

Children Come First: Hospital Diversion Program

Family Handbook



English

ATTENTION: If you speak English, language assistance services are available to you free of charge. Call 1-888-201-6681 (TTY: 1-800-947-3529).

Spanish

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas están disponibles sin cargo, llame al 1-888-201-6681 (TTY: 1-800-947-3529).

Hmong

CEEB TOOM: Yog koj hais lus Hmoob, kev pab rau lwm yam lus muaj rau koj dawb xwb. Hu 1-888-201-6681 (TTY: 1-800-947-3529).

Chinese Mandarin

注意: 如果您说中文, 您可获得免费的语言协助服务。请致电 1-888-201-6681 (TTY 文字电话: 1-800-947-3529)。

Children Comes First (CCF) provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

CCF provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact your CCF worker or 1-888-201-6681.

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Introduction

The Children Come First (CCF) program coordinates care for youth diagnosed with significant mental health needs and are at risk for being placed in an institutional setting or experiencing multiple placement disruptions. This handbook is a guide to explain the CCF program and what it will provide for your child and family. Please read this over carefully. If you have questions, please speak with your CCF Worker(s). Our goal is to help children be successful in their communities and prevent institutional placement and placement disruptions. When your child disenrolls from our program, we hope they will have increased stability and successes at home, in school, and in the community.

What is CCF?

The CCF program provides wraparound care coordination for children and youth ages 0-19 with diagnosed mental health concerns. CCF's primary mission is to coordinate mental health treatment, community resources, and supports in order to prevent or reduce the risk of a child being placed out of the family home. The CCF program is a managed care model of care coordination, which allows families and professionals to work collaboratively to identify the needs and goals of a family and select services and supports from the CCF Provider Network that best meet their needs.

CCF offers:

- Strengths-based and individualized approach to care coordination
- Teaming: families, professionals, friends, and other people are invited to participate in planning and coordinating your child's care and services
- Services and supports that are both traditional and non-traditional, and that meet the needs of your child and family
- Culturally responsive care and planning
- Crisis planning and support
- Advocacy services



CCF Values

- **Voice** – The child and family are active partners in making treatment decisions.
- **Team** –A team effort and balanced approach helps families reach their goals. The approach must involve a team consisting of those social systems (family, school, community, neighbors, church) who are most important to the child.

- **Community Based** – Mental health treatment success is best achieved in the community in which the child lives. Children and families get the most out of services that are close to home and that will still be there when the child is doing better.
- **Family-focused**- Families are responsible for their children. We work very hard to find and put together anything that is needed to keep your child at home, or close to it.
- **Culturally Sensitive**- The process must be built on each family's unique values, preferences, and strengths. To achieve your family's vision for the future, it is important to respect the family's culture, which includes more than just language, food, the way we dress, and cultural events. It is the way a person thinks, acts, and understands the world around them. We believe a long-term process that encourages an understanding of our own beliefs and values and how they affect our relationships with others is important.
- **Individualized** – Every child and family is unique and have different strengths and needs.
- **Strengths Based** – Mental health treatment success can be best achieved if we focus not only on the problems of a child and family but also on what is going well and is healthy about the family.
- **Natural Supports** – The use of informal community supports such as neighbors, church or friends is important to the success of children.
- **Continuity of care** – Unconditional commitment to continue to help the families through whatever services are necessary to meet treatment goals.
- **Collaboration** – The child is best treated if all the important systems in their life are working together towards similar goals.
- **Flexible Resources** – It is important to be able to flex resources towards what the Child & Family Team believes is most important to the mental health needs of the child.
- **Outcome based services** – Goals and services must be measured and treatment adjusted to improve outcomes.

Participant Rights

You have the right to:

- Be treated with respect and dignity.
- Be free from physical restraint and isolation except for emergency situations
- Treatment no matter what race, color, national origin, ethnicity, sex, sexual orientation, gender identity, age, disability, or source of payment
- Have your treatment and other information kept private. Records may be released, with your approval, only when the law permits



- Request and receive a copy of your records, and request that they be amended or corrected
- Get health care services as provided for in federal and state law. All covered services must be available and accessible to you. When medically appropriate, services must be available 24 hours a day, 7 days a week.
- Receive information on available treatment options and alternatives including the right to request a second opinion.
- Participate in decisions regarding your care, including the right to refuse treatment
- To be free to exercise your rights without adverse treatment by CCF and its network providers.
- A clear description of your diagnosis and treatment choices, including risks and benefits
- Information about what works to treat your diagnosis
- Ask your Provider about their training and experience
- Get information, including information in this handbook, in a language and format you can understand
- Have an interpreter with you during any covered service.
- Freely file a grievance or appeal and have help in doing so
- Ask for a certain provider or change providers
- To receive information from CCF regarding any significant changes with the CCF Program at least 30 days before the effective date of the change.
- Disenroll from the CCF Program at any time as participation is voluntary.

You agree to:

- Treat your provider with respect
- Give your provider the information necessary to offer you the best possible care
- Build a relationship with your provider, keep appointments or provide notice of the need to cancel or reschedule
- Give correct health insurance information
- Learn about your diagnosis and work with your Provider to create a plan for your care
- Actively work toward progress with your goal plan
- Update your worker of any changes to your address, phone number, health insurance or benefits status



Who provides CCF services?

