



**THE HUMAN SERVICE CENTER**

(HUMAN SERVICES BOARD 51.42/51.437)

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# **CCS Provider Handbook**

**COMPREHENSIVE COMMUNITY SERVICES (CCS)**

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# CCS Provider Handbook

## Introduction

Welcome to the world of Comprehensive Community Services (CCS). Whether you are new to CCS for persons with mental illness and/or substance use disorders or are an existing service provider, this handbook is designed to provide you with information on delivering services as a CCS certified network provider for The Human Service Center.

### **Welcome to The Human Service Center of Forest, Oneida, and Vilas Counties! (Human Services Board 51.42/51.437)**

It is the mission of The Human Services Board to provide citizens of Forest, Oneida and Vilas counties with chemical dependency, developmental disabilities, and mental health services. The Board is, therefore, dedicated to ensuring a range and quality of services that will:

-  Assist people to free themselves from the destructive abuse of alcohol and other drugs that diminish their ability to assume full responsibility for their own lives.
-  Assist people to fulfill their human potential even though mentally challenged or otherwise developmentally disabled.
-  Assist people to achieve the kind of mental health and psychological wholeness that will enable them to function more creatively and constructively, both as individuals and as members of the community.
-  It is further the mission of The Human Services Board to encourage activities that will prevent people from becoming disabled by chemical dependency, mental illness or developmental disabilities.

The Human Service Center of Forest, Oneida, and Vilas Counties serves thousands of tri-county residents each year. It directly provides many of its own services including mental health therapy, alcohol and drug abuse counseling, case management services and mobile crisis services. The Human Service Center also contracts for services with many outside public and private organizations and local hospitals, as well as community-based residential treatment facilities and private adult family homes.

## Our Administration

Along with our devoted staff, The Human Service Center Behavioral Health Administration Team works diligently to ensure proper care to thousands of individuals we serve in the tri-county area.

 Tamara Feest is the Executive Director for The Human Service Center of Forest, Oneida, and Vilas Counties. In this role, Tamara leads a team providing all aspects of human services, including mental health, substance abuse and developmental disabilities treatment and care. Tamara is a qualified administrator and holds a bachelor's degree in Health Care Administration from Concordia University – Wisconsin.

Additionally, Tamara holds both a Licensed Clinical Substance Abuse and Independent Clinical Supervisor credential from the State of Wisconsin. Currently, she sits on the Wisconsin Counties Human Services Association's Behavioral Health Policy Advisory Committee and the State Council on Alcohol and Other Drug Abuse Intervention and Treatment Committee. Tamara is no stranger to human services, having spent over 20 years as a counselor, case manager, program supervisor and department administrator — all of which taught her the importance of providing comprehensive care to persons in need. Before being named as the agency's Executive Director, Tamara worked for the Wisconsin Department of Health Services as the Area Administrator for the Northern Region.

Tamara is a veteran of The Human Service Center, having worked here for many years previously. Passionate about The Human Service Center and its potential, she returned to lead the agency in providing services that foster independence and recovery.

 Donna Shimeck is the Behavioral Health Administrator for The Human Service Center. In this role, Donna leads the Behavioral Health team which provides Mental Health and Substance Abuse services.

Donna received her B.S. in Human Development/Psychology from UW-Green Bay and her M.A. in Counseling Psychology with Children and Adolescents from Boston College. Additionally, Donna holds a Licensed Clinical Social Worker credential from the State of Wisconsin. Currently, she is a member of the American Counseling Association and sits on The Office of Children's Mental Health Access subcommittee. Donna has over 25 years of experience in Human Service Delivery, working as a therapist and administrator in Day Treatment Facilities for Children and Adolescents and Outpatient Clinics. Throughout the time, she has learned the importance of emphasizing recovery-oriented care to empower people of all ages throughout their journey in life.

Donna has worked for The Human Service Center since 2010, starting out as the Clinical Coordinator and within 8 months, moving into an Administrative position. Donna is dedicated to assisting the Behavioral Health team in providing a high quality of care to the citizens of Forest, Oneida, and Vilas Counties who need Mental Health and Substance Abuse Services.

 **Chuck Lechmaier** is the Behavioral Health Deputy Administrator for The Human Service Center. In this role, Chuck works closely with the Behavioral Health team and community stakeholders to ensure access to quality services and care for individuals with mental health and substance use diagnosis.

Chuck received a B.S. in Criminal Justice from Upper Iowa University and an MBA in Healthcare Management at Western Governor’s University. Chuck has over 10 years of experience in Human Service Delivery, working as a program manager with adults with severe and persistent mental illness, cognitive and physical disabilities.

Chuck has worked for The Human Service Center since 2013, starting out as a Behavioral Health Service Facilitator and as a program lead for the Comprehensive Community Services program. In 2017, Chuck moved into an Administrative position. Chuck is dedicated to assisting the Behavioral Health team in providing a high quality of care to the citizens of Forest, Oneida, and Vilas Counties who need Mental Health and Substance Abuse Services.

