

Green County Human Services
Green County Comprehensive Community Services (CCS)
Psychosocial Rehabilitation Services

Green County Human Services Comprehensive Community Services (CCS) contracts with vendors to provide Psychosocial Rehabilitation Services. These services include Diagnostic Evaluations, Medication Management, Physical Health Monitoring, Peer Support, Individual Skill Development and Enhancement, Employee Related Skill Development, Individual and/or Family Psychoeducation, Wellness Management and Recovery/Recovery Support Services, Psychotherapy, and/or Substance Abuse Treatment.

If you would like to learn more about becoming a contracted provider, please review the following information. If you have questions, please reach out to our CCS Program directly at (608) 328-9310.

Right to reject applications and Negotiate Agreement Terms

Green County reserves the right to reject any and all applications. The County may negotiate the terms of the contract, including the award amount, which the selected Proposers prior to entering into a contract. If contract negotiations cannot be concluded successfully with the recommended Proposer or upon unfavorable review of the Proposer's references, the Department may terminate contract negotiations.

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What is CCS?

Comprehensive Community Services (CCS) is a voluntary, community-based program under Chapter DHS 36 of the Wisconsin Administrative Code that provides psychosocial rehabilitation services to clients across the lifespan who have needs for ongoing, high or low-intensity services resulting from mental health or substance use disorders but who are not in need of Community Support Program (CSP) services. These services and supportive activities are designed to assist CCS clients to achieve their highest possible level of independent functioning, stability, and independence, and to facilitate recovery.

Green County participates in a Shared Model CCS Program with Lafayette County CCS.

Eligibility for CCS

Eligibility for CCS is determined through a screening process conducted by the county-based or tribal-based provider organization. This screening process is repeated annually to assess the individual's progress.

Expectations of CCS Service Providers

CCS Service Providers are expected to:

- A. Be recovery-focused.
- B. Use evidence-based practices.
- C. Work in collaboration with the CCS Program and Other Service Providers.
- D. Attend, and participate in Recovery Team meetings for the consumer they are providing services to a minimum of every six months or more frequent if the consumer's needs change and if the consumer consents to your presence.
- E. 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.
- F. Possess the appropriate professional certification, education, training, experience, and abilities to carry out their prescribed duties.
- G. Conduct and comply with the caregiver background checks and misconduct reporting requirements in s. 50.065, Stats., and ch. DHS 12, and the caregiver misconduct reporting and investigation requirements in ch. DHS 13.
- H. Maintain the appropriate staff records and provide the required information to the CCS Administrator and/or Service Director.
- I. Participate in, and document, the required supervision and clinical collaboration under DHS 36.11.
- J. Submit progress notes in a timely fashion as indicated in the Provider Contract.
- K. Submit Invoices with clean claims monthly.

Contracting with Green County

Green County Human Services is required by the Wisconsin Department of Health Services to contract with any vendors who are expected to provide over \$10,000 of services. The information included here is to make prospective proposers aware of the general contracting requirements. Do not send any of the identified documents at this time.

Purchase of Service Agreements will be issued outlining the following information:

- Service(s) to be Provided
- Rate per Unit
- Unit Definition
- Overall total amount the contract will not exceed
- Indemnity and Insurance
- Affirmative Action/Civil Rights Compliance
- Records
- Reporting
- Provider Responsibilities

Please Note: The amount listed in the contract is the highest amount that will be purchased; it does not guarantee that Green County Human Services will purchase that amount of services.

Audit Requirements:

1. The Provider shall submit an annual program or agency-wide audit to the Purchaser if the total amount of the annual funding provided by the Purchaser through this and other contracts is \$100,000 or more.
2. Any request for an Audit Waiver should be submitted to Green County prior to signing the contract. Audit Waivers are reviewed by Green County Human Services and forwarded to Wisconsin Department of Health Services for approval.
3. The audit shall be in accordance with the requirements of OMB Uniform Guidance if the Provider meets the criteria of that document for needing an audit in accordance with that document. The audit shall also be in accordance with:
 - a. The *State Single Audit Guidelines*, if the provider is a local government that meets the criteria of OMB Uniform Guidance for needing an audit in accordance with that document or
 - b. The *Provider Agency Audit Guide*, 1999 revision, for all other providers.
4. Reporting Package: The Provider shall submit to the Purchaser a reporting package that includes: (a) all audit schedules and reports required for the type of audit applicable to

the agency; (b) a summary schedule of prior year findings and the status of addressing these findings; (c) a Management Letter (or similar document conveying auditor's comments issued as a result of the audit); (d) management responses/corrective action plan for each audit issue identified in the audit.

5. The Provider shall submit the required reporting package to the Purchaser within 180 days of the end of the Provider's fiscal year.
6. When contracting with an audit firm, the Provider shall authorize its auditor to provide access to work papers, reports, and other materials generated during the audit to the appropriate representatives of the Purchaser. Such access shall include the right to obtain copies of the work papers and computer disks, or other electronic media, upon which records/working papers are stored.

In addition, all contracted providers are required to provide the following information:

- Civil Rights Letter of Assurance
See <http://dhs.wisconsin.gov/civilrights/CRC/requirements.htm> for details.
- Evidence of Insurance
 - o Liability Insurance
 - o Automobile Insurance
 - o Workman's Compensation Insurance (If Applicable)
- Supplier Diversity Certification Form
- Background Information Disclosure/Background Check Results

Authorization of Services

Green County Service Facilitators and/or the CCS Program's Mental Health Professional and/or Substance Abuse Professional (if appropriate) will conduct an assessment of each consumer in the CCS Program. Services are selected based on the needs, goals, and preferences of the consumer identified in the Recovery Plan.

Once the necessary services are identified, the Service Facilitator will work with the consumer to identify Service Providers who are able to provide the identified service. The Consumer will be provided options based on the Service Providers who are credentialed to provide the identified service(s) for the CCS Program. These options may be customized for each consumer based on geographic location, experience of the Service Provider, and/or need for specialized services.

Please Note:

Services must be authorized by the CCS Program's Mental Health Professional and/or Substance Abuse Professional (if appropriate).

Service providers must obtain an authorization prior to providing any services. Service providers may consult the Recovery Plan or contact the Service Facilitator to verify whether a service has been authorized. Services provided without authorization will not be paid.

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

Training & Orientation Requirements

Initial Orientation & Training

All CCS Service Providers are required to complete a personalized orientation plan, which takes into consideration your role, experience, education, and training.

Within three months of beginning to provide services to CCS, each provider/staff member is required to complete the orientation and training requirements.

Orientation Requirements (DHS 36.12):

- 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.
- In addition to the 40 or 20 hours of documented orientation training referenced above, **peer specialists** and **rehabilitation workers** must receive 30 hours of training during the past two years (prior to beginning employment with the CCS) on the following topics: 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 (DHS 36.10(2)(g) 20 and 21).

** Medical and remedial services and supportive activities provided to or arranged for a consumer by a comprehensive community services program authorized by a mental health professional to assist individuals with mental disorders or substance-use disorders to achieve the individual's highest possible level of independent functioning, stability and independence and to facilitate recovery (DHS 36.03(22)).*

Service Providers/Staff Members are required to track their Orientation Training and submit to the Green County CCS Program upon completion.

Green County Human Service may reimburse Service Providers for approved Orientation Training up to the number of required hours. These training hours would be reimbursed at no more than ½ of the Interim CCS Medicaid Provider Rate. During contract development, specific guidelines about reimbursement for orientation training will be addressed.

Ongoing Training (DHS 36.12(1)(c))

Each Service Provider/Staff Member shall receive at least 8 hours of in-service training a year that shall be designed to increase the knowledge and skills received by staff members in the orientation training provided.

Ongoing Training Opportunities may be made available by the Green County CCS Program.

Ongoing in-service training shall include one or more of the following:

1. Time set aside for in–service training, including discussion and presentation of current principles and methods of providing psychosocial rehabilitation services.
2. Presentations by community resource staff from other agencies, including consumer operated services.
3. Conferences or workshops.

Service Providers/Staff Members are required to track their ongoing training and submit to the Green County CCS Program upon request.

Supervision and Clinical Collaboration

In accordance with DHS 36.11, all CCS staff and Service Providers are required to be supervised and provided with the consultation needed to perform assigned functions to ensure effective service delivery.

Supervision may be accomplished by:

- 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 services where the supervisor assesses, teaches, and gives advice regarding the staff member's performance.
- Group meetings to review and assess staff performance and provide advice or direction regarding specific situations or strategies

For Psychiatrists, Psychologists, physicians, psychiatric residents, LCSW, LPC, LMFT, adult psychiatric and mental health nurse practitioners, and advanced nurse prescribers this involves a minimum of at least one hour of either supervision or clinical collaboration per month or for every 120-clock hours of face-to face psychosocial rehabilitation services they provide.

For all other staff, supervision involves day-to-day supervision and consultation, 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 are kept in the form of a master log, a supervisory record, in staff record for each staff person who attends the session or review, or in the consumer record. Individual case staffing notes are kept when specific cases are being staffed. Notes are included in the consumer's record to reflect discussion, outcome, and any treatment recommendations that may have been discussed. The note is dated and signed off by the staff member conducting supervision. This staff member is qualified under s. DHS 36.10 (2) (g) 1-8.

Service Array and Descriptions

The following service array describes the services that are reimbursable by the CCS Program and requirements for service providers who may provide those services.

Diagnostic Evaluations

Diagnostic evaluations include specialized evaluations needed by the member, including, but not limited to, neuropsychological, geropsychiatric, specialized trauma, and eating disorder evaluations. For minors, diagnostic evaluations can also include functional behavioral evaluations and adolescent alcohol/drug assessment intervention program.

The CCS program does not cover evaluations for autism, developmental disabilities, or learning disabilities.

Providers described in Wis. Admin. Code § DHS 36.10(2)(g)1-14.

Medication Management

The service array for Medication Management is broken down into two categories:

1. Medication management services for **prescribers** include:

- Diagnosing and specifying target symptoms
- Prescribing medication to alleviate the identified symptoms
- Monitoring changes in the member's symptoms and tolerability of side effects
- Reviewing data, including other medications, used to make medication decisions

Prescribers may also provide all services the non-prescribers can provide as noted below.

Providers described in Wis. Admin. Code § DHS 36.10(2)(g)1-3, 7-8, and 11.

All providers are required to be licensed/certified and acting within their scope of practice.

2. Medication management services for **non-prescribers** include:

- Supporting the member in taking their medications
- Increasing the member's understanding of the benefits of medication and the symptoms it is treating
- Monitoring changes in the member's symptoms and tolerability of side effects

Providers described in Wis. Admin. Code § DHS 36.10(2)(g)1-22.

Physical Health Monitoring

Physical health monitoring services focus on how the member's mental health and/or

substance abuse issues impact their ability to monitor and manage physical health and health risks.

Physical health monitoring services include activities related to the monitoring and management of a member's physical health. Services may include assisting and training the member and the member's family to identify symptoms of physical health conditions, monitor physical health medications and treatments, and develop health monitoring and management skills.

Providers described in Wis. Admin. Code § DHS 36.10(2)(g)1-22.

Peer Support

Peer support services include a wide range of supports to assist the member and the member's family with mental health and/or substance abuse issues in the recovery process. These services promote wellness, self-direction, and recovery by enhancing the skills and abilities of members to meet their chosen goals. The services also help members negotiate the mental health and/or substance abuse systems with dignity and without trauma. Through a mutually empowering relationship, Certified Peer Specialists and members work as equals toward living in recovery.

Providers described in Wis. Admin. Code § DHS 36.10(2)(g)20.

All CCS peer specialists are required to be Wisconsin Certified Peer Specialists as noted by the throughout the array.

Individual Skill Development and Enhancement

Individual skill development and enhancement services include training in communication, interpersonal skills, problem solving, decision-making, self-regulation, conflict resolution, and other specific needs identified in the member's service plan. Services also include training in daily living skills related to personal care, household tasks, financial management, transportation, shopping, parenting, accessing and connecting to community resources and services (including health care services), and other specific daily living needs identified in the member's service plan.