There are two organizations that provide CCF services. One is RISE Wisconsin, Inc. which manages the Wraparound Case Management, Family Support, and Hospital Diversion (HDP) units of CCF. The other is Dane County Department of Human Services' which manages the Achieving Reunification Through Teamwork unit (ARTT). **It is important to know which organization your child is involved with. Information may be slightly different in this Handbook for ARTT and RISE.**

One of the programs within Children Come First Program at RISE is the Hospital Diversion Program (HDP). HDP provides 24/7 crisis stabilization and diversion services to families who have a child at risk of an involuntary hospitalization.

This short-term program (30-90 days) provides children and families with the following services:

- In-home crisis stabilization
- Crisis planning and intensive case management
- Parent/child support and behavior management
- Medication management
- Wraparound services, including coordination and linkage to ongoing services and support

What is the role of the Clinician?

The Clinician is your program guide who will work with your child and family to develop a Child & Family Team, treatment goals for your child, and plan for safety in times of crisis. Your child's Clinician will help identify services and supports that will help your child be successful even after your child is no longer in CCF.

What is the role of the Parent/Caregiver in the CCF Program?

As a parent and caregiver, you are the primary change agent in your child's mental health. Participation in the CCF program is essential and is a time commitment you are making for the wellbeing of your child and family. Due to the intense needs of your child, we will meet frequently, at least once per week. In addition, we will have regular phone and email contact with you regarding how things are going in the different areas of your child's life, asking often for your input. We will support you in supporting your child's mental health, link you with service providers who see you as the expert on your child, and assist you in growing your caregiving skills. You know your child best and we want to hear from you what will work best for your child and family.



What to Expect From CCF

Here is what you can expect once your child has been approved for the Children Come First Hospital Diversion Program:

Intake

- The Clinician will meet with you to talk about the program and enroll your child.
- All information about your family will be kept confidential unless you give permission for the Clinician to speak with others about your child's progress.
- The Clinician will ask you questions to learn what your child and family need from the program. This is called the Initial Assessment. With your permission, the Clinician will also talk to other people working with your child to find out how your child is doing and what would be most helpful.
- You and the Clinician will talk about who you would like to be involved to work with your child. This is called your Child & Family Team.
- The Clinician will work with you and your Child & Family Team to develop a plan for emergencies or very stressful times. This is called a Crisis Plan.
- The Clinician will work with you and your Child & Family Team to develop a treatment plan for your child. This is called a Plan of Care or POC. The Plan of Care will describe your child's goals and what kind of help your child needs to meet these goals.

CCF's Hospital Diversion Program, a sample timeline of our 90-day model

Days 1-30

- Assessment
- Development of treatment goals
- Intensive in-home support with family, parents and/or child with a focus on immediate stabilization, safety planning, and support of basic needs
- 24/7 crisis support and safety planning
- Coordination of service referrals
- Community outreach and education
- The range of contact with some part of the family during this time period: multiple contacts per week up to daily contact.

Days 30-60

- 30-day and 60-day team meetings to determine need for additional services
- In-home stabilization
 - Trauma and solution focused family and individual interventions
 - Ongoing safety planning
 - Ongoing support of basic needs
- 24/7 crisis support and safety planning
- Coordination of service referrals

- Community outreach and education
- The range of contact with some part of the family: 1-2 contacts per week up to several contacts per week.

Days 60-90

- End of service team meeting to review transitional services
- Linkage to community services and supports
- 24/7 crisis support and safety planning
- Coordination of service referrals
- Community outreach and education
- The range of contact with some part of the family: as needed (in supportive role)

Ongoing

- The Child & Family Team will meet during the first month and will meet at least one time each month after that. These are called Team Meetings. The Child and Family Team will talk about your child's progress toward Plan of Care goals. The Child and Family Team will talk about services and supports that are in place and how they are helping. The Team will also talk about what else your child may need to be successful.
- The Clinician will also keep in touch with other team members about your child's progress.

Comprehensive Assessment

The CCF Worker and/or Clinician will conduct an assessment with your child and family in the initial 30 days of enrollment. The assessment will be a series of questions about your child's history, family history, and current functioning including both needs and strengths. The assessment process is the most important part of treatment because it provides the Worker(s) with the necessary information to work effectively and develop appropriate goals with your child and family. The Worker or Clinician may ask your child to complete Mental Health Assessments to identify current mental health symptoms. Your Worker(s) will also ask you to complete a Comprehensive Behavioral Check List (CBCL) for your child every 6 months. This is a state requirement of the CCF program and may provide information on your child's progress throughout CCF enrollment.



Crisis Plans

Your child's CCF Worker(s) will work with you and your child's Child & Family Team to outline information about what a crisis looks like for your child and family. This is called a Crisis Plan. The Crisis Plan will describe what kinds of behavior your child has had in the past and what has been the most helpful for calming your child. The Crisis Plan will also identify warning signs that people working with your child should know about and what they can do to help prevent a crisis from occurring. The Crisis Plan will include a list of people and supports who can be contacted if a crisis occurs. The Child & Family Team will review the Crisis Plan any time a crisis occurs, and it will be updated at least once every six months.