## **What is Comprehensive Community Services (CCS)?**

CCS provides programming to individuals of all ages across the lifespan—youth to elderly—living with either a mental illness and/or substance use disorder. CCS is for individuals who need ongoing services beyond occasional outpatient treatment and care, but less than the intensive care provided in a hospital setting. The individual works with a dedicated team of service providers to develop a treatment and recovery plan to meet the individual’s unique needs and goals. A 2013 study of the consumer experience in CCS found this targeted community-based approach is effective in promoting better overall health and satisfaction.

## **Defining Recovery**

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.”<sup>1</sup>

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.

<sup>1</sup> 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.

SAMHSA cites 10 guiding principles to recovery:

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.

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 Services

Comprehensive Community Services (CCS) programs are certified per the requirements of Wisconsin Administrative Code DHS 36 and provide 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 consumers with mental health and/or substance use disorders across the lifespan who qualify based on level of need as measured by the State of Wisconsin's 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 consumer 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 CFS s. 440.130\(d\)](#) for the services to be reimbursed by Medicaid.

For a service to qualify under psychosocial rehabilitation, it must:

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

### CCS Service Array

A Provider may apply to provide any number of services on the CCS Service Array. It is not necessary for a service provider to provide all 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**

Key components of The Human Service Center’s CCS Model from the consumer perspective include:

- Information on the program and determination of eligibility through The Human Service Center. This will include the completion of the application and admission agreement, the functional screen, and determination of need for psychosocial rehabilitation services – including obtaining a physician’s authorization for services.
- Selecting a recovery team that includes the consumer, Service Facilitator, and Mental Health Professional. If the consumer has or is suspected of having a substance use disorder, then a Substance Abuse Professional is a part of the recovery team. The team may also include, with the consumer’s consent, service providers, family members, natural supports, and advocates. If the consumer 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 consumer 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 and the consumer 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 include 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 consumers. 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 acts, how they think, and what they believe about the world around them. It is the Provider's obligation to gain the necessary cultural information about CCS enrollees 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:

- Offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each CCS consumer 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 consumers of their right to receive language assistance services in their preferred language.
- Not utilize family or friends to provide interpretation services, except when requested by the consumer.
- Make available easily understood consumer-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 taken largely from [Wisconsin Administrative Code, Comprehensive Community Services Ch. DHS 36.03](#).

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

Consumer – An individual who has been determined to need psychosocial rehabilitation services. May also be referred to as a “client” in some instances.

County – means The Human Service Center (Forest, Oneida, and Vilas Counties.)

Mental Health Professional – means a staff member who is qualified under s. 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.

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 consumer that is based on an individualized assessment of the consumer.

Recovery Team – means the group of individuals who are identified to participate in an assessment of the needs of the consumer, 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 – means a staff member who is qualified under s. DHS 36.10(2)(g) 1 to 21, and who has the overall responsibility for service facilitation.

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.

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, 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 DHS 36 fully explains the roles of key staff, a brief explanation of several are provided here.

## **CCS Administrator -- Donna Shimeck, MA, LCSW**

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

## **CCS Service Director -- Kirsten Carlson, MA, LPC**

This individual is responsible for the overall quality of the services provided to the consumers and for day-to-day consultation with CCS staff.

## **Mental Health Professional**

Mental Health Professionals serve as members of the recovery team. The Mental Health Professional reviews and attests to the consumer's need for psychosocial services and medical and supportive activities to address the desired recovery goals and authorizes the proposed psychosocial services.

## **Service Facilitator**

The CCS Service Facilitators assist consumers by:

- Identifying a recovery team.
- Gathering information that focuses on the consumers' needs, goals, strengths, desired outcomes, and priorities as part of the assessment process.
- Ensuring that the service plan and service delivery for each consumer is integrated, coordinated and monitored.
- Ensuring that the service plan is designed to support the consumer in a manner that helps the individual achieve the highest level of independent functioning.

The primary duties of the Service Facilitators at the HSC are to:

- Meet with CCS consumers 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 a consumer's voluntary interest in participating.
- Determine functional screen eligibility.
- Determine need for psycho-social rehabilitation services.
- Obtain physician's prescription for CCS services.
- Assist consumers in selecting a Service Facilitator.
- Assess need for immediate services.
- Arrange for immediate services if necessary.
- Arrange smooth transfer to the selected Service Facilitator.
- Perform periodic reassessments of eligibility.

- Refer to other services those consumers who are not interested in or eligible for CCS.

As time allows, other duties will include community education on the CCS program and outreach to other service access points.

### **Substance Abuse Professional**

If the applicant has or may have a substance use disorder, the Substance Abuse Professional establishes the diagnosis, assesses the consumer's substance use, strengths and treatment needs, and signs the authorization for services. Substance Abuse Professionals serve as members of the recovery team.

## **Becoming a Contracted Provider with The Human Service Center (HSC)**

Below is an overview of the steps needed to become a CCS Contracted Provider with The Human Service Center.

### **Setting Your Rates**

Submit a list of CCS rates to Connie Deau ([cd@thehumanservicecenter.org](mailto:cd@thehumanservicecenter.org)) for the following CCS services along with a rate setting sheet showing how the rates were determined:

- Psych Evaluation - Service Code 90791 (1 hr.)
- Therapy, Master's Level - Service Code 90837 (1 hr.)
- Therapy, Master's Level in Training - Service Code 90837 (1 hr.)
- Group Therapy - Service Code 90853 (1 hr.)
- Family Therapy - Service Code 90847 (1 hr.)

If you do not have established CCS rates, HSC has a list of rates. Email Connie Deau at [cd@thehumanservicecenter.org](mailto:cd@thehumanservicecenter.org) for a copy of these rates.

The Human Service Center's financial team will review the budget to determine if the Provider's rates are allowable. If HSC finds that the rates are not allowable, negotiations will take place until an agreement is made.

### **Drafting a Contract**

Once the rates are established, forward all of the required information (listed below) to Chuck Lechmaier at [cl@thehumanservicecenter.org](mailto:cl@thehumanservicecenter.org) to draft a contract:

- Provider's legal name, PO box and physical address
- Completed W-9 form. If you do not have this form readily available, you can find it at: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

- Provider’s contract contact name, phone number, and email address
- Provider’s financial contact name, phone number, and email address

When the contract is completed it is emailed to the Provider. Please read the contract in its entirety as it has important information on requirements handed down from the state for required reporting processes. Not only does the contract have the specific reporting requirements, but it also has specific billing requirements that must be met. Failure to do so will result in breach of contract and nonpayment.

If Provider agrees with the contract, an authorized signer must sign the contract and follow the directives to electronically return the original signed contract.

## **Background Checks and Misconduct Reporting**

**NOTE:** Prior to the provision of service, a Caregiver Background Check (CBC) must be completed on all staff persons who will be providing CCS services.

The CCS provider, as part of the Behavioral Health Department and The Human Service Center, shall comply with the agency policy, “Caregiver Background Checks,” (see Attachment #5, page 37) which requires background information checks on applicants for employment and requires all contracted providers to do the same. The Human Service Center cannot hire or retain individuals who, because of specified past actions, are prohibited from working with CCS consumers.

### **Definition**

A caregiver is defined as: (1) A person who is, or is expected to be, an employee or contractor of an entity who is, or is expected to be, under the control of an entity; as defined by the department by rule, and who has, or is expected to have, regular, direct contact with consumers of the entity. (2) A person who has, or is seeking, a license, certification, registration, or certificate of approval issued or granted by the department to operate an entity. (3) A person who is, or is expected to be, an employee of the board on aging and long-term care who has, or is expected to have, regular, director contact with consumers (Wisconsin Statue 50.065).

The PROVIDER shall conduct caregiver background checks, at its own expense, of all employees assigned to do work for the PURCHASER under this Contract if such employee has actual, direct contact with the consumers of the PURCHASER. The PROVIDER shall retain, in its Personnel Files, all pertinent information including: Background Information Disclosure Form ([Background Information Disclosure \(BID\) form, F-82064](#)) and/or search results for the Department of Justice (<https://recordcheck.doj.wi.gov/>), the Department of Health Services, and the Department of Regulation and Licensing, as well as out-of-state records, tribal court proceedings, and military records, if applicable. A copy of the Background Information Disclosure Form and the caregiver background check must be submitted to The Human Service Center.

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

After the initial background check, the PROVIDER must conduct a new caregiver background check every four (4) years or any time within that period when the PROVIDER has reason to believe that new check should be obtained.

For more information on the required Caregiver Background Check, please refer to the Wisconsin Department of Health Services, Employee and Contractor Background Check Process: <https://www.dhs.wisconsin.gov/caregiver/employee.htm>

If a completed Caregiver Background Information Disclosure form or a background check comes back from the State showing an employee/entity/person conviction, within the past five years, of:

940.19 (1)	Misdemeanor Battery
940.195	Battery to an Unborn Child
940.20	Battery, Special Circumstances
941.30	Reckless Endangerment
942.08	Invasion of Privacy
947.01	Disorderly Conduct
947.013	Harassment

The contracted provider shall make every effort to contact the Clerk of Courts in the appropriate county to obtain a copy of the criminal complaint and judgment of conviction relating to the above list.

Following a review of the criminal complaint/judgment of conviction, Human Service Center will follow the guidelines established in s. 111.335, Stats., ss 48.685 (5m) and 50.065 (5m) Stats. to determine whether a person may work as a caregiver or whether a permanent bar exists.

The Medicaid-certified CCS county or tribal provider is responsible for ensuring that its contractors:

- Meet all provider qualifications as outlined in the DHS 36.
- Are notified of changes to policies and procedures.
- Have a current license, or certification, or meet any of the following requirements (if applicable).

## Staff Records (Personnel Requirements)

**NOTE:** All CCS personnel requirements (listed below) **must be submitted to The Human Service Center prior to services being reimbursed.** CCS Contracted Providers are responsible for ensuring they address the requirements listed below.

In accordance with DHS 36.10, Staff member records will include the following:

- Reference letters for CCS Staff obtained from at least two (2) people, including previous employers, educators, or post-secondary educational institutions.
- Confirmation of an applicant's current professional license or certification.
- Completed Background Information Disclosure [Form F-82064](#) (BID).
- Criminal and Caregiver background checks (including results of any subsequent investigation related to the information obtained from the background check).
- Confirmation of appropriate training as specified in DHS 36 (see next section for training requirements).

## Orientation and Training

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 must 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 consumers or family members.

