, to review and authorize recovery plans and services;
- ❑ Verify any training received from other CCS certified counties and determine any additional training that may be required;
- ❑ Check with the Wisconsin Department of Financial Institutions to verify the legal name of the business, effective date of registration, current status (i.e., delinquent, dissolved), and to verify that annual reports are filed as required;
- ❑ Check with the Wisconsin Department of Revenue to check on filing frequency and on payment of payroll and business taxes;
- ❑ Check with the Wisconsin Circuit Court Access Program to check on outstanding litigation involving the business, business owners, and operators that may impact the ability of the organization to provide services;
- ❑ Verify that the applicant has required insurances. Complete Waiver of Insurance Form, if needed.
- ❑ Identify any other issues that the CCS Administrator should consider prior to processing a contract;
- ❑ Initiate service risk assessments;

- Contact the applicant regarding missing or incomplete information in writing;

- Forward complete application packets, (including the W-9 forms), and the results of verification checks to the CCS Administrator for processing within 20 business days of the date of application or when all materials are received. This is to include information regarding: the Agency Legal Name, Director's Name, Agency Phone Number, Agency Fax Number, and Agency E-mail Address.
- Notify the service provider of scheduled orientation and training opportunities.

The CCS Administrator will:

- Review the application packets for completeness and compliance with regulations, policies, and procedures;

- Review Request for Insurance Waiver form, if necessary, and send to Dane County Risk Manager for review;

- For applications that are incomplete, return application packet to the Provider Network Coordinator for further follow-up with the applicant agency;

- For applicants deemed qualified, complete the Schedule A of the CCS contract and route it to the assigned Accountant along with the Rate Sheet, Rate Proposal Workbook (if applicable), W-9 form, Agency legal name, Director's name, Agency mailing address, Agency phone number, Agency fax number, Agency e-mail address, provider service description, fiscal portion of the application, and Request for Waiver of Insurance.

- Review and complete service risk assessments; high risk agencies will be subject to additional oversight at the County's discretion.

Contracting Process

The Assigned Accountant will:

- E-mail the Contract Compliance Unit the following information: Agency legal name, Director's name, Agency mailing address, Agency phone number, Agency fax number, and Agency e-mail address. This e-mail should also request a contract number.

The Contract Compliance Unit will:

- Check with the Wisconsin Department of Financial Institutions to verify the legal name of the business, effective date of registration, current status (i.e., delinquent, dissolved), and to verify that annual reports are filed as required;

- Check if the business is registered with the System for Award Management (SAM), and whether debarred, suspended, or otherwise excluded from doing business with the federal government;

- Set up the Agency in the web-based DCDHS Information System and provide the boilerplate contract, contract number, and if needed, the provider number to the Assigned Accountant.

The Assigned Accountant will:

- Review the Usual & Customary rate schedule, Rate Proposal Workbook (if applicable), and other fiscal documents. Submit the rate schedule and rate proposal workbook (if applicable) to the Financial Analyst for signatures;

- Conduct fiscal risk assessments for all agencies;

- Attach the approved usual and customary rate schedule, Schedule A, Schedule B, and Schedule C to the boilerplate contract and submit, along with the certificate of insurance or the Request for Waiver of Insurance approval (if applicable), to the Contract Compliance Unit.

The Contract Compliance Unit will:

- Review the required certificates of insurance for the type of coverage, coverage amounts, dates, and listing of County as additional insured;

- Create and send the contracts to the service provider for signature;

- Route signed contracts (returned in a timely fashion) through the remaining steps in the County's contracting process which may include reviews by Corporation Counsel, Risk Management;

- Route approved contracts to the DCDHS Director for approval and signature;

- Send a copy of the signed contract to the service provider and send the original to the assigned Accountant. Contracts will also be scanned into the DCDHS shared drive available to the CCS Administrator and other related contracting staff in DCDHS.

The Assigned Accountant or designee will:

- Set up the contracted programs in the web-based DCDHS Information System.

The CCS Administrator will:

- Add the Schedule A contract service array categories and service providers (personnel) with fully executed contracts and complete personnel files to the web-based DCDHS Information System;

- Notify the service provider of scheduled orientation and training opportunities.

The County Provider Network Coordinator will:

- Add the newly contracted Provider to the CCS Directory and inform all Service Facilitation and Intake personnel of the new Provider.