Child & Family Teams

Your CCF Worker(s) will work with you to develop a Child & Family Team for your child. The Team will be comprised of parent(s) and/or legal guardian, child, and generally 4-8 people who know your family best. These other Child & Family Team members will likely be a combination of paid professionals (social workers, school staff, therapists, attorneys, foster or group home parents, etc.) and natural supports (parent advocate, clergy, relatives, friends, neighbors, coaches, etc.). Ideally, membership is at least 50% non-professionals who provide informal resources and support. It is very important that there are people on your Child & Family Team who will still be in your life when your child is done with the CCF program. Family members have the right to determine who they want on the Child & Family Team and may change their minds about team composition at any time.

CCF Team Meetings

Your child's CCF Worker(s) will arrange for your child's Child & Family Team to meet at least once per month. These are called CCF Team Meetings and are a requirement of the CCF program. At these meetings the Child & Family Team will talk about your child's strengths, treatment progress, family dynamics, how they are doing at school, safety planning if needed, and other aspects impacting your child's life. The Child & Family Team will talk about services and supports that are in place and how they are helping. The Child & Family Team will also talk about what else your child may need to be successful. Your CCF Worker(s) will try to schedule Team Meetings at times and places that work best for you. It is important that you take part in Team Meetings and talk with your CCF Worker(s) about what you would like to see happen at these meetings.



Plans of Care

Your CCF Worker(s) will help you and your Child & Family Team to develop a treatment plan for your child. This is called a Plan of Care and will describe your child's strengths, needs, and goals. The Plan of Care will also describe what kind of help your child needs to meet these goals, the role of you as the parent/caregiver in their treatment, and the supports and services you need to help your child and family increase success. The Child & Family Team reviews the Plan of Care at each monthly Team Meeting and updates it at least once every three months.

Crisis Response Services

Emergency services are available 24 hours a day, 7 days a week.

What is a mental health emergency?

A mental health emergency is a life-threatening situation in which an individual is imminently threatening harm to self or others. **Call 911** and remove yourself from any imminent danger or take your child to the Emergency Room if safe to do so. You do not need to obtain prior authorization or approval from CCF to seek emergency services in the Emergency Room.

Examples of a Mental Health Emergency include:

- Suicide attempt
- Suicidal gesture needing medical attention
- Significant self-injury needing immediate medical attention
- Extreme physical violence toward self or others
- Homicidal gesture
- Homicidal ideation with intent and means

What is a Mental Health Crisis?

A mental health crisis is a non-life threatening situation in which there is a concern for safety that has not yet reached a level of needing an emergency response.

During business hours, contact your CCF Worker(s) and/or your child's mental health providers. If you need crisis support after-hours (weekdays 5pm-8am), weekends and holidays, you can call the After-Hours Crisis Line.

For RISE participants, call 608-258-0269 or 1-888-201-6681	The Answering service will take your information and notify a member of the RISE On-Call team to contact you via phone. Please note that RISE does not provide in-person after-hours crisis response.
For ARTT participants, call 608-280-2600 or 1-888-201-6681	To speak with a member of Journey Mental Health Center's Emergency Services Unit (ESU).

The best time to get help with a crisis is when things are starting to become escalated and you or your child feels it's necessary to get assistance in trying to prevent a crisis from becoming an emergency. You can also call your CCF Worker(s) or the After-hours Crisis Line when:

- You and/or your child need to talk through a distressing situation
- Safety is of concern and you or your child is unsure about what to do next
- You are considering taking your child to the ER
- Your child is in the ER for a mental health assessment and a psychiatric hospitalization is being considered.
 - For children with Medical Assistance coverage only, ER staff will contact CCF for prior authorization approval if admission is recommended.

How does CCF Coordinate Services?

CCF Worker(s) coordinate services by facilitating communication with multiple systems and agencies in which the child and family are involved. By doing so, we holistically address the needs of the child and family in their community, connecting family supports, making referrals to community resources, and purchasing or arranging formal services.

Examples of Traditional Services

- Individual, Group, and Family Therapy
- Psychiatric Care
- Psychological Testing
- Primary Care

Examples of Non-Traditional Services

- Parent Coaching and Parent Advocacy
- Individual Skill Development
- Transportation
- Specialized Therapies – (Equine, Movement, Art, Neurofeedback, etc.)
- Behavior Management
- Crisis Stabilization

Examples of Community Resources

- Summer Camps and Extracurricular activities
- Economic Assistance Programs (food pantry, energy assistance, rent assistance)
- Housing Assistance and Supports



How does CCF Purchase Services?

Because CCF funding comes from multiple sources, including State Medicaid/BadgerCare and Dane County Human Services, we can purchase services identified by the Child & Family Team that would be helpful to achieving the goals in the Plan of Care.

Medical Assistance

The CCF program is a specialized Health Management Organization (HMO) for children with BadgerCare Medicaid or Medical Assistance. It is a specialized HMO for mental health and substance abuse (drug and alcohol) services only. All services provided by the CCF program are private.



- If your child does not currently have an HMO attached to their Medical Assistance (MA) coverage, CCF will become the HMO.
- If your child has Medical Assistance insurance that is managed by an HMO, your child will need to leave that HMO plan while in CCF. This change from your HMO will automatically be done when your child enrolls in CCF.

CCF is responsible for providing all medically necessary covered mental health services under BadgerCare Plus and Medicaid SSI. This includes services like therapy and psychiatric services.

The following services **are not** part of the CCF Program, but they are covered benefits under BadgerCare Plus.

- Medical Care
- Emergency or Urgent Medical Care
- Pharmacy
- HealthCheck Services
- Chiropractic Services
- Autism Treatment Services
- Dental Services
- Family Planning Services
- Vision Services
- Care during Pregnancy and Delivery

You may get the above services from a Medicaid-enrolled provider who will accept your ForwardHealth card. To find a Medicaid-enrolled provider:

[Go to www.forwardhealthwi.gov.](http://www.forwardhealthwi.gov)

- Click on the Members link or icon in the middle section of the page.
- Scroll down and click on the Resources tab.
- Click on the Find a Provider link.
- Under Program, select BadgerCare Plus.

Or, you can call ForwardHealth Member Services at 1-800-362-3002.

Because the CCF program does not cover these services, they will be covered by “fee-for-service” Medical Assistance while your child is enrolled in CCF. Your child should be able to keep their regular medical and dental health care providers while enrolled in the CCF Program.

When CCF ends, your child should be able to rejoin their previous HMO plan. For any questions on re-enrolling in an HMO call the HMO Enrollment Specialist at 800-291-2002. This is an important step to help change your child’s MA coverage from CCF back to a Medicaid-HMO.

Please note: All children who receive MA/Medicaid can also get a free HealthCheck exam. HealthCheck is a program that covers complete health checkups, including treatment for health problems found during the checkup, for participants younger than 21 years old. These checkups are very important. Doctors need to see those younger than 21 years old for regular checkups, not just when they are sick.

The HealthCheck program has three purposes:

1. To find and treat health problems for those younger than 21 years old.
2. To increase awareness of the special health services for those younger than 21 years old.
3. To make those younger than 21 years old eligible for some health care not otherwise covered.



The HealthCheck checkup includes:

- Age appropriate immunizations (shots)
- Blood and urine lab tests (including blood lead level testing when age appropriate)
- Dental screening and a referral to a dentist beginning at 1 year old
- Health and developmental history
- Hearing screening
- Physical examination
- Vision screening

Please talk to your CCF Worker(s) if you would like help to set up a HealthCheck exam for your child.

When You May Be Billed for Services

Under CCF you do not have to pay for covered services, nor do you have to pay for any copayments. If you get a bill for a service you did not agree to, please contact your Care Coordinator or call 1-888-201-6681.

Other Insurance

If your child has insurance coverage in addition to CCF, you must tell your providers and your CCF Worker(s). CCF will work with your insurance company to set up covered mental health services for your child. Your providers must bill your other insurance before billing CCF. If your CCF provider does not accept your other insurance, call the HMO Enrollment Specialist at 1-800-291-2002. The HMO Enrollment Specialist can tell you how to use both insurance plans.

How are Services Authorized?

CCF contracts with a variety of mental health and other service providers who are part of the Provider Network. The CCF Worker(s) will assist you in finding a provider that can meet your child and family needs, including communicating with you in your preferred language, or provide for interpreter services. All CCF funded services for your child should be provided by someone in the CCF Provider Network.

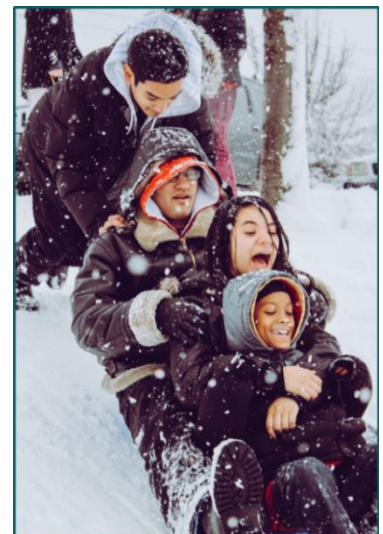
A written list of all providers and covered services in the Provider Network can be found on RISE's website at www.risewisconsin.org or by asking your CCF Worker(s). CCF will consider funding providers who are not in our network, for up to 6 months, in the following situations:

- Your child needs urgent or immediate care that cannot be obtained by an in-network provider;
- Your child lives outside of Dane County and CCF has no in-network providers in the area;
- Your child needs a service and CCF doesn't have an in-network provider that provides that service;
- A court-ordered assessment is assigned to someone outside of the CCF Provider Network.

Please talk with your CCF Worker(s) if you would like to request to use a provider who is not in the CCF Provider Network. All providers must meet the basic standards set by CCF to work with enrolled youth.

Please Note: Your child has a right to receive medically appropriate healthcare services as provided in federal and state law. Please contact your CCF Worker(s) to make a service request during regular business hours (Monday-Friday 8:30am-5pm).

The Child & Family Team can request that the Worker(s) speed up the review of a request for approving a service if the Child & Family Team feels that a service needs to be in place right away. How soon a request is completed will depend on the needs of the child and family. You may have to pay for mental health services that are not included in your child's CCF Plan of Care and/or considered medically unnecessary.



Second Opinions

Parents always have the right to obtain a second opinion related to their child's mental health care from a qualified mental health care professional. If you would like a second opinion from a different psychiatrist, therapist, etc., your Worker(s) can help arrange for this to occur. All requests for second opinions will be reviewed by CCF and an approval will be made within ten business days. If you feel your request for a second opinion requires emergency response, please see the "Expedited Review" section of this handbook for more information.

Medical Services Received Outside Wisconsin

If you travel outside Wisconsin and need emergency mental health care, providers in the area where you travel can treat you and send the bill to CCF program. Refer to the ***Crisis Response Services*** section on page 9 for more details on Mental Health Emergencies.

CCF does not cover any services, including emergency services, provided outside the United States, Canada, and Mexico. If you need emergency services while in Canada or Mexico, CCF will cover the service only if the doctor's or hospital's bank is in the United States. Other services may be covered with CCF approval if the provider has a U.S. bank. Please call CCF program if you get any emergency mental health services outside the United States.

Transportation

Non-emergency medical transportation (NEMT) is available through the DHS NEMT manager. The NEMT manager arranges and pays for rides to covered services for Medicaid and BadgerCare Plus members who have no other way to receive a ride. Non-emergency medical transportation can include rides using:

- Public transportation, such as a city bus
- Non-emergency ambulances
- Specialized medical vehicles
- Other types of vehicles, depending on a member's medical and transportation needs

Additionally, if you use your own private vehicle for rides to and from your covered health care appointments, you may be eligible for mileage reimbursement.

You must schedule routine rides at least two business days before your appointment. You can schedule a routine ride by calling the NEMT manager at 1-866-907-1493 (or TTY 711), Monday through Friday, from 7:00 a.m. until 6:00 p.m. You may also schedule rides for urgent appointments. A ride to an urgent appointment will be provided in three hours or less.

Talk with your CCF Worker(s) if you have additional transportation needs.

Out of Home Placements

CCF is committed to helping children thrive in their home or community. Sometimes children need to be placed outside of their homes for short periods of time due to concerns of safety. Examples of out of home placement are:

- Foster home
- Group home
- Dane County Juvenile Shelter Home
- Residential Care Center (RCC)*
- Respite Care coordinated by DCDHS

In order to be placed in an out of home placement, a youth must be involved with Dane County Department of Human Services (DCDHS). If an out of home placement occurs, CCF will continue to work with your child, family, and Child & Family Team.

DCDHS will review and charge a fee to parents for all of these out of home placements. This fee is based on a sliding scale and is determined by your income. The Dane County Parental Support Collection Unit sets the fee and this office is not part of the Children Come First program. These fees are not covered by Children Come First.

If you receive paperwork from the Dane County Parental Support Collection Unit, it is very important that you fill it out and return it to avoid being billed for the full cost of your child's placement. You can call the Dane County Parental Support Collection Unit for more information at 608-242-6408.

If your child receives Social Security financial benefits and is placed out of the home, your child's Social Security payments will be redirected to DCDHS to offset the cost of your child's out of home care. Once your child is returned home you must contact the Social Security Office at 866-770-2262 to have these payments redirected back to you.

If you receive court-ordered child support payments from your child's other parent, and your child is placed out of the home, these child support payments will be redirected to DCDHS to offset the cost of your child's out of home care. Once your child is returned home you must contact Dane County's Child Support Agency at 608-266-4031 to have these payments redirected back to you.

If You Move

The CCF Program serves children and families living in Dane County. If your child is temporarily placed in an out-of-home placement outside of Dane County, you may continue in the CCF program. If you move out of Dane County, CCF Staff will work with you on a transition plan to ensure appropriate services and supports are in place that will be accessible post-disenrollment from the CCF program. Call the HMO Enrollment Specialist at 1-800-291-2002 and they will help you choose a new HMO that serves your new area.

If your child is temporarily placed in an out-of-home placement outside of Dane County, you may continue in the CCF program.

CCF Family Advocate

CCF has a Family Advocate who can provide support to individuals and families. Some of the types of support that can be provided are:

- Attend school meetings, mental health appointments, court hearings, and/or Team Meetings
- Support and assist individuals and families with identifying and establishing natural and professional supports in the community.
- Advocate for families within the community to address barriers which may interfere with family growth and access to services.
- Answering questions about getting care and solving any problems you may have getting care from CCF.

You can reach the CCF Family Advocate at 1-888-201-6681.

Transition Planning

The CCF program is a time-limited program, determined by your child's ongoing needs and continued eligibility for the program. It is important for your Child & Family Team to plan for disenrollment from the CCF program. If your child is still receiving CCF services after 15 months of enrollment, the Child & Family Team must create a Transition Plan that identifies a timeline for leaving the program.



Things that will be addressed in the Transition Plan are:

- What services and supports need to remain in place to support your child's stability
- Additional service and supports that you may find helpful in the future
- Other funding sources that are available to your child and family

If the Child & Family Team does not think your child will be ready to end with CCF by their 18th month of enrollment, a review of your child's progress will be scheduled with CCF's Transition Committee. The Transition Committee will help you and the Child & Family Team with your child's transition planning and may schedule a disenrollment date for your child. The Transition Committee may also agree with your Child & Family Team that more time is needed in the program. The Committee may suggest treatment planning options to support your child and ask that you return in the future to discuss your child's progress and enrollment.

Disenrolling from CCF

Planning for disenrollment from the CCF Program will be an ongoing discussion with your Child & Family Team throughout enrollment. As a Team you will decide when you and your child are ready to disenroll.

Your child may be disenrolled from the CCF program if:

- Your child has made substantial progress toward treatment goals and is no longer at imminent risk of an institutional placement in a psychiatric hospital, residential treatment center, corrections, or placement disruption.
- You (the parent or legal guardian) ask that your child be disenrolled from the program.
- Your child moves out of the county, is court-ordered to a correctional placement, or is 19 years of age or older.
- Your child or family are not utilizing CCF services, participating in treatment planning, or are not available to participate in CCF programming.

Re-Enrollment

Re-enrollment in the CCF program may be an option for your child if they once again become at risk for institutional placement or placement disruption.

If your child is involved with DCDHS you must contact your child's Social Worker to discuss this option. If your child is not involved with DCDHS, you may contact RISE at 608-210-0135 to discuss this option with the RISE Referral Specialist.



Grievances & Appeals

Children Come First wants your family to get the best care possible. If you are not happy with the care you are getting, we would like you to let us know. You will not get in trouble for telling us your concerns. Knowing your concerns can help us give you better care.

Grievances

A grievance is any complaint about your CCF Worker that is not related to a denial, limitation, reduction, or delay in your benefits. Grievance topics include things like the quality of service you were provided, rudeness from a provider or employee, and not respecting your rights as a participant.

We would like to know if you ever have a grievance about your care in the CCF program. If you are unhappy with your care, you can let the person you are working with know you are not

happy. They can try to help work it out. If you don't want to tell this person, you can call their Supervisor. You can also skip this step and call or write to the following people.

For RISE:
Quality Assurance Manager
1334 Dewey Court
Madison, WI 53703
(608) 250-6634

For ARTT:
CYF Mental Health Manager
1202 Northport Drive
Madison, WI 53704
(608) 242-6404

Grievances can be filed verbally or in writing at any time. If you need help to file or write your grievance you can call Wisconsin Family Ties at (608) 267-6888 or call RISE's Family and Consumer Advocate at (608) 210-0124.

If you want to talk to someone outside of CCF about the problem, call the HMO Enrollment Specialist at 1-800-291-2002. The HMO Enrollment Specialist may be able to help you solve the problem or write a formal grievance to CCF.

The address to file a grievance with the CCF Program is:

BadgerCare Plus and Medicaid SSI
Managed Care Ombuds
P.O. Box 6470
Madison, WI 53716-0470
1-800-760-0001

You may file a grievance at any time. You will not be treated differently from other participants because you file a grievance. Your health care benefits will not be affected.

This is how CCF will respond to your formal grievance:

1. The Quality Assurance Manager (for RISE) or the CYF Mental Health Manager (for ARTT) will send you an acknowledgement letter within 10 business days. This is to let you know we received your grievance. We will look into your concerns. The Manager will mail you a decision letter within 30 calendar days from the day you filed your grievance. You will also get information on what to do if you do not agree with this decision.
2. If the Quality Assurance Manager (for RISE) or the CYF Mental Health Manager (for ARTT), or you need more time to make a decision, the time period may be increased by 14 calendar days. If this happens, you will be notified in writing within 2 calendar days an explanation why more time is needed and when a decision has been made. The total time for Children Come First to make a decision will not be more than 45 calendar days from when you filed the grievance.

Appeals

You have the right to appeal if you believe your benefits are wrongly denied, limited, reduced, delayed, or stopped by the CCF Program. Your authorized representative or your provider may request an appeal for you if you have given them consent to do so. When requesting an appeal, you must appeal to the CCF Program first. The request for an appeal must be made no more than 60 days after you receive notice of services being denied, limited, reduced, delayed, or stopped.

If you need help writing a request for an appeal, please call RISE's Family and Consumer Advocate at (608) 210-0124 or 1-888-201-6681, the BadgerCare Plus and Medicaid SSI Ombuds at 1-800-760-0001, or the HMO Enrollment Specialist at 1-800-291-2002.

State Fair Hearing Request

If you disagree with CCF's decision about your appeal, you may request a fair hearing with the Wisconsin Division of Hearing and Appeals. The request for a fair hearing must be made no more than 120 days after CCF makes a decision about your appeal.

If you want a fair hearing, send a written request to:

Department of Administration Division of Hearings and Appeals
P.O. Box 7875
Madison, WI 53707-7875

The hearing will be held with an administrative law judge in the county where you live. You have the right to be represented at the hearing, and you can bring a friend for support. If you need a special arrangement for a disability or for language translation, please call 1-608-266-3096 (voice) or 1-608-264-9853 (hearing impaired).

If you need help writing a request for a fair hearing, please call either the BadgerCare Plus and Medicaid SSI Ombuds at 1-800-760-0001 or the HMO Enrollment Specialist at 1-800-291-2002.

You may request to have the disputed services continued while the CCF Program appeal and State fair hearing process are occurring. The request to continue services must happen within 10 days of receiving the notice that services were denied or changed, or before the effective date of the denial or change in benefits. You may need to pay for the cost of services if the hearing decision is not in your favor.

- If you were not getting the service before the decision, CCF does not need to provide the service during this process.
- If you were getting the service before the decision, CCF will provide the same level of service during this process until:
 - You withdraw the appeal
 - A state fair hearing decision supporting the adverse benefit determination is made
 - The authorization expires or authorization service is met

Expedited Review

If you think your grievance is urgent you can ask for an Expedited Review. This means we will decide very quickly. This is for when you need a response right away to prevent serious harm. We will look over your concerns and decide within 2 business days. You can ask for an Expedited Review from the person you are working with, or their Supervisor. You will not be penalized for asking for this. Also, your providers will not be penalized for asking for this.

If we do not think this is urgent, we may not speed up your decision. If that happens, we will tell you right away. We will also mail you a letter within 2 calendar days. We will then respond to your grievance in our regular timeframes.

Grievance Rights

You have the right to:

- Get help to write and file your grievance. You can get help from any CCF employee. You can also call Wisconsin Family Ties at (608) 267-6888.
- Look at the information Children Come First used to make its decision.
- Attend meetings about your grievance. You can bring whoever you want to these meetings. This could be a family member, a friend, or a provider.
- Present new information during the grievance process.
- Ask that your grievance be handled in an urgent manner (see *Expedited Review* above).
- Have an interpreter. This will be free to you. You can ask for an interpreter by calling the Quality Assurance Manager (for RISE) or the CYF Mental Health Manager (for ARTT).
- Move to *any* part of this grievance process at *any* time.

Additional Rights

Know about Physician Incentive Plan

You have a right to know about any Provider Incentive plans. CCF **does not** have any special financial arrangements with providers in the Provider Network.



Knowing Provider Credentials

You have the right to information about our providers including the provider's education, board certification, and recertification. To get this information, call 1-888-201-6681 to speak with the Provider Network Specialist.

Completing an Advance Directive, Living Will, Or Power of Attorney For Health Care

You have the right to make decisions about your medical care. You have the right to accept or refuse medical or surgical treatment. You have the right to plan and direct the types of health care you may get in the future if you become unable to express your wishes. You can let your

doctor know about your wishes by completing an advance directive, living will, or power of attorney for health care. Contact your doctor for more information. You have the right to file a grievance with the DHS Division of Quality Assurance if your advance directive, living will, or power of attorney wishes are not followed. You may request help in filing a grievance.

Right to Medical Records

You have the right to ask for copies of your medical records from your provider(s). We can help you get copies of these records. Please call 1-888-201-6681 for help. Please note that you may have to pay to copy your medical records. You may correct inaccurate information in your medical records if your provider agrees to the correction.



Moral or Religious Objection

The CCF Program does not limit or deny any covered Medicaid benefits because of an objection on moral or religious grounds.

In addition to your Participant Rights list on page 5 of this handbook, all medically necessary covered services are available and will be provided in the same manner to all participants. All persons or organizations connected with the CCF Program that refer or recommend participants for services shall do so in the same manner for all participants.

Fraud and Abuse

If you suspect fraud or abuse of the Medicaid program, you may report it. Please go to www.reportfraud.wisconsin.gov.

Important Numbers

My CCF Worker(s): _____

Contact your CCF Worker(s) for information on services and support options available for your child and family. For crisis situations outside of normal business hours—including a psychiatric hospitalization—please contact the crisis line of the CCF program your child is currently in:

After Hours RISE-CCF Crisis Line **608-258-0269**

After Hours ARTT-CCF Crisis Line **608-280-2600**

Other Helpful Numbers:

DCDHS CYF Mental Health Manager 608-242-6404

CCF Family Advocate 608-250-6634

CCF Quality Assurance Manager 608-250-6634

DCDHS Parent Support Collection Unit 608-242-6408

Social Security Office 866-770-2262

Domestic Abuse Intervention Services 608-251-4445

Suicide Prevention Helpline 608-280-2600

United Way First Call for Help Dial 211

Wisconsin Family Ties Family Advocacy 608-267-6888

Briarpatch Teen Helpline 608-251-6221

Family Support & Resource Center 608-237-7630

My Important Numbers:



RISE Wisconsin, Inc.

1334 Dewey Court
Madison, WI 53703
Telephone: 608-250-6634
Fax: 608-250-6637

Email: info@risewisconsin.org
Website: www.risewisconsin.org



DCDHS—ARTT Unit

1202 Northport Drive
Madison, WI 53704
Telephone: 608-242-6200
Fax: 608-242-6293

Website:
www.danecountyhumanservices.org

Glossary

Refer to these health and medical terms to help you understand your Summary of Benefits and Coverage and other important plan documents.

Appeal: For member appeals, a review by the County of an adverse benefit determination. For provider appeals, an application or proceeding for review when a provider does not agree with the claim reconsideration decision. For example: A claim is denied by the County for untimely claim filing. The Provider must appeal the denial action to the County; an internal review by the County is required.

Copayment: A fixed amount the County or provider is allowed to charge a member for part of the cost of medically necessary covered services. Allowable copayment amounts are listed in the ForwardHealth online handbook.).

Durable Medical Equipment: Items that are primarily and customarily used to serve a medical purpose; generally, are not useful to an individual in absence of disability, illness, or injury, can withstand repeated use and can be reusable or removable.

Emergency Medical Condition:

- A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:
 - Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy,
 - Serious impairment of bodily functions, or
 - Serious dysfunction of any bodily organ or part.
- With respect to a pregnant woman who is in active labor:
 - Where there is inadequate time to effect a safe transfer to another hospital before delivery, or

Where transfer may pose a threat to the health or safety of the woman or the unborn child.