The Human Service Center will provide portions of the initial orientation and training required of all CCS staff within the first three months of employment. The Orientation and Training document can be accessed through the agency website: <https://www.thehumanservicecenter.org/ccs-policies-and-procedures>

A portion of the training will need to be completed through The University of Wisconsin Green Bay's Behavioral Health Training Partnership. Please review Attachment #1 (page 28) for directions on how to access the CCS curriculum.

Completion of the required orientation and training is the responsibility of the provider and employee to complete within the first three months of employment.

### **Additional Training Requirements for Peer Specialists and Rehabilitation Workers**

Per DHS 36.10, additional training is required for the following CCS Staff members:

A peer specialist, meaning a staff person who is at least 18 years old, shall have successfully completed 30 hours of training\* during the past two years in recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, consumer confidentiality, a demonstrated aptitude for working with peers, and a self-identified mental disorder or substance use disorder.

A rehabilitation worker, meaning a staff person working under the direction of a licensed mental health professional or substance abuse professional in the implementation of rehabilitative mental health, substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have successfully completed 30 hours of training\* during the past two years in recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, and consumer confidentiality.

**\*The 30 hours of training in the past two years is in addition to the initial 20-40 hours of training per DHS 36.12.**

### **Ongoing Training Requirements**

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 Human Service Center 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 Human Service Center annually.

<p><b>The Human Service Center CCS program requires that all CCS personnel must complete their orientation and training prior to being able to begin providing services to CCS recipients.</b></p>
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## 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. **CCS Providers are responsible for ensuring that their staff receive appropriate supervision and clinical collaboration.**

**Staff qualified under DHS 36.10(2)(g) 1. to 8.** 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. Staff qualified under DHS 36.10(2)(g) 1. to 8. 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.

## **Authorization of Services**

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

Service Providers must obtain an authorization prior to providing any service. A copy of the service plan should be provided to the service providers. Service providers may contact the Service Facilitator to verify whether a service has been authorized.

### **NOTE:**

- Services provided without authorization will not be paid.
- Services will not be authorized for reimbursement until all training and personnel requirements are met.
- 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.

### **Covered Services**

Services within CCS include:

- Screening and Assessment
- Service Planning
- Service Facilitation
- Diagnostic Evaluations
- Medication Management
- Physical Health Management
- 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

### **Non-Covered Services**

The following services are not covered under the CCS Benefit:

- Intensive In-home Mental Health and Substance Abuse Services for Children
- Child/Adolescent Day Treatment
- Crisis Intervention
- Community Support Program (CSP)
- Targeted Case Management (TCM)
- Narcotic Treatment benefit
- Non-Emergency medical transport
- Services to members residing in RCC
- Autism services
- Developmental disability services
- Learning disorder services
- Respite care
- Sheltered workshop
- Job development
- Clubhouses
- Operating While Intoxicated Assessments
- Urine analysis and drug screening
- Prescription drug dispensing
- Detoxification services
- Residential intoxication monitoring services
- Medically managed inpatient treatment services
- Case management services provided under DHS 107.32, Wis. Admin. Code, by a provider not enrolled in accordance with DHS 105.255, Wis. Admin. Code, to provide services
- Services to a resident of an intermediate care facility, skilled nursing facility, IMD, or hospital
- Services performed by volunteers
- Services which are not rehabilitative, including services that are primarily recreation-oriented
- Legal advocacy
- Travel and/or documentation time that is not associated with a direct service is a non-covered service. Example: No Shows
- CCS Service Array items 4 – 14 are billable only when provided as a direct service. Example: Coordination of services, telephone call, or collaboration is not billable unless associated with the role of the service facilitator (service array items 1-3)

**Federal & Wisconsin Guidelines**

All costs must comply with all applicable Medicaid, WI DHS and federal guidelines, including but not limited to:

- WI DHS [Allowable Cost Policy Manual](#)
- WI DHS Audit Guide

Compliance with these guidelines is the sole responsibility of the provider. Any questions regarding implementation should be directed to the Provider’s accountant and/or auditor.

**Comprehensive Community Services Documentation**

**Progress Notes Rubric Guidelines**

The following needs to be a part of your documentation.

- Name of Agency
- Name of Service Recipient (Consumer)
- Date of Birth – Service Recipient (Consumer)
- Date of Service (month, day, and year)
- Service Provided (service array item)
- Total time of service and documentation time (in minutes)
- Place of Service (i.e. home, school, community)
- Travel duration in minutes (if provider traveled)
- Miles traveled to complete this service (if provider traveled)
- Description of service delivered
- Provider Name, signature and credentials
- Recovery Goal

***Note:** Providers are able to use their own forms for documentation provided the forms meet the specific requirements spelled out in the progress note rubric guidelines.*

Item #	Documentation of Services	Requirements	Checklist
1	Progress Note	Note is structured to include: <ul style="list-style-type: none"> <li>• Treatment Plan Goal worked on</li> <li>• Activity/Assessment</li> <li>• Consumer’s response /</li> </ul>	<input type="checkbox"/> Treatment Plan Goal listed <input type="checkbox"/> Activity / Assessment of contact/service provided <input type="checkbox"/> Response of consumer <input type="checkbox"/> Plan moving forward – next meeting date

		<p>reaction to activity provided.</p> <ul style="list-style-type: none"> <li>The plan moving forward (when is the next meeting date, what will be worked on or addressed)</li> </ul>	
2	Type of Contact	<p>Identify the type of contact (i.e. – face to face, phone contact, collateral, etc.)</p> <p>Who was involved in the meeting/contact/services (i.e. Case manager, therapist, family member)</p>	<input type="checkbox"/> Type of contact <input type="checkbox"/> Who was involved or present during the contact
3	Reason for the Contact	<p>Clear statement regarding the purpose of the contact, intervention/activity provided that connects to a recovery plan goal that took place using action words.</p> <p>Clear statement regarding how the contact relates to the recovery plan goal.  *Try to utilize consumer’s words</p>	<input type="checkbox"/> Indicates why the meeting took place – includes interventions/activities that took place <input type="checkbox"/> Services link to recovery plan goals, using action words
4	Consumer’s Response	<p>How did the consumer respond/participate to the session/intervention?</p> <p>What did the consumer get out of the contact? Did this help them?</p> <p>Observation of changes in activity level or in physical, cognitive or emotional status.</p>	<input type="checkbox"/> Clear statement regarding consumer’s response and participation <input type="checkbox"/> Utilized consumer’s own words <input type="checkbox"/> Change in condition – of the Consumer details of any related referrals / collateral contact made to address concerns.
5	Plan	<p>Does the note contain information regarding the plan moving forward?</p> <p>Next Scheduled meeting date.</p> <p>What will be worked on in the future?</p>	<input type="checkbox"/> Contains specific date for the next meeting. <input type="checkbox"/> Brief statement of what will occur in the next session

# Submission of Claims

## Billing Procedure

1. The Human Service Center staff will obtain signed releases for the consumers that are in CCS who are seeing outside providers.
2. The Human Service Center staff will notify contracted provider that consumer is in CCS.
  - a. If this is a current consumer with outside provider, agency must stop billing MA and begin billing The Human Service Center for services provided.
  - b. If this is a new referral, outside provider agency will NOT bill MA directly; instead outside provider will begin billing The Human Service Center the contracted amount.
3. Outside Agency will include on the bill:
  - a. Name of consumer
  - b. Date of service
  - c. Duration of service (minutes, hours, etc.) broken down between consumer time and travel time if applicable.
  - d. Type of service (individual, group, etc.). If group, how many people were in the group.
  - e. Description of service – Service Array
  - f. Place of service (POS)
  - g. Name and credentials of service provider (BA, MA, LCSW, etc.)
4. Bill is to be sent to:

The Human Service Center  
ATTN: CCS Billing  
PO Box 897  
Rhinelander, WI 54501-0897

Telephone contact: 715-369-2215  
Fax: 715-369-2214
5. The Human Service Center will bill MA directly and reimburse outside provider.
6. All required documentation for treatment is the responsibility of the Provider. Case notes are required to be sent to HSC on a weekly basis and will be checked against the invoice for payment. Provider will not be paid for services listed on the invoice if a note doesn't correspond to the charge. You may fax or mail case notes to: CCS Billing. **DO NOT email case notes unless using secure email.**

## Billing Timeframes

HSC will reimburse contracted providers within 30 days of receipt of an invoice, if the following requirements are met:

- Provider complies with all personnel, supervision, orientation and training requirements.
- Provider submits documentation to HSC of all treatment including, but not limited to, Initial Assessment, Treatment Plans, progress notes, monthly reports, treatment summaries, etc.
- Provider must document purpose of contact, intervention/services provided, detail the consumer's response and participation, observation of changes in activity and what will be worked on in the future.
- Progress notes will be reviewed by HSC. Notes that do not meet all requirements will be returned to Provider and must be corrected and re-submitted to HSC for approval prior to reimbursement.

### **CCS Billable Activities for Providers**

Case-specific Billable activities include:

- Documentation of services (for billable services and/or activities provided)
- Face-to-Face conversations with consumers
- Staffing/Case consultation when the consumer is present
- Team Meeting when the service facilitator and consumer is present
- Travel

**\*Phone Calls, E-mails, and texting exchanges with consumers are not billable activities for CCS providers.**

**All providers must act within their scope of practice. All allowable services must be identified in the assessment and individual recovery plan.**

## **Consumer Rights**

CCS consumers 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 consumer rights to new and continuing consumer.
2. Post this bill of rights where everyone can easily see it.
3. Explain these rights to each CCS consumer orally and in writing, in accordance with the CCS policy.

4. Provide a copy of the Consumer Rights and the Grievance Procedure brochure to each consumer.
5. Have treatment rights/grievance process information readily available to CCS consumers and prominently displayed.

These consumer rights include:

### Personal Rights

- Consumers must be treated with dignity and respect, free from any verbal, physical, emotional or sexual abuse.
- Consumers have the right to have staff make fair and reasonable decisions about their treatment and care.
- Consumers may not be treated unfairly because of their race, national origin, sex, age, religion, disability or sexual orientation.
- Consumers may not be made to work except for personal housekeeping chores. If a consumer agrees to do other work, they must be paid. \*
- Consumers may make their own decisions about things like getting married, voting and writing a will, if they are over the age of 18 and have not been found legally incompetent.
- Consumers may use their own money as they choose.
- Consumers may not be filmed, taped or photographed unless they agree to it.

### Treatment and Related Rights

- Consumers must be provided prompt and adequate treatment, rehabilitation and appropriate educational services.
- Consumers must be allowed to participate in the planning of their treatment and care.
- Consumers must be informed of their treatment and care, including alternatives to and possible side effects of treatment, including medications.
- No treatment or medication may be given without the consumer's written, informed consent, unless it is needed in an emergency to prevent serious physical harm to the consumer or others or if court-ordered. (*If the consumer has a guardian, however, the guardian may consent to treatment and medications on the consumer's behalf.*)
- Consumers may not be given unnecessary or excessive medications.
- Consumers may not be subject to electronic-convulsive therapy or any drastic treatment measures such as psychosurgery or experimental research without their written informed consent.
- Consumers must be informed in writing of any costs of care and treatment for which they or their relatives may have to pay.
- Consumers must be treated in the least restrictive manner and setting necessary to achieve the purposes of admission to The Human Service Center program, within the limits of available funding.

### Communication and Privacy Rights

- Consumers may call or write to public officials or their lawyer or advocate.
- Consumers may not be filmed or taped unless they agree to it.
- Consumers may use their own money as they choose, within some limits.
- Consumers may send and receive private mail. (Staff cannot read a consumer's mail unless the consumer or his/her guardian asks them to do so. Staff may check mail for contraband. Staff can only do so if the consumer is watching.)
- Consumers may use a telephone daily. \*
- Consumers may see (or refuse to see) visitors daily. \*
- Consumers must have privacy when they are in the bathroom. \*
- Consumers may wear their own clothing. \*
- Consumers must be given the opportunity to have their clothes washed. \*
- Consumers may keep and use their own belongings. \*
- Consumers must be given a reasonable amount of secure storage space. \*

Some consumer rights may be limited or denied for treatment or safety reasons. The wishes of the consumer and his/her guardian should be considered. If any of the rights are limited or denied, the consumer must be informed of the reasons for doing so. Consumers 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, CCS consumers have the following rights:

### Record Privacy and Access Laws

- Treatment information must be kept private (*confidential*), unless law permits disclosure.
- Records may not be released without the consumer's consent, unless the law specifically allows for it.
- Consumers may ask to see their records. Consumers must be shown any records about your physical health or medications. Staff may limit how much a consumer sees of treatment records while they are receiving services; however, the consumer must be informed of the reasons for any such limits. The consumer may challenge those reasons through the grievance process.
- After discharge, the consumer may see their entire treatment record if requested.
- If the consumer believes something in their records is wrong, they may challenge the accuracy. If staff will not change the part of the records challenged, the consumer may file a grievance and/or put their own version in their record.
- A copy of sec.51.30 Wis. Stats., and/or HSS 92, Wisconsin Administrative Code, is available upon request.

### CCS-Specific Rights

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

- Choose the members of their recovery team, their services, and service providers.
- Receive specific, complete, and accurate information about proposed services.
- Consent to treatment and to withdraw from the CCS Program at any time.
- Formal and informal grievance procedures in s. 51.61, WI Stats., and ch. DHS 94, and for Medical Assistance consumers, the rights to a fair hearing.

## **Grievance Resolution Policy**

Before treatment begins, the service provider must inform the consumer of their rights and how to use the grievance process. **A copy of The Human Service Center program's complete Grievance Procedure is available upon request.**

- If the consumer feels his or her rights have been violated, they may file a grievance.
- The consumer may not be threatened or penalized in any way for presenting their concerns informally by talking with staff or formally by filing a grievance.
- The consumer may, instead of filing a grievance or at the end of the grievance process, or any time during it, choose to take the matter to court to sue for damages or other court relief if he or she believes his/her rights have been violated.

## **For More Information on the CCS Program**

- For more information regarding Comprehensive Community Services, please visit <https://www.dhs.wisconsin.gov/ccs/index.htm>
- For more Comprehensive Community Services provider resources, please go to <https://www.dhs.wisconsin.gov/ccs/providers.htm>
- For more information on Comprehensive Community Services participating counties and tribes, please visit <https://www.dhs.wisconsin.gov/ccs/map.htm>
- You may also contact The Human Service Center directly by phone at 715.369.2215, or visit us on the web at [TheHumanServiceCenter.org](http://TheHumanServiceCenter.org)

## **Attachment #1: CCS Orientation & Training Checklist**

**Orientation and Training Checklist - CCS**

**Staff Name:** \_\_\_\_\_ **Date of Enrollment:** \_\_\_\_\_

**Check box that applies:**

\_\_\_\_ Staff has at least 6 months experience providing psychosocial rehabilitation services to adults or children with mental health or substance abuse disorders. Staff will require at least 20 hours of documented orientation and training within 3 months of beginning CCS employment.

\_\_\_\_ Staff has less than 6 months experience providing psychosocial rehabilitation services to adults or children with mental health or substance abuse disorders. Staff will require at least 40 hours of documented orientation and training within 3 months of beginning CCS employment.

**\*All Staff regardless of experience should ensure they complete the bolded orientation and training materials.**

**Orientation and Training**

**Behavioral Health Training Partnership (CCS)**

**Date:** \_\_\_\_\_ **Hours:** \_\_\_\_\_

- Recovery Concepts & Principles
- Person-Centered Planning
- Trauma Informed Practice
- Mental Health Overview  
(Schizophrenia, Affective Disorder, Anxiety Disorder, Personality/Borderline Personality Disorder, Substance Abuse, Trauma and Stressor Related Disorders)
- Children’s Mental Health Review
- DHS 36 Overview of CCS
- Suicide/Risk Assessment
- Columbia Suicide Severity Rating Scale
- Legal Considerations and Client Rights

Review DHS 36 – Comprehensive Community Services

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Review DHS 48 – Children’s Code  
DHS 51 – Mental Health Act  
DHS 54 – Guardianship  
DHS 55 – Protective Placement

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Review CCS Policies and Procedures  
Review CCS Forward Health Update

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Review Client Rights & HIPAA laws

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

- Review Agency policies and procedures
- DHS 92 & 94
- CMS Rules of Behavior Training  
<https://learner.mlnlms.com/ContentDetails.aspx?id=2EC3B3127351489EAF59467D2E149D5B>
- CFR 42  
<https://register.gotowebinar.com/register/294096659189509378>

Review Non-Violent Crisis Management Videos 1-3

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

CCS Guiding Principles

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Person Centered Planning Webinar  
<https://www.dhs.wisconsin.gov/crs/webinars.htm>:

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Treatment Planning for Person Centered Care Video

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Review Trauma Informed Care

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

- SAMSHA Working Definition of Recovery
- Trauma Informed Care: Webcast Modules 1 – 3
- TIP 57: Trauma Informed Care

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

View pertinent WI Telepsychiatry Health Topics  
<https://www.dhs.wisconsin.gov/wppnt/index.htm>

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Common Disorders in CCS

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

- Co-Occurring Video Introduction

Recovery Concepts and Principles  
Recover Oriented System of Care

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

ROSI/ROSA/MHSIP Consumer Satisfaction Surveys

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Additional Trainings (Please include any additional trainings that are relevant to CCS)

\_\_\_\_\_

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

I have met the requirements stated above and attest that the information provided is true and accurate.

\_\_\_\_\_  
CCS Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

## **Attachment #2: CCS Ongoing Training Checklist**

**Orientation and Training Checklist - CCS**

**Staff Name:** \_\_\_\_\_

**Check box:**

\_\_\_\_\_ Staff has completed 8 hours of additional trainings the following year(s) after completing their initial 20-40 hours of documented CCS orientation and training.

On-Going Training per DHS 36. (Please include any additional trainings that are designed to increase the knowledge and skills relevant to CCS)

\_\_\_\_\_ Date: \_\_\_\_\_ Hours: \_\_\_\_\_

I have met the requirements stated above and attest that the information provided is true and accurate.

\_\_\_\_\_  
CCS Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

## **Attachment #3: Behavioral Health Training Partnership (BHTP) How-To Guide**

# THE HUMAN SERVICE CENTER

(HUMAN SERVICES BOARD 51.42/51.437)

P.O. BOX 897

705 EAST TIMBER DRIVE • RHINELANDER, WI 54501-0897

TELEPHONE: 715-369-2215

FAX: 715-369-2214

## Behavioral Health Training Partnership How-to Guide – Contracted Providers

The Behavioral Health Training Partnership (BHTP) offers a variety of learning opportunities through their web-based curriculum, classroom training, and site-based consultation and training. The Human Service Center (HSC) contracted with the BHTP to provide online training curriculums for Comprehensive Community Services (CCS), the Emergency Services Program (ESP) and a dual track program that encompasses both ESP and CCS.

The Human Service Center is asking that contracted vendors that will be completing the online training curriculums complete the CCS/Crisis Online Orientation Registration form. This document can be faxed to The Human Service Center – Attention Behavioral Health Training Partnership Registration.

The Human Service Center will review the information provided and complete your registration. Once your registration has been submitted you should receive an e-mail shortly informing you that your registration was received. Once the registration is submitted, the Behavioral Health Training Partnership (BHTP) office receives an email, manually assigns a username and password to the course, and email that information to the registrant. This may take up to a week for the registration to manually process. The BHTP will track the progress in the course, and confirm that quizzes are passed with a minimum score of 80%. Once the registrant successfully completes the course, the BHTP will email him/her a certificate of completion.

**Attachment #4: Behavioral Health Training Partnership  
(BHTP) Registration Form**

# THE HUMAN SERVICE CENTER

## CCS/CRISIS ONLINE ORIENTATION REGISTRATION

NAME: \_\_\_\_\_

### SELECT YOUR AFFILIATION:

County employee  Contracted with County  Other

### SELECT YOUR STATUS:

Contracted Provider  Community Stakeholder

### AGENCY INFORMATION:

AGENCY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

WORK E-MAIL: \_\_\_\_\_

### PLEASE FILL IN THE FOLLOWING INFORMATION:

YOUR TITLE/POSITION: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

SUPERVISOR'S E-MAIL: \_\_\_\_\_

### PLEASE LIST ANY LICENSURE(S) HELD:

\_\_\_\_\_

### Years of experience:

Less than 3 years  3-5 years  6-9 years  10+ years

### Any special needs?

No  Yes

If you require disability-related accommodations, please contact Liz Hessler at 920-465-2101. Requests for accommodations should be made as soon as reasonably possible and no later than 14 days prior to the event. The UW-Green Bay Affirmative Action and Equal Opportunity Statement, Harassment and Discrimination Policy, and AA/EEO Complaint Procedures govern the NEW Partnership. They can be found at the following links:

<http://www.uwgb.edu/hr/policies/AEEEO/>

<http://www.uwgb.edu/hr/documents/HarassmentAndDiscriminationPolicy.pdf>

<http://www.uwgb.edu/hr/policies/AEEEO/complaintProcedures.html>

## **Attachment #5: HSC Background Check Policy**

HUMAN SERVICE CENTER

**POLICY/PROCEDURE: CAREGIVER BACKGROUND CHECKS**

<b>Initiating Department: Administration</b>	<b>Effective Date: May 1, 2004</b>	<b>Index: C: Caregiver Background Checks</b>
<b>Supersedes: Memo</b>	<b>Reference</b>	<b>Page (s): Page 1 of 3</b>

**PURPOSE:**

The purpose of this policy is to comply with Chapter HFS 12 (State Statutes) initiated to protect from harm clients served by the agency by requiring uniform background information screening of persons who are employees of, or under contract with, The Human Service Center.

**POLICY:**

A Caregiver Background Check must be done every four (4) years. It is the policy of The Human Service Center to initiate its own background check on all persons, whether employees of The Human Service Center or entities/persons under contract to perform services for The Human Service Center, and not to request copies of past background checks from other sources.

All employees of The Human Service Center are required to submit a completed Caregiver Background Check form prior to employment. Hiring is based on the successful outcome of this check.

All employee background checks will be initiated by The Human Resource, Facilities & Operations Manager (or, upon direction, by the Administrative Assistant to the Administrative Staff) and records of checks will be kept confidential and filed in the individual employee personnel files. The Human Resource, Facilities & Operations Manager is responsible to ensure that employee “caregiver background checks” are repeated every four (4) years.

All background checks for all other entities/persons/caregivers under contract to perform services for The Human Service Center are to be initiated by the employee overseeing the contract for services with those entities/persons, with the initiating employee keeping the results on file. The employee will also be responsible to ensure that “caregiver background checks” are repeated every four (4) years.

**Definitions**

A caregiver is defined as: (1) A person who is, or is expected to be, an employee or contractor of an entity who is, or is expected to be, under the control of an entity; as defined by the department

by rule, and who has, or is expected to have, regular, direct contact with clients of the entity. (2) A person who has, or is seeking, a license, certification, registration, or certificate of approval issued or granted by the department to operate an entity. (3) A person who is, or is expected to be, an employee of the board on aging and long-term care who has, or is expected to have, regular, director contact with clients (Wisconsin Statue 50.065).

**PROCEDURE:**

1. For Employees: A completed “Caregiver Background Disclosure” form should be completed by new employees at the time an offer of employment is accepted. If this is not possible (i.e., the applicant accepts an offer over the phone), a “Caregiver Background Disclosure” form must be included with the applicants offer letter. All offer letters will contain the sentence, “Employment is subject to a Caregiver Background Check.” No new employee will begin work for The Human Service Center before a completed background disclosure form is received.
2. The Human Resource, Facilities & Operations Manager will forward all employee completed background disclosure forms to the Assistant to the Administrative Staff for submission to the State. Upon receipt of results from the State, the Assistant to the Administrative Staff will return the results to the Human Resource, Facilities & Operations Manager for filing in the employee’s personnel file. Charges for completion of employee checks will be charged to the appropriate department/program.
3. Employees who oversee contracts with entities/persons (AFH’s, CBRF’s, emergency screeners, caregivers, etc.) must have a Caregiver Background Disclosure completed by the contracting entity/person which should then forwarded to the Assistant to the Administrative Staff for processing. The employee requesting the check should **put his/her initials on the top of the disclosure form**. Upon receipt of results, the Assistant to the Administrative Staff will forward the results to the initialed employee for review and filing in the contract file for that entity/person. Changes for completion of these checks will be charged to the appropriate department/program.
4. If a completed Caregiver Background Disclosure form or a background check comes back from the State showing an employee/entity/person conviction, within the past five years, of:

- 940.19 (1) Misdemeanor Battery
- 940.195 Battery to an Unborn Child
- 940.20 Battery, Special Circumstances
- 941.30 Reckless Endangerment
- 942.08 Invasion of Privacy
- 947.01 Disorderly Conduct
- 947.013 Harassment

the Human Resource, Facilities & Operations Manager (if an employee) or the appropriate employee (if a contracted entity/person) shall make every effort to contract

the Clerk of Courts in the appropriate county to obtain a copy of the criminal complaint and judgment of conviction relating to the above list.

- 5. For all determinations on rehabilitation review approval, whether a person may work as a caregiver, whether a person may reside as a non-client resident at or contract with an entity, or whether a permanent bar exists, The Human Service Center will follow the guidelines established in s 111.335, Stats., ss 48.685 (5m) and 50.065 (5m) Stats.

**APPROVALS:**

Initiated By:

\_\_\_\_\_  
Human Resource, Facilities & Operations Manager

\_\_\_\_\_  
Date

Approved By:

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date

Reviewed/Revised    May 2007, August 2011