Contract Renewal

The contract renewal process essentially follows the same process as that of the Contracting Process described previously with the following modifications to the start of the process:

The Provider Network Coordinator will:

- Send to each Provider the *Dane County Recertification Application for CCS Service Providers*, the Usual & Customary Rate Sheet, and the Rate Proposal Workbook;

- Check with the Wisconsin Department of Financial Institutions to verify the legal name of the business, effective date of registration, current status (i.e., delinquent, dissolved), and to verify that annual reports are filed as required;

- Check with the Wisconsin Department of Revenue to check on filing frequency and on payment of payroll and business taxes;

- Check with the Wisconsin Circuit Court Access Program to check on outstanding litigation involving the business, business owners, and operators that may impact the ability of the organization to provide services;

- Identify any other issues that the CCS Administrator should consider prior to processing a contract;

- Contact the Provider regarding missing or incomplete information in writing;

- Complete Request for Insurance Waiver form, if necessary;

- Forward complete application packets and the results of verification checks to the CCS Administrator for processing within 20 business days of the date of application or when all materials are received.

The CCS Administrator will:

- Review the application packets for completeness and compliance with regulations, policies, and procedures;

- Review Request for Insurance Waiver form and send to Dane County Risk Manager for approval;

- For applications that are incomplete, return items to Provider Network Coordinator for further follow-up;

- For applicants deemed qualified, complete the Schedule A of the CCS contract and route it to the assigned Accountant along with the Rate Sheet, Rate Proposal Workbook (if applicable), Request for Waiver of Insurance (if applicable), and pages of the Provider Application to Renew Contract that contain updates to program description.

Requests for Change in Contract

- To request changes to an existing contract during the 2-year contract term, provider agencies are to complete and submit to the Provider Network Coordinator signed and dated updated application materials with requested changes indicated.

Rate Adjustments

- DCDHS may request downward rate adjustments at any time based on results of an agency's prior year fiscal audit. Rate increases or decreases may be requested by Provider Agencies at the mid-point of two-year contracts.

- Agencies requesting a rate adjustment must submit a written request, a revised usual & customary rate schedule, and a rate proposal workbook (for increases only). The complete request should be emailed to the DCDHS assigned accountant by October 31st. Late requests will not be accepted.

- If approved, revised rates will go into effect for services beginning January 1st of year two of the contract period.

The DCDHS Assigned Accountant will:

- Review the usual & customary rate schedule and the rate proposal workbook (if applicable). Submit everything to the Financial Analyst for approval;

- Submit approved rate sheets to the Contract Compliance Unit;

The Contract Compliance Unit will:

- Return one-sided addendum/approved rate sheet to the provider requesting an upward rate adjustment. Return approved addendum/rate sheet and request a signature from the service provider requesting a downward rate adjustment.

Staff Credentialing/Recredentialing

On an ongoing basis, the Service Provider is required to notify the Provider Network Coordinator and County of any changes in staff and provide an updated CCS Staff Listing form, results of any background checks and misconduct reporting and investigations, resume, proof of certification/degree, and references for new employees within 30 days of such an event.

The Service Provider is further required to furnish the Provider Network Coordinator with information on training received by each staff member including: the date, name of the training, name of the trainer(s), type of training, and number of hours.

At contract renewal and on an ongoing basis, the Provider Network Coordinator will:

- Determine that staff members have the professional certification, training, experience, and abilities to carry out prescribed duties;

- Review and affirm that the agency/service provider is in compliance with the caregiver background check and misconduct reporting requirements under DHS 36.10(2)(c);

- Determine that there are sufficient staff with the appropriate credentials to provide the needed clinical supervision and collaboration;

- For agencies/individuals who are service facilitators, verify that there is a Mental Health Professional and a Substance Abuse Professional to serve as members of the recovery team, as well as, to review and authorize recovery plans and services;

- Verify that new staff/volunteers have received the requisite hours of orientation and training and determine any additional training that is required;

- Verify the number of hours of in-service training provided annually to each staff member and determine any additional training that may be required;
- Verify that each CCS staff member has met the weekly/monthly supervision requirements;
- Identify any other issues that the CCS Administrator should consider;
- Report to the CCS Administrator regarding the results of each recredentialing check for each service provider.

Background Checks and Misconduct Reporting

Prior to the provision of service, a Caregiver Background Check (CBC) must be completed on all staff persons who will be providing CCS services as required by DHS 36.10(2)(c).

A complete background check consists of the three following required documents:

a. A completed F-82064 Background Information Disclosure (BID) form.

b. A response from the Department of Justice (DOJ) Wisconsin Criminal History Record Request consisting of either a "no record found" response or a criminal record transcript.

c. A response letter from the Department of Health and Family Services (DHFS) that reports the person's status, including administrative finding or licensing restrictions.

Copies of forms may be found at: https://www.dhs.wisconsin.gov/caregiver/employee.htm .

Qualified agency personnel of the Provider are responsible for closely examining the results of the CBC for criminal convictions or findings of misconduct by a governmental agency; and to make employment decisions in accordance with the requirements and prohibitions in the law.

A copy of the Background Check for each staff person who will be providing CCS services must be provided to the County's Provider Network Coordinator at the time of application, every four (4) years, and upon hire for new staff persons. Service Providers shall not assign any staff to provide CCS services who do not meet the requirements of this section.

After the initial Background Check, Service Providers are required to conduct a new Background search every four years, or at any time within that period when Service Providers have reason to believe that a new check should be obtained.

Service Providers shall obtain an FBI Criminal Records Check (national fingerprint-based criminal history check) for any prospective direct care service provider living in the State of Wisconsin for less than three (3) years. In lieu of the FBI Criminal Records Check, Service Providers may submit the out-of-State background checks from all states that the prospective service provider resided in within the last 3 years.

A Background Check of a potential new employee that reveals a misdemeanor and/or felony charge, regardless of the disposition, must be sent to County via the County's Provider Network Coordinator before that individual will be approved to provide services.

For current employees, the Agency must notify the County and its Provider Network Coordinator within one (1) business day when any of the following occur per DHS 12.07 (1): a current staff member is convicted of any crime; a current staff member has been or is being investigated by a governmental agency for any other act, offense, or omission; a current staff member has a governmental finding substantiated against them for abuse or neglect of a client or misappropriation of a client's property; or a current staff member has been denied a license, or the person's license has been restricted or otherwise limited.

If a disposition of a criminal charge is not given (other than "pending" or "open"), the disposition must be obtained by the Provider by contacting the County Clerk of Courts.

Conduct

All CCS staff are expected to adhere to the conduct policy outlined on the DCDHS CCS web site under Policies & Procedures found at: https://danecountyhumanservices.org/ccs/prov/pnp.aspx . These state:

Prohibited Conduct

1) Service providers shall not provide any CCS services that they are not professionally qualified to provide and for which they lack necessary licensure

2) Service providers shall not violate any law in any jurisdiction that relates directly to the practice of psychosocial rehabilitation.

3) Service providers shall not misrepresent their education, professional credentials, or professional experience.

4) Service providers and CCS provider agencies shall not engage in false or fraudulent billing practices.

5) Service providers shall not make false or misleading statements in the practice of their CCS work.

6) Service providers shall not discriminate on the basis of age, race, ethnicity, religion, color, gender, disability, marital status, sexual orientation, national origin, cultural differences, ancestry, physical appearance, arrest/conviction record, military participation, or political beliefs with regard to service provided or denied.

7) Service providers shall not provide or attempt to provide CCS services while impaired due to the use of alcohol or other drugs, or as a result of an illness which impairs the personnel's ability to safely carry out their CCS functions.

8) Service providers shall not violate the Confidentiality Policy of the CCS Program.

9) Service providers shall not engage in any mistreatment of CCS participants including physical, verbal, sexual, or emotional abuse. Service providers shall not engage in sexual contact or sexual/seductive conduct with a CCS participant or member of the CCS participant's immediate family.

10) Service providers shall not engage in dual relationships or relationships that create a conflict of interest. This includes the prohibition against service providers providing CCS services to close friends or relatives, employees, employers, supervisors, supervisees, or any other person with whom the service provider shares a close ongoing relationship.

11) Service providers shall not operate a motor vehicle on CCS business without legally required licensure and insurance.

12) Service providers shall not engage in financial transactions with CCS participants including lending money, borrowing money, or taking possession of the CCS participant's funds.

13) Service providers and CCS provider agencies shall not exchange anything of value with or offer gifts that have a retail value of more than $15 individually or a total of $75 per year per participant to a CCS participant. Gifts of cash or cash equivalents are always prohibited.

14) Service providers and CCS provider agencies shall not engage in any conduct that attempts to influence a participant's choice of a CCS provider or CCS services.

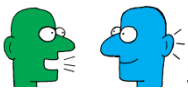
Conduct Required to Ensure Ongoing Program Integrity and Continuity

1) If a CCS service provider is convicted of a crime subsequent to completion of the background check, the CCS agency must inform the CCS Provider Network Coordinator and CCS Administrator of those charges within one business day.

2) CCS service providers shall notify the CCS Provider Network Coordinator and the CCS Administrator within 1 business day if their professional license has been denied, revoked, suspended, or otherwise limited.

3) CCS service providers and provider agencies shall make reasonable efforts to notify CCS participants when their CCS services may be interrupted or terminated for any reason.

4) CCS service providers shall promptly report, to the proper authorities, any instances of child, elder, or adult-at-risk abuse and/or neglect that they encounter through the course of their CCS duties.



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.

Documentation of supervision/clinical consultation needs to be submitted to the County's Provider Network Coordinator **on a monthly basis** for any personnel actively providing face-to-face psychosocial rehabilitation services.

Staff qualified under DHS 36.10(2)(g) 1. to 8. which includes: psychiatrists, physicians, psychiatric residents, psychologists, licensed 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. Supervision and clinical collaboration may be provided via:

- Individual sessions with the staff member case review to assess performance and provide feedback;
- 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;
- Group meetings to review and assess staff performance and provide the staff member advice or direction regarding specific situations or strategies;
- 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 available during CCS hours of operation; 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.

