

CCS Policies/Procedures
Monitoring Compliance with Codes and other Legal Requirements
DHS 36.07(5)(e)

Policy Statement: This policy is to ensure that the CCS program complies with all requirements of DHS 36.

Discussion and Procedures:

1. The CCS Administrator has the overall responsibility for compliance with DHS 36, 94, and 92 and other applicable administrative codes and state and federal laws.
2. The Service Director and Administrator will ensure compliance by reviewing:
 - The Quality Improvement Plan action steps
 - Policies and procedures, with recommendations for modifications or updates
 - All client complaints and resolutions
 - A random sample of CCS records to determine compliance of assessments, plans and notes including timeliness and completeness.
3. A monitoring plan will be developed that will be approved by the Administrator.
4. The Coordination Committee will review and approve, or recommend revisions to, the monitoring plan.
5. The Administrator will issue a summary report to the Coordination Committee annually identifying any deficiencies in compliance, and put forth a plan to address problems.
6. CCS staff will report any suspected non-compliance to the Administrator within 1 business day.

Dane County Comprehensive Community Services

Monitoring Plan

In compliance with Dane County Comprehensive Community Services (CCS) policy titled Monitoring and Compliance with Codes and other Legal Requirements DHS 36.07(5)(e), what follows is a Monitoring Plan to ensure the CCS program remains in compliance with all codes, policies, and laws.

1. The CCS Administrator, CCS Service Director, and/or designee will attend all Statewide and regional CCS meetings hosted by the Wisconsin Department of Health Services to ensure the Dane County CCS has current, up-to-date, information regarding Statewide CCS issues as well as changes to administrative code and Medicaid policy that impact provision of CCS services.
2. The CCS Administrator will review results of the annual Consumer Satisfaction Surveys (ROSI and MHSIP) with the CCS Coordination Committee each year and make recommendations regarding potential areas for improvement.
3. CCS Administrator, in collaboration with the CCS Coordination Committee, will develop a Quality Improvement Plan (QI Plan) that outlines issue areas within the CCS program identified for improvement as well as specific goals, activities and timelines for accomplishment of these goals. The QI Plan will be reviewed and updated annually. Each update of the QI Plan will be approved by the CCS Coordination Committee.
4. CCS Administrator and/or CCS Service Director will review CCS Policies no less frequently than every two years. At the time of review, CCS Administrator and CCS Service Director will identify any changes needed to existing policies. Proposed changes in policy will be brought to a meeting of the CCS Coordination Committee for review, input, and approval.
5. CCS Administrator and CCS Service Director will review all reports generated by the CCS Client Rights Specialist in response to CCS participant complaints.
6. CCS Administrator or CCS Service Director will review and approve all discharges from the Dane County CCS program to ensure compliance with DHS 36.17(5).
7. CCS Provider Network Coordinator will ensure that all individuals wishing to be personnel within the CCS program meet the requirements of DHS 36 and will gather documentation required for personnel files. In addition, Provider Network Coordinator will monitor compliance of all CCS personnel with reporting requirements of DHS 36 including caregiver background checks, reporting of supervision hours, and reporting of initial and ongoing training. If individual personnel are not in compliance with DHS 36 requirements, Provider Network Coordinator will notify the CCS Administrator to develop a plan of corrective action, including removal from the CCS Provider Network if necessary.
8. The CCS Service Director will host an informational meeting for all CCS Agency Service Directors no less frequently than once per quarter. The topics covered at the meeting will

include: changes in Dane County CCS policy, new information from Wisconsin DHS partners (Medicaid, Division of Care and Treatment Services, Division of Quality Assurance, etc.), and quality assurance guidance to facilitate compliance with all applicable codes, laws, and policies.

9. The CCS Quality Assurance team, led by the CCS Service Director, will engage in the following quality assurance activities in relation to CCS participant charts:
 - a. One-to-one technical assistance will be provided to each agency providing service facilitation services at least once per quarter. At least once each quarter, a sample of CCS participant documentation from each agency providing service facilitation will be reviewed and feedback will be provided to agencies if documentation does not meet Medicaid or DHS 36 requirements.
 - b. As-needed technical assistance will be provided to CCS provider agencies that are contracted to provide array services that do not include service facilitation. This technical assistance may be initiated at the request of the agency or by Dane County in response to compliance issues noted in documentation.
 - c. Review of progress notes of extensive duration to ensure clinical appropriateness.
 - d. Maintain CCS participant centralized records. Track receipt of all CCS participant chart documents received by Dane County from CCS providers. Review content of documents to ensure that content is in compliance with DHS 36 requirements. Request additional information, as needed, from providers to bring documents into compliance. Issue chart audit reports to CCS providers and personnel no less frequently than once per month that detail current compliance of each CCS participant centralized record with DHS 36 requirements—i.e. identifies documents received, documents that are incomplete, and documents that are missing from the centralized record.
 - e. Monitor service facilitation agency compliance with documentation requirements. Notify the primary contact of a service facilitation agency if the agency documentation compliance rate falls below 85%. If an agency falls below 80% compliance for more than three weeks, new CCS referrals will be suspended to allow the agency time to bring CCS participant charts into compliance.

Approved by CCS Coordination Committee on 7/15/2020.