

Unified Community Services
Iowa-Grant Consortium
CCS Referral

Instructