

# NCHC CCS Provider Handbook

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## Introduction

Welcome to the world of Comprehensive Community Services (CCS). Whether you are new to Comprehensive Community Services (CCS) or an existing provider, this handbook has been designed to provide you with information on becoming a contracted provider and delivering services under CCS. North Central Health Care (NCHC) operates a CCS program which includes Marathon, Langlade, and Lincoln Counties.

## Comprehensive Community Services (CCS)

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

To qualify as psychosocial rehabilitation, a service must:

- have been determined through the assessment process to be needed by an individual client,
- involve direct service,

- address the client’s mental health and substance use disorders to maximize functioning and minimize symptoms,
- be consistent with the individual client’s diagnosis and symptoms,
- safely and effectively match the individual’s need for support and motivational level,
- be provided in the least restrictive, most natural setting to be effective for the client,
- not be solely for the convenience of the individual client, family, or provider,
- be of proven value and usefulness, and
- be the most economic option consistent with the client’s needs.

## Provider Expectations

Providers are expected to:

1. Be recovery focused.
2. Attend consumer treatment team meetings when requested and if the consumer consents to your presence.
3. Participate in Crisis Management and Root Cause Analysis
4. Have and implement written personnel policies and procedures that do not discriminate against any staff member or application for employment based on the individual’s age, race, religion, color, sexual orientation, national origin, disability, ancestry, marital status, pregnancy or childbirth, or arrest or conviction record.
5. All Providers are expected to be acting within their scope of practice.
6. Conduct and comply with the caregiver background check and misconduct reporting requirements in s. 50.065, Stats., and DHS 12, and the caregiver misconduct reporting and investigation requirements in DHS 13.
7. Obtain and keep in full force during the term of the contract, the required insurance coverages, limits, and endorsements.
8. Maintain the appropriate staff records and provide the required information to the Provider as required/requested.
9. Provide and document the required supervision and clinical collaboration under DHS 36.11. Further described below.
10. Provide orientation and training as required for CCS. Further described below
11. Comply with NCHC CCS contract terms.

## Application Process

1. Complete the application utilizing the link on the NCHC website:  
<https://www.norcen.org/~for-employees/contract-staff/ccs-provider-application/>
2. Submit the completed application and all documents to the Quality Assurance Specialist.

3. Application will be reviewed by the Director of Community Treatment. A written decision regarding the application decision will be provided to the applicant.
4. Upon application approval the CCS contract will be provided to the applicant.

## CCS Staff Listing

To request that a new employee be approved to provide CCS services, the Provider must submit the Staff Materials listed in the CCS Application along with an updated CCS staff listing. On an ongoing basis, the Provider is required to submit an updated CCS Staff Listing any time there is a change in staffing, credential, or background check dates.

## Orientation and Training

As part of orientation and training all contracted providers will be required to complete the UW-Green Bay Behavioral Health Training Partnership (BHTP) Comprehensive Community Services (CCS) Web-based Modules prior to providing services to CCS clients. The cost of this training is covered by NCHC and CEU's are offered. Upon approved application, access to the training will be provided. Verification of this completed training must be submitted to NCHC. Contracted providers are responsible to provide the remaining orientation and training to meet regulatory requirement.

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

- At least 40 hours of documented orientation training within 3 months of beginning employment for each staff member who has less than 6 months experience providing psychosocial rehabilitation services to children or adults with mental disorders or substance-use disorders.
- At least 20 hours of documented orientation training within 3 months of beginning employment with the CCS for each staff member who has 6 months or more experience providing psychosocial rehabilitation services to children or adults with mental disorders or substance-use disorders.

## Supervision and Clinical Collaboration

The Provider is required to maintain clinical supervision and collaboration records. The Provider must submit these records to NCHC upon request and within two business days.

## Authorization of Services

Services are selected based on the needs, goals, and preferences of the consumer identified in the Treatment Plan. Services must be authorized by NCHC's Clinical Coordinator. Providers must obtain written authorization (a signed treatment plan) prior to providing any services. Providers may contact the Service Facilitator to verify authorized services. Services provided without written authorization (a signed treatment plan) will not be paid.

- Provider will make a request to the Service Facilitator for any changes to service provision.

- Service Facilitator and Clinical Coordinator will approve or deny any requested changes or updates to services.
- Provider will receive a written authorization of services; the consumer's Treatment Plan will serve as the written authorization.
- Provider will provide services as they are written in the Treatment Plan.

## Billing

Providers may only submit claims/invoices for psychosocial rehabilitation services authorized and provided. Each month, all claims/invoices as well as the month end summary spreadsheet are to be submitted by the 10<sup>th</sup> day following the end of the report month.

### **Claims/Invoices for services must include:**

- Contracted Provider Agency Name
- Client Name and d/o/b
- Date of Service
- Length of Service in minute increments including documentation time.
- Travel time in minute increments
- Provider name and credentials
- Indicator whether the service was provided to an individual or a group

Providers are prohibited from billing private or secondary insurance and/or collecting copayments from clients for services covered under the CCS benefit.

## Documentation

Documentation is required for all services that are billed to the CCS program. Service provider notes must be in accordance with standard professional documentation practices. Documentation must reflect how the activity relates to the reason the individual was referred to you. Use the service plan as your road map. Everything you do with a consumer needs to lead back to the objectives and interventions outlined on the recovery plan. The clinical content of your note needs to match what you really did and needs to match what was 'authorized' on the plan.

### **In addition to the items listed above under the billing section, progress notes must include:**

- Date and Time of service (Specific start and stop time)
- Length of Service in minute increments and documentation time.
- Travel time in minute increments and distance traveled in miles
- Place of Service (home, agency, community, etc.)
- Consumer objective (from approved treatment plan)
- Service provided (service array category: Skill Development, Psychotherapy, etc.)
- Assessment of consumer's presentation

- Interventions used (must be clear and obvious as to how this intervention relates to the objective and what you provided clinically to promote change)
- How did the consumer respond to intervention used
- Comments on progress or regression and why consumer continues to benefit from the service
- Any tasks/assignments given to consumer
- Any follow-up that is needed to be done by staff

**Common Non-Covered/Non-Billable Services include:**

- Missed/Cancelled appointments
- Indirect Services: Observations, Research, Scheduling Appointments
- Recreation-Orientated Activities
- Academic Supports (i.e., tutoring, homework assistance) or other services that would otherwise be provided by an Individual Education Plan (IEP)

NCHC Quality Assurance Specialists will regularly review documentation submitted by providers for billable services to ensure the submissions meet all criteria outlined above. If documentation does not meet the standards outlined, claims may be denied by the Director of Community Treatment and as a result would not be reimbursed.