Clinical supervision and clinical collaboration records shall be dated and documented with the signature of the person providing supervision or clinical collaboration using one or more of the following:

- A master log.
- Supervisory records.
- Staff record of each staff person who attends the session or review.
- Consumer records.

Orientation and Training

Orientation

DHS 36.12 specifies that:

a. Each staff person, including clinical students, who has less than 6 months of experience providing psychosocial rehabilitation services to children or adults with mental disorders or substance use disorders has to complete at least **40 hours** of documented orientation training within 3 months of beginning employment.

b. Each staff member, including clinical students, who has 6 months or more experience providing psychosocial rehabilitation services to children or adults with mental disorders or substance use disorders has to complete at least **20 hours** of documented orientation training within 3 months of beginning employment with the CCS program.

c. Each regularly scheduled volunteer must complete at least **40 hours** of documented orientation training before being allowed to work independently with clients or family members.

Dane County will provide portions of the initial orientation and training required of all CCS staff within the first three months of employment.

The remaining portions of the required orientation and training are the responsibility of the provider and employee to complete within the first three months of employment.

Ongoing Training

Each staff member shall receive at least 8 hours of in-service training each year that is designed to increase their knowledge and skills.

Training Records

Within three months of staff beginning employment with the CCS, verification of the completion of the requisite hours of each employee's orientation and training shall be provided to the County's Provider Network Coordinator to verify compliance with DHS Ch. 36 requirements. In addition, verification of at least 8 hours of ongoing training received by each staff member is required to be provided to the County's Provider Network Coordinator annually.

Non-compliance with this requirement will result in suspension of the ability to provide CCS services until such time the training records are brought up-to-date.

CCS Module

The CCS Module is a comprehensive, web-based application developed and maintained by DCDHS for use by CCS. This application will be used extensively by Service Facilitators to record the recovery team, recovery plan and pre-authorization of services, and progress notes. The application will be used by Mental Health Professionals and Substance Abuse Professionals to review and authorize the recovery plans and authorized services. Service Providers or Billing Personnel will use the Billing module to submit claims for services.

Accessing the CCS Module

Completed Network Access Request forms are e-mailed to the County's Information Services Unit by the CCS Provider Network Coordinator. One form is to be completed for each CCS credentialed individual who will need access to the CCS Module related to his or her work with a specific provider.

The County's Information Services Unit will be responsible for establishing user IDs and credentials. The County's Information Services Unit will then forward to the Service Provider this information along with:

1. Instructions for Entrust Self-Service Instructions – for generating the individual's remote network access authentication card (Entrust).

2. Instructions for Citrix Receiver Installation - instructions on how to install the software necessary to remotely access the Dane County network from a non-county-issued computer and how to access the CCS Module.

Training on the CCS Module

Training on the CCS Module will be provided by the Information Services Unit of DCDHS.

Authorization of Services

Services are selected based on the needs, goals, and preferences of the client and identified in the recovery plan. Services must be authorized by the Mental Health Professional, and, for clients who have or are suspected of having a substance use disorder, also by the Substance Abuse Professional.

Once the recovery plan and services have been authorized, Service Providers will be able to see the authorized services by accessing the CCS Module. All Providers are required to participate in a training session in order to learn how to access, enter, and submit claims through the CCS Module.

Service Providers must be credentialed to provide CCS services and obtain an authorization prior to providing any service. Service Providers may access the CCS Module or may contact the Service Facilitator to verify whether a service has been authorized.

Services provided without authorization will not be paid.

Services not provided during the time period in which they were authorized may not be carried over to the next authorization time period. Services would need to be re-authorized for the new time period of service.

Billing and Claiming

Documentation

Providers are required to use the DCDHS CCS Module to document the services rendered and to submit claims for service delivery time and documentation time, as well as for provider travel time.

Providers may only bill for psychosocial rehabilitation services authorized and actually provided.

Documentation for a billable service is to include:

- Date of service
- Place of service
- Diagnosis
- Specific service provided
- Service delivery time
- Service documentation time
- Travel time
- Miles traveled if claiming travel time
- Professional provider type modifier (e.g., MD, PhD, Masters, Bachelors)
- Indicator whether the service was provided to an individual or a group
- Number of persons in the group, number of CCS persons in the group
- Goals
- Progress note narrative detailing the psychosocial rehabilitation service(s) provided to the client.

DCDHS CCS quality assurance staff will regularly review documentation submitted by providers for billable services to ensure the submissions meet all criteria outlined above. If documentation does not meet the standards outlined, claims may be denied by the DCDHS CCS Administrator or CCS Service Director and as a result would not be reimbursed.

Submission of Claims

The Provider is to designate an agency representative who will be responsible for generating and approving the submission of claims to DCDHS for payment. This process will be done via the Billing Module, and the selected representative will be identified therein as the agency's claims approval agent.

Timeframes

Claims for services rendered shall be submitted via the CCS and Billing Modules weekly, but no later than the 15th of the following month after the date of service.

DCDHS will submit provider claims to the Forward Health Portal monthly. Submitted claims must be complete and accurate in order for them to be processed.

A claim is considered complete once the County has received reimbursement from Forward Health for that claim.

Interim Payments

Once Forward Health has issued an interim payment to Dane County for a provider's CCS claim, Dane County will issue an interim payment to the provider based on the provider's approved CCS rate or the state-wide CCS interim rate published on the Forward Health Portal, whichever is less.

Year-End Reconciliation

There will be an annual reconciliation process. Once the process is completed with the State, additional payment up to the usual and customary charges may be passed on to the service provider as it is received by the County and supported by provider's audit report. Likewise, costs not supported by the audit shall be reimbursed to the County.

Prohibition on Co-Payments

Providers are prohibited from collecting copayments from clients for services covered under the CCS benefit.

Denial of Claims

DCDHS will notify the Service Provider of its decision to deny any claim. Appeal of a decision denying a claim may be made first to the CCS Administrator who will inform the Service Provider of the County's grievance procedure. If an appeal is not taken within 60 days of notification of nonpayment, it is waived.

Audits

Agency-Wide Audit

Providers who receive more than $25,000 from Dane County Human Services are required to submit a copy of their agency-wide audit annually to Dane County. Audits are due within 180 days of the end of the provider's fiscal year. The audit must be conducted by an independent certified public accountant. The audit must be conducted in accordance with the applicable state and federal regulations and guidelines, including, but not limited to:

- *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, 2 CFR Chapters 1 and 2;*
- State of Wisconsin's Department of Health Services Audit Guide, and
- *State of Wisconsin's Allowable Cost Policy Manual*

Program Audit

Providers who receive more than $25,000, but less than $100,000 from Dane County Human Services have the option of submitting a program audit in lieu of an agency-wide audit.

All CCS program audits must be performed by a certified public accountant in accordance with the generally accepted auditing standards established by the American Institute of Certified Public Accountants for such audits, including consideration of fraud. Program audits must also be in accordance with Government Auditing Standards.

A program audit includes the following procedures:

- ***Program Testing*** – Test compliance and internal controls over programs for the following compliance requirements: activities allowed or unallowed; allowable costs; eligibility; and reporting.
- ***Supplemental Schedules*** – Determine whether the financial statements of the program and other supplemental schedules are presented fairly in all material respects in accordance with generally accepted accounting principles or other basis of presentation.
- ***Prior-Year Findings*** – Follow up on prior-year findings, assess the reasonableness of the "Schedule of Prior-Year Findings" prepared by the provider, and report as a current-year finding when the auditor concludes that the "Schedule of Prior-Year Findings" materially misrepresents the status of prior-year findings.

Program Testing

1.0 Activities allowed or unallowed

The requirements for activities allowed or unallowed in the CCS program can be found in federal and state requirements, including Chapters DHS 36, 92, and 94; s. 51.61 Stats.; 42 CFR Part 2; 45 CFR 164, Subpart C; Forward Health Online Handbook for Comprehensive Community Services and related Updates; and the Dane County CCS Provider Handbook.

Compliance Requirement:
Funds can only be used for CCS allowed activities. All activities must be for providing psychosocial rehabilitation services authorized via the CCS module.

2.0 Allowable costs

The auditor must test allowable costs. The provider must follow the Wisconsin Department of Health Services Allowable Cost Policy Manual (ACPM). The ACPM incorporates the federal cost principles by reference. These principles are in the Uniform Guidance. The cost principles in Subpart E of the Uniform Guidance, applies to both non-profit and for-profit organizations. Unallowable costs are to be reported in the Schedule of Findings and Questioned Costs.

2.1 Allowable Cost Compliance Requirements

All costs charged to department programs must meet the criteria for allowability in accordance with the Uniform Guidance cost principles; and the laws, regulations, and the provisions of contract or grant agreements pertaining to the program. Costs must meet these criteria whether they are charged directly to the program or indirectly through a cost allocation plan.

2.2 Cost Allocation Compliance Requirements

If indirect costs are charged to CCS, the provider must have a written cost allocation plan that meets the requirements for such a plan.

2.3 Related Party Transactions Compliance Requirements

Audits performed in accordance with generally accepted auditing standards include procedures to identify related party transactions so that the required financial statement disclosures can be made. However, related party transactions that involve charges to the CCS program require further audit consideration to preclude circumventing the limitations on excess revenue or profit. Examples of related party transactions include:

- Purchasing care and services from a provider with joint control or ownership.
- Renting a building from the director of the agency.
- Paying for consulting services provided by a member of the board of directors.

All costs that are reimbursed in total or partially with any type of CCS funding are reimbursable only if they meet the criteria of allowability (Section 1.0, above). The fact that two parties in a transaction are related does not mean that the cost incurred is inappropriate or unallowable. However, it does

mean that the auditor may have to do additional work in order to determine whether the related party transaction involves unallowable costs.

Unallowable costs resulting from related party transactions must be reported as a finding. When related party transactions do not affect the CCS program or do not include unallowable costs, we suggest stating this in the financial statement disclosure so that it is clear to report users that the related party transaction did not adversely affect the CCS program.

3.0 Reporting

The requirements for reporting are found in the laws, regulations, and the provisions of contract including the Dane County CCS Provider Handbook.

Providers are required to use the DCDHS CCS Module to document the services rendered and to submit claims for service delivery time and documentation time, as well as for provider travel time.
Providers may only bill for psychosocial rehabilitation services authorized and actually provided.

Documentation for a billable service is to include:

- Date of service
- Place of service
- Diagnosis
- Specific service provided
- Service delivery time
- Service documentation time
- Travel time
- Miles traveled if claiming travel time
- Professional provider type modifier (e.g., MD, PhD, Masters, Bachelors)
- Indicator whether the service was provided to an individual or a group
- Number of persons in the group, number of CCS persons in the group
- Goals
- Progress note narrative detailing the psychosocial rehabilitation service(s) provided to the client.

Questioned costs for inaccurate reporting are reported in the “Schedule of Findings and Questioned Costs” (Section 7.2.7) if they exceed the threshold for reporting questioned costs.

Compliance Requirement:
The provider’s reports must by timely, complete, accurate, and supported by the provider’s records. Providers must reconcile reported expenses to their accounting records.

4.0 Time and Effort Reporting

Charges to federal/state programs for salaries and wages, whether treated as direct or indirect costs, must be based on documented payrolls approved by a responsible official of the agency. Where employees work solely on a single federal/state program or cost objective, charges for their salaries and wages must be supported by periodic certifications that the employees worked solely on that program for the period covered by the certification. The certifications will be prepared preferably on a monthly basis and must be signed by the employee or a responsible supervisory official.

Also, certified reports reflecting the distribution of charges within the payroll for each employee (professional or nonprofessional) whose compensation is charged, in whole or in part, directly to federal/state programs must be maintained. The reports must provide an after-the-fact certification of the conformance of payroll charges with the activity of each employee. In no case will certification periods exceed 12 months. Importantly, budget estimates (i.e., estimates determined before the services are performed) do not qualify as support for charges to awards, but may be used for interim accounting purposes.

The time and effort payroll system must:
1. Be incorporated into the official records of the agency

2. Be supported by a system of internal control to ensure charges are accurate, allowable and properly allocated
3. Reasonably reflect the total activity for which the employee is compensated
4. Incorporate both state and federal pass-through activities and all other activities
5. Comply with the established accounting policies and practices
6. Support the salary distribution among specific activities or cost objectives.

The distribution of salaries and wages must be supported by certifications of the consistency of charges with the work performed. All required certifications may either be provided electronically or on paper.

Fraud

All audits should be performed in accordance with generally accepted auditing standards established by the American Institute of Certified Public Accountants, including consideration of fraud.

Fraud is getting something of value under false pretenses. Examples of fraud may include:

- Cloning: Using CCS module to automatically generate a more detailed patient observation profile by copying from another patient's file with similar symptoms to appear as if a more thorough examination was done.
- Phantom Billing: Billing for services never performed.
- Repeat Billing: Billing twice for the same procedure.
- Upcoding: Typically submitting a claim for more time than the actual time needed to provide the service.

In all areas of program testing discussed above, the auditor should consider internal controls. In each area of compliance testing the auditor should consider the control environment, risk assessment, control activities, information and communication, and monitoring.

Both the provider and the auditor have responsibility for reporting fraud to Dane County.

The provider is required to report all fraud to Dane County. The notification should be made by letter as soon as possible after the discovery of the fraud. The letter should include information answering the following questions:

- Who was involved in the fraud?
- What happened?
- When did the fraud happen?
- How did the provider learn of the fraud?
- Did the fraud involve department funds, either directly or indirectly? (I.e., did the people involved in the fraud have duties related to department funding, whether or not the fraud itself involved department funding? Were the controls that were circumvented in the fraud also used for department funding?)
- What has the provider done in reaction to the fraud?

Auditors are responsible for reporting fraud to Dane County in two situations:

- If the provider has not reported the fraud to the granting agency, the auditor should:
- Inform the provider that the provider needs to report the fraud to the granting agency in writing, with a copy to the auditor so the auditor knows the provider has informed Dane County.
- If the provider does not report to the granting agency, the auditor should report the fraud to the granting agency.

