



Comprehensive Community Services (CCS)

Admission Agreement & Informed Consent

DHS 36.13 (1m) • DHS 94.03 (1)

Name: _____

Date: _____

Nature and Purpose of CCS

The Comprehensive Community Services (CCS) Program is a voluntary, community-based program for Medicaid eligible youth and adults diagnosed with mental illness and/or substance use disorder. It is operated by Dane County Department of Human Services in compliance with rules under Chapter DHS 36 of the Wisconsin Administrative Code.

Once enrolled in the CCS Program, you will:

- Work with a Service Facilitator, who has overall responsibility for all the activities related to coordinating your CCS services. They will be a member of your Recovery Team, facilitate the assessment process to determine your needs, help arrange and coordinate the services you select, and ensure that your voice is heard;
- Identify other people, who might be family, friends or professionals, to be members of your Recovery Team;
- Work with your Recovery Team to develop a recovery plan that outlines your goals and the services you select to help you meet your goals. Your Recovery Team will include a Mental Health Professional and/or a Substance Abuse Professional that participate in the assessment process, provide clinical guidance, and approve your plan and services;
- Receive the psychosocial rehabilitation services as outlined in your recovery plan; and
- Take steps, at your pace, to achieve your goals and desired level of stability, independence, and recovery.

You will choose services available through a network of providers. Most services are provided Monday through Friday from 8:30 a.m. to 4:30 p.m., but some providers may have hours that are a little different. Information about your care and progress may be shared between the members of your team and your service providers even though the team members and service providers may be from different agencies.

Crisis Services are available during and after hours by phoning the 24-hour crisis line of Journey Mental Health Center at (608) 280-2600.

If you have problems with the CCS program you may contact the CCS Administrator, Julie Meister at (608) 242-6413. The CCS Administrator is responsible for overseeing the operation of the CCS program and assists with requests for access to your health care records.

CCS Participant Rights

As a participant in the CCS program, you have the rights outlined in s. 51.61 Stats., DHS 94, and the right to:

- a. Choose the members of your recovery team, your services, and your service providers.
- b. Receive specific, complete, and accurate information about proposed services.
- c. Consent to treatment and to withdraw from the CCS program at any time.
- d. File formal and informal grievances per procedures in s. 51.61, WI Stats. and ch. DHS 94, and for Medical Assistance clients, the right to a fair hearing under s. DHS 104.01 (5). These are explained in the *CCS Client Rights and the Grievance Procedure* brochure.

Notice of Confidentiality Regarding Drug and Alcohol Treatment Records

The confidentiality of your treatment records maintained by this program is protected by Federal law. Generally, the program may not tell people outside the program that you are enrolled in the program or receive services from the program or disclose any information identifying you as a recipient of substance use services, unless:

1. You consent in writing;
2. The disclosure is allowed by a court order;
3. The disclosure is required by law; or
4. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation.

Violation of federal confidentiality laws may be enforced by criminal penalties. Federal law does not protect any information about a crime committed at the program or against any person who works for the program, or about any threat to commit such a crime. Federal laws also do not protect any information about suspected child abuse or neglect from being reported as authorized under Wisconsin law.

See 42 USC 290dd-3 and 42 USC 290ee-3 and related regulations regarding the confidentiality of drug and alcohol treatment records under 42 CFR Part 2.

Follow-Up After Discharge

Your records will be maintained by the Dane County Department of Human Services and will remain confidential within the network of providers unless you consent to their release to other organizations or persons, or the law permits such disclosure without your consent.

Telehealth

As a participant in the CCS program, you may choose to use telehealth to access your CCS services, but you can not be required to do so. Telehealth allows you to meet with your service providers using real-time, interactive communication using the internet or a telephone as long as the quality of the telehealth service is equal to an in-person service.

- a. Both yourself and the provider of CCS services must agree in order for a service to be provided via telehealth. If either you or the provider decline the use of telehealth for any reason, the service should be performed in person.

- b. You can not be required to use telehealth. You retain the option to refuse the delivery of CCS services via telehealth at any time without affecting your right to future care or treatment and without risking the loss of any benefits to which you're entitled.
- c. Your CCS provider must refer you to another CCS provider, if necessary, such as when telehealth services are not appropriate, can't be functionally equivalent, or if you decline telehealth.

Cost of Services

There is no cost for CCS services for clients who are Medicaid eligible.

Your Acknowledgement and Informed Consent

- a. I acknowledge that I have received and understand this Admission Agreement and Informed Consent document, including the nature and purpose of the CCS Program.
- b. I have been provided with specific, complete and accurate information about the Dane County CCS program and time to study the information or to seek additional information.
- c. I have been provided sufficient information about the CCS program to understand the benefits of receiving services through the CCS program, the way in which CCS services are provided, any risks associated with CCS services, any consequences of not receiving CCS services, and my options for alternate treatment/services.
- d. I have received a copy of the *CCS Client Rights and the Grievance Procedure* brochure and the grievance procedures have been explained to me.
- e. I have been provided with information on the costs of services, as well as, my financial responsibility for the services I receive.
- f. I have received a copy of the *Dane County Notice of Privacy Practices*.
- g. I understand that I may choose to participate in telehealth services, which involves the use of video/audio conferencing technology, and I understand the benefits, risks and consequences of utilizing telehealth.
- h. I understand that if medications are prescribed to me by a CCS provider the risks and benefits of the medication will be explained to me by the prescriber and a separate Informed Consent for Medications will be required.
- i. I understand Informed Consent will be obtained from me annually and that this Informed Consent document is valid for no longer than 15 months from the date I sign below. I have the right to withdraw my informed consent at any time, in writing, through my service facilitator or the CCS Administrator.

Signature of Applicant

Date

Signature of Parent/Guardian

Date