Services provided to minors should also focus on improving integration into and interaction with the minor's family, school, community, and other social networks. Services include assisting the minor's family in gaining skills to assist the minor with individual skill development and enhancement. Services that are designed to support the family must be directly related to the assessed needs of the minor.

Skill training may be provided by various methods, including, but not limited to, modeling, monitoring, mentoring, supervision, assistance, and cuing. Skill training may be provided individually or in a group setting.

Providers described in Wis. Admin. Code § DHS 36.10(2)(g)1-22.

Employee Related Skill Development

Employment-related skill training services address the member's illness or symptom-related problems in finding, securing, and keeping a job. Services may include, but are not limited to, employment and education assessments; assistance in accessing or participating in educational and employment-related services; education about appropriate job-related behaviors; assistance with job preparation activities, such as personal hygiene, clothing, and transportation; on-site employment evaluation and feedback sessions to identify and manage work-related symptoms; assistance with work-related crises; and individual therapeutic support.

The CCS program does not cover time spent by the member working in a clubhouse. The CCS program covers time spent by clubhouse staff in providing psychosocial rehabilitation services, as defined in the service array, for the member if those services are identified in the member's service plan.

Providers described in Wis. Admin. Code § DHS 36.10(2)(g)1-22.

Individual and/or Family Psychoeducation

Psychoeducation services include:

- Providing education and information resources about the member's mental health and/or substance abuse issues
- Skills training
- Problem solving
- Ongoing guidance about managing and coping with mental health and/or substance abuse issues
- Social and emotional support for dealing with mental health and/or substance abuse issues

Psychoeducation may be provided individually or in a group setting to the member or the member's family and natural supports (i.e., anyone the member identifies as being supportive in their recovery and/or resilience process). Psychoeducation is not psychotherapy.

Family psychoeducation must be provided for the direct benefit of the member. Consultation to family members for treatment of their issues not related to the member is not included as part of family psychoeducation. Family psychoeducation may include anticipatory guidance when the member is a minor.

If psychoeducation is provided without the other components of the Wellness Management and Recovery/Recovery Support Services service category, it should be included under this service category.

Providers described in Wis. Admin. Code § DHS 36.10(2)(g)1-22.

Wellness Management and Recovery/Recovery Support Services

Wellness management and recovery services, which are generally provided as mental health services, include empowering members to manage their mental health and/or substance abuse issues, helping them develop their own goals, and teaching them the knowledge and skills necessary to help them make informed treatment decisions. These services include psychoeducation, behavioral tailoring, relapse prevention, development of a recovery action plan, recovery and/or resilience training, treatment strategies, social support building, and coping skills. Services can be taught using motivational, educational, and cognitive-behavioral strategies.

If psychoeducation is provided without the other components of wellness management and recovery, it should be included under the Individual and/or Family Psychoeducation service category.

Recovery support services, which are generally provided as substance abuse services, include emotional, informational, instrumental, and affiliated support. Services include assisting the member in increasing engagement in treatment, developing appropriate coping strategies, and providing aftercare and assertive continuing care. Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery.

Providers described in Wis. Admin. Code § DHS 36.10(2)(g)1-22.

Psychotherapy

Psychotherapy includes the diagnosis and treatment of mental, emotional, or behavioral disorders, conditions, or addictions through the application of methods derived from established psychological or systemic principles for the purpose of assisting people in modifying their behaviors, cognitions, emotions, and other personal characteristics, which may include the purpose of understanding unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics.

Psychotherapy may be provided in an individual or group setting.

Providers described in Wis. Admin. Code § DHS 36.10(2)(g)1-10, 14, 22.

All providers are required to be licensed/certified and acting within their scope of practice.

Substance Abuse Treatment

Substance abuse treatment services include counseling of persons affected by problems related to the abuse of alcohol or drugs including individual, group, and family counseling. Substance abuse treatment services can be provided in day treatment (Wis. Admin. Code § DHS 75.12),

outpatient (Wis. Admin. Code § DHS 75.13), and residential (Wis. Admin. Code § DHS 75.11 or Wis. Admin. Code § DHS 75.14) settings. Substance abuse treatment services can be in an individual or group setting.

The other categories in the service array also include psychosocial rehabilitation substance abuse services that support members in their recovery.

The CCS program does not cover Operating While Intoxicated assessments, urine analysis and drug screening, detoxification services, medically managed inpatient treatment services, or narcotic treatment services (opioid treatment programs). Some of these services may be covered under Medicaid and BadgerCare Plus outside the CCS program.

Providers described in Wis. Admin. Code §§ DHS 36.10(2)(g)1, 2 (with knowledge of addiction treatment), 4 (with knowledge of psychopharmacology and addiction treatment) and 16.

Substance abuse professionals include:

- Licensed Clinical Social Workers
- Certified Substance Abuse Counselor
- Substance Abuse Counselor
- Substance Abuse Counselor in Training
- Certified Psychotherapists with MPSW Examining Board 1.09 specialty

All providers are required to be licensed/certified and acting within their scope of practice.

Additional Services:

Service Providers contracted for one or more of the above services will also be authorized to provide Service Planning. Service Planning will be utilized to capture time spent by Service Providers attending the Recovery Team Meeting to review the Service Plan. Recovery Team Meetings are facilitated by the Service Facilitator with the member present.

The service plan must be reviewed and updated based on the needs of the member or at least every six months. The review must include an assessment of the progress toward goals and member satisfaction with the services. The service plan review must be facilitated by the service facilitator in collaboration with the member and the recovery team.

Service Planning may not be used to claim time spent coordinating with the Service Facilitator or other service providers.

Billing Guidelines

Per Medicaid rule, Service Providers can only submit claims for reimbursement for the following types of direct costs:

- **Service Delivery Time.** This is the time spent by the Service Provider delivering the allowable service, from the [service array](#), to the consumer. The Service Provider must be identified on the Consumer's Recovery Plan, and the type and amount of service provided and invoiced must match what is stated in an individual consumer's Recovery Plan.
- **Provider Travel Time** – This is the time spent for the Service Provider to travel to provide a CCS service to a consumer.

Time spent transporting a consumer is not able to be reimbursed, unless an authorized service was being provided to the consumer while they were being transported by the Service Provider.

If the provider does not have contact with the consumer, then the travel time is not billable as a direct service. For example, if a provider goes to a consumer's home and the consumer is not there, then the time invested is not billable as a service. Costs associated with this time can, however, be accounted for during a provider's rate setting process.

- **Documentation Time** – This is the time after service delivery for a service provider to complete a progress note / document service delivery. In order to be reimbursed, the time spent must be included on the progress note, and must be attached to the claim for the service delivery time.

Time spent documenting that is claimed as a separate lump sum documentation time, will not be reimbursed.

Costs that are not reimbursable; however, should be built into the Service Provider's Rate:

- Other types of direct service costs that are necessary to support the CCS services an agency provides:
 - time providing supervision
 - in person or phone contact with collateral contacts
 - phone calls with consumers
 - orientation and training
- Allocable general overhead costs:
 - Utility costs
 - Accounting
 - Financial
 - Agency administration
 - Cancellations/No shows

These costs are reimbursable, but should not be billed/invoiced on a monthly basis. Rather, these costs can and should be built into the Service Provider's hourly rate(s).

See [Rate Setting](#) for more details.

During contract development, specific guidelines will address how to turn in documentation and when it will be due. In general, progress notes documentation must be submitted within 72 hours of the service being delivered, and claims for reimbursement must be submitted monthly.

Common Non-Covered/Non-Billable Services Include:

- Missed/Cancelled Appointments or Telephone Calls or other Telecommunication (text, email, etc)
- Indirect Services: Observations, Research, Scheduling Appointments
- Recreation-Oriented Activities & Camps
- Transportation (**CCS may provide an approved service array while traveling with a consumer*)
- Crisis Intervention (***CCS may support with coordinating with crisis services, but cannot actually provide crisis intervention services*)
- Academic Supports (e.g. tutoring, homework assistance) or other services that would otherwise be provided by an Individual Education Plan (IEP)
- Services Provided by Other Programs (*day treatment, respite, long-term disability services, sheltered workshops, supervised family visitation, housing assistance, crisis intervention, detoxification, etc*)

Required Documentation

Provider Notes:

Documentation is required for all service 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.

The following needs to be part of your Provider Note:

- When (date & specific start and stop time of service)
- Where services were provided (home, agency, community, etc)
- Type of Session (individual, group)
- Service Provided (service array category- Skill Development, Wellness, Therapy, Medication, etc)
- Consumer objective (from approved service plan)
- How did consumer present? (appearance, affect)
- Interventions used (must be clearly obvious as to how this intervention relates to the objective and what you provided clinically to create change)
- Consumer Response to interventions
- Any assignments/tasks given to client
- Any follow-up needed to be done by staff
- Duration of Service (breakout: direct face-to-face, documentation, travel, non-billable)
- Distance Traveled in Miles (if applicable)
- Provider Name with Credentials (RW, AA, BA, MA, etc)
- Provider Signature (physical signature or an electronic signature that meets state and federal statutes)

The emphasis of each progress note must include:

1. Measureable data relative to the accomplishment (or lack thereof) to the treatment objectives on the service plan
2. Significant events that provide an overall understanding of the person's ongoing level of independent functioning and quality of living

During contract development, specific directions around submitting provider documentation will be provided. A sample provider note will be available for Service Providers to utilize. In general, your Provider Notes will be due 72 hours after the service is delivered.

Monthly Invoice:

Each Service Provider will be expected to provide a monthly invoice that outlines all services that have been provided, broken down by client, during that calendar month.

During contract development, specific directions around submitting invoices will be provided; however, in general invoices are due no later than the 5th of the following month for payment that month.

How to separate on monthly invoices:

- a) If service delivery and documentation are completed on the same date of service, it should be combined into one detail on the invoice
- b) Travel time must be submitted on the same claim as the service delivery to be reimbursable.

Date of Service	Service Code	Group or Individual Service	Place of Service	Service Delivery Time (minutes)	Documentation Time (minutes)	Provider Travel Time (minutes)	Provider Mileage*	Total Time of Service	Service Cost
1/01/2021	08-Individual Skill Development	Individual	12-Home	180	15	15	100	210	\$360.36
12/25/2021	10-Psycho-education	Group	11-Office	15				15	\$6.44
								0	\$0.00
								0	\$0.00

Required Elements of an Invoice:

- Organization Name
- Organization Address
- Billing Contact Name
- Billing Contact Telephone Number
- Invoice Number (The invoice number needs to be unique for each invoice)
- Invoice Date (Date that the invoice is created)
- Program (Funding Source) – CCS
- Consumer Name (First and Last Name)
- Service information:
 - o Date
 - o Correct service description
 - o Direct service units (direct service and documentation units with service array item listed)
 - o Travel units (time in units spent by provider traveling to and from CCS service with CCS client)
 - o Name of individual who provided the service
 - o Degree Type for individual who provided the service (ex. High School Diploma, Associates, Bachelors, Masters, PhD, MD)
- Invoice total

Rate Setting

Service Providers are only able to claim Direct Service Time, Travel Time, and Documentation Time in their monthly claims. All other allowable costs should be built into the Service Provider's Rate.

Some examples of costs that may be able to be built into the rate include:

- Other types of direct service costs that are necessary to support the CCS services an agency provides:
 - time providing/receiving supervision
 - in person or phone contact with collateral contacts
 - phone calls with consumers
 - orientation and training
- Allocable general overhead costs:
 - Utility costs
 - Accounting
 - Financial
 - Agency administration
 - Cancellations/No Shows

All costs must meet the standards outlined in the Wisconsin Department of Health Services Allowable Cost Policy Manual: <https://www.dhs.wisconsin.gov/business/allow-cost-manual.htm>.

Rate Setting Tool

If you do not have established service rates, a sample rate setting tool can be found at <https://www.gchsd.org/ccs-rfp/>

Please Note: Rates above the Comprehensive Community Services (CCS) Interim Medical Assistance rates, will be considered based on the extent to which the Service Provider is filling an identified gap in the Green County CCS Provider Network.