- A psychiatric emergency involving a significant risk of serious harm to a member or others.
- A substance abuse emergency exists if there is significant risk of serious harm to a member or others, or there is likelihood of return to substance abuse without immediate treatment.

Emergency Medical Transportation: Transportation by ambulance, specialized medical vehicle (SMV) or county-approved or tribe-approved common carrier as defined under Wis. Admin Code DHS 107.23(1)(d) when immediate medical treatment or examination is needed to deal with or guard against a worsening of the recipient's condition. Wis. Admin Code DHS 107.23.

Emergency Room Care: Any health care service given in an emergency room and provided to evaluate and/or treat any medical condition that a prudent layperson believes requires immediate unscheduled medical care.

Emergency Services: Covered inpatient and outpatient services that are furnished by a provider that is qualified to furnish these services under Title XIX of the Social Security Act, and needed to evaluate or stabilize an emergency medical condition.

Excluded Services: Services that Medicaid does not pay for.

Grievance: An expression of dissatisfaction about any matter other than an adverse benefit determination. Grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the member's rights regardless of whether remedial action is requested. Grievance includes a member's right to dispute an extension of time proposed by the County to make an authorization decision. The member or authorized representative may file a grievance either orally or in writing.

Habilitation Services and Devices: Health care service and devices that help a person keep, learn, or improve skills and functioning for daily living.

Health Insurance: A contract with an individual that requires a health insurer to pay some or all of an individual's health care costs.

Home Health Care: Home health skilled nursing and therapy services, including medication management, are provided to a recipient who, due to his/her medical condition, is unable to leave home to obtain necessary medical care and treatment and therefore, must receive this care at home.

Hospice Services: Services necessary for the palliation and management of terminal illness and related conditions. These services include supportive care provided to the family and other individuals caring for the terminally ill recipient. Wis. Admin Code DHS 107.31(2)

Hospital Outpatient Care: The provision of services by an outpatient department located within an inpatient hospital licensed facility which does not include or lead to an inpatient admission to the facility.

Hospitalization: An inpatient stay at a certified hospital as defined in Wis. Admin Code DHS 101.03(76).

Medically Necessary: A medical service that meets the definition of HFS 101.03(96m), Wis. Adm. Code.

Non-Participating Provider: Facility or provider that the County does not have a contract with to provide services to a member of the plan.

Participating Provider: Facility or provider the County has a contract with to provide covered services to a member of the plan.

Physician Services: Any medically necessary diagnostic, preventive, therapeutic, rehabilitative or palliative services provided in a physician's office, in a hospital, in a nursing home, in a recipient's residence or elsewhere, and performed by or under the direct, on-premises supervision of a physician within the scope of the practice of medicine and surgery as defined in Wis. Stats. 448.01 (9).

Plan: A plan is an individual or group plan that provides, or pays the cost of, medical care.

Preauthorization: The written authorization issued by the Department or the County to a provider prior to the provision of a service. Also known as 'prior authorization'. Wis. Admin Code DHS 101.03(134).

Premium: The amount a member may pay each month for Medicaid coverage.

Prescription Drug Coverage: Drugs and drug products covered by Medicaid include legend and non-legend drugs and supplies listed in the Wisconsin Medicaid drug index which are prescribed by a physician, by a dentist licensed, by a podiatrist, by an optometrist, by an advanced practice nurse prescriber, or when a physician delegates the prescribing of drugs to a nurse practitioner or to a physician's assistant.

Primary Care Physician: licensed physician who provides both the first contact for a person with an undiagnosed health concern as well as continuing care of varied medical conditions with specialties in general practice, family practice, internal medicine, obstetrics, gynecology, and pediatrics. A Primary Care Physician may be a Primary Care Provider.

Primary Care Provider (PCP): Primary Care Physician or other licensed provider who provides both the first contact for a person with an undiagnosed health concern as well as continuing care of varied medical conditions. Including, but not limited to Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), tribal health centers, and physicians, nurse practitioners, nurse midwives, physician assistants and physician clinics with specialties in general practice, family practice, internal medicine, obstetrics, gynecology, and pediatrics. Pursuant to 42 CFR §438.208(b)(1), the primary care provider is a person formally designated as primarily responsible for coordinating the services accessed by the member.

Provider: A person who has been enrolled by the Department to provide health care services to members and to be reimbursed by Medicaid for those services.

Provider Network: A list of physicians, hospitals, urgent care centers, and other health care providers that a County has contracted with to provide medical care to its members. These providers are “network providers,” “in-network providers” or “participating providers”. A provider that has not contracted with the plan is called an “out-of-network provider” or “non-participating provider.”

Rehabilitation Services and Devices: Services and devices designed for recovery or improvement of function and to restore to previous level of function if possible.

Skilled Nursing Care: Medically necessary skilled nursing services ordered by and to be administered under the direction of a physician that may only be provided by an advanced practice nurse, a registered nurse (RN), or a licensed practical nurse (LPN) working under the supervision of an RN.

Specialist: A physician whose practice is limited to a particular branch of medicine or surgery, especially one who is professionally certified by a board of physicians.

Urgent care/service needs: Services provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care. Urgently needed services are often but not always those that if not fulfilled could result in an emergency room visit or inpatient admission.

Terms that are not defined above shall have their primary meaning identified in the Wisconsin Administrative Code (Wis. Admin. Code), Chapters HFS 101-108.