- If the provider has not taken timely and appropriate steps to remedy the fraud, the auditor should report that failure to Dane County.

The auditor should follow guidance in generally accepted auditing standards established by the American Institute of Certified Public Accountants and Government Auditing Standards for fraud needs to be reported in the audit report.

Supplemental Schedules
The provider is responsible for preparing report elements that convey information on the provider's organization and administration of department programs. The auditor's responsibility is to assess and report on the reliability of the information in the provider's reports.

The report elements that are required include:

1. Auditor's opinion on financial statements
2. Auditor's opinion on supplementary schedule(s)
3. Supplementary schedule of revenue over expenses for the CCS program
4. Supplementary schedule identifying reserves or allowable profit computation
5. Auditor's report on Compliance and Internal Control over Financial Reporting based on an audit of financial statements performed according to Government Auditing Standards
6. Schedule of questioned costs (if any)
7. Auditor's summary of audit results
8. Auditor's letter to management (if applicable)
9. Agency response (if applicable)

Schedule of Prior-Year Findings
The audit report must include a "Schedule of Prior-Year Findings" showing the status of prior- year findings related to the department's funding. This schedule is prepared by the agency.

Corrective Action Plan
The audit report must include a "Corrective Action Plan" for all audit findings related to the department's funding. The "Corrective Action Plan" is prepared by the agency, and it must include the following information:

- The name of the contact person responsible for corrective action,
- The planned corrective action, and
- The anticipated completion date.

<u>Allowable Costs</u>

Federal regulations (2 C.F.R. §200.403) require that costs must be necessary and reasonable for the performance of the work, that costs are consistent with policies and procedures that apply uniformly to both CCS and non-CCS funds, and be adequately documented.

A cost is reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost. Federal regulations provide specific guidelines on reasonable compensation for personal services (2 C.F.R. §200.430) and fringe benefits (2 C.F.R. §200.431). Compensation for employees engaged in work on CCS will be considered reasonable to the extent that it is consistent with that paid for similar work in other activities of the provider. In cases where the kinds of employees required for CCS are not found in the other activities of the provider, compensation will be considered reasonable to the extent that it is comparable to that paid for similar work in the labor market in which the provider competes for the kind of employees involved.

Fringe benefits are allowances and services provided by employers to their employees as compensation in addition to regular salaries and wages. Fringe benefits include, but are not limited to, the costs of leave (vacation, family-related, sick or military), employee insurance, pensions, and unemployment benefit plans. The costs of fringe benefits are allowable provided that the benefits are reasonable and are required by law, employer-employee agreement, or an established policy of the provider.

Client Rights

CCS clients have a number of rights under Wisconsin Statute sec. 51.61(1) and DHS 94 Wis. Administrative Code. Rights that are designated with an asterisk (*) generally apply to inpatient and residential settings. Each service provider is required to:

1. Have an established process for explaining client rights to new and continuing clients.
2. Post this bill of rights where everyone can easily see it.
3. Explain these rights to each CCS client orally and in writing, in accordance with the CCS policy.
4. Provide a copy of the *Your Rights and the Grievance Procedure* brochure to each client.
5. Have treatment rights/grievance process information readily available to CCS clients and prominently displayed

These rights include:

Personal Rights

- Clients must be treated with dignity and respect, free of any verbal or physical abuse.
- Clients have the right to have staff make fair and reasonable decisions about their treatment and care.
- Clients can decide whether they want to participate in religious services.
- Clients cannot be made to work except for personal housekeeping chores. If they agree to do other work, they must be paid.
- Clients can make their own decisions about things like getting married, voting, and writing a will.
- Clients cannot be treated differently because of their race, national origin, sex, age, religion, disability, or sexual orientation.
- Client surroundings must be kept safe and clean.*
- Clients must be given the chance to exercise and go outside for fresh air regularly and frequently.*

Treatment and Related Rights

- Clients must be provided with prompt and adequate treatment, rehabilitation and educational services appropriate for each individual.
- Clients must be allowed to participate in the planning of their treatment.
- Clients must be informed of their treatment and care, including alternatives and possible side effects of medications.

- No treatment or medication may be given to a client without his/her consent, unless it is needed in an emergency to prevent serious physical harm to self or others, or a court orders it. [If a client has a guardian, however, his/her guardian can consent to treatment and medications on his/her behalf.]

- Clients must not be given unnecessary or excessive medication.

- Clients cannot be subject to electro-convulsive therapy or any drastic treatment measures such as psychosurgery or experimental research without their written informed consent.

- Clients must be informed of any costs of their care and treatment that they or their relatives may have to pay.

- Clients must be treated in the least restrictive manner and setting necessary to safely and appropriately meet their needs.*

- Clients may not be restrained or placed in a locked room (seclusion) unless in an emergency when it is necessary to prevent physical harm to them or to others.*

Communication and Privacy Rights

- Clients may call or write to public officials or their lawyer or advocate.

- Clients may not be filmed or taped unless they agree to it.

- Clients may use their own money as they choose, within some limits.

- Clients may send and receive private mail [Staff cannot read client mail unless the client or his/her guardian asks them to do so. Staff may check mail for Contraband. Staff can only do so if the client is watching.]

- Clients may use a telephone daily.*II

- Clients may see (or refuse to see) visitors daily.*II

- Clients must have privacy when they are in the bathroom.*II

- Clients may wear their own clothing.*II

- Clients must be given the opportunity to have their clothes washed.*II

- Clients may keep and use their own belongings.*II

- Clients must be given a reasonable amount of secure storage space.* II

Some client rights may be limited or denied for treatment or safety reasons – see the rights with II after them. The wishes of the client and his/her guardian should be considered. If any of the rights are limited or denied, the client must be informed of the reasons for doing so. Clients may ask to talk with staff about it. They may also file a grievance about any limits of their rights.

Under Wisconsin Statute sec. 51.30 and DHS 92, Wisconsin Administrative Code, clients have the following rights:

Record Privacy and Access Laws

- Client treatment information must be kept private (confidential).

- Client records cannot be released without client consent, unless the law specifically allows for it.

- Clients can ask to see their records. They must be shown any records about their physical health or medications. Staff may limit how much a client can see of the rest of the client's records while he/she is receiving services. Clients must be informed of the reasons in the grievance process. After discharge, clients can see their entire record if they ask to do so.

- If a client believes something in his/her records is wrong, he/she can challenge its accuracy. If staff will not change the part of the client record that has been challenged, the client can put his/her own version in his/her record.

Right of Access to Courts

- Clients may sue someone for damages or other court relief if any of their rights have been violated.

- Involuntary patients can ask a court to review the order to place them in a facility.*

CCS Specific Rights

In addition to the treatment rights listed in s.51.61, Stats. and DHS 94, clients of CCS services have the right to:

1. Choose the members of their recovery team, their services, and service providers.

2. Receive specific, complete, and accurate information about proposed services.

3. Consent to treatment and to withdraw from the CCS Program at any time.

4. Formal and informal grievance procedures in s. 51.61, WI Stats., and ch. DHS 94, and for Medical Assistance clients, the rights to a fair hearing.

Grievance Resolution Policy

- Clients who feel their rights have been violated may file a grievance.

- A client, a parent, or someone acting on the client's behalf may file a complaint.

- Clients cannot be threatened or penalized in any way for filing a grievance.

- The service provider or facility must inform clients of their rights and how to use the grievance process.

- Clients may, at the end of the grievance process or at any time during it, choose to take the matter to court.

Step 1 - (Optional) Informal Discussion

Rather than file a formal grievance, a client may request an informal discussion of his/her complaint with the staff and/or manager of the program with which the client has the complaint.

Step 2 – Program Level Review

Within 45 days of the incident, a written complaint must be filed with the agency with which the client has the complaint. If the client needs assistance in preparing the complaint, they may contact the Dane County CCS Client Rights Specialist, Jennifer Hendrickson (242-6461). She can assist in the formal resolution of the grievance.

After an investigation of the facts of the dispute, the Client Rights Specialist will prepare a written report which determines whether the grievance is founded or unfounded. The Adult Community Services Division Administrator will review the report and make a recommendation. Within 40 days of receiving a complaint, the agency's program manager will issue a written decision.

Step 3 – Administrative Review by Dane County

Within 14 days of the Step 2 decision, the person making the complaint may request that Dane County review the Program Manager's decision. The Director of the Department of Human Services, or her designee, will review the Program Manager's decision, gather additional information as necessary and prepare a summary report.

Dane County will issue an administrative decision within 30 days of receiving the request for administrative review.

Step 4 – Review of County Decision by the State of Wisconsin

Within 14 days of Dane County's administrative decision, a person may file a request for review by the State of Wisconsin Grievance Examiner:

State of Wisconsin Grievance Examiner
Wisconsin Department of Health and Family Services
Division of Supportive Living
1 West Wilson ST
P.O. Box 7851
Madison, WI 53707-7851

The Grievance Examiner will review the county's decision, gather additional information as necessary and issue a decision within 30 days of receiving the request for state review.

Step 5 – Final State Review

The Grievance Examiner's decision will describe the process and time limits for requesting final state review. A final state review decision will be made within 30 days of receiving the request for final state review.

Note: The timeframes stated above can be extended by agreement of all parties and are shorter if one or more people are at significant risk of physical or emotional harm due to the circumstances identified in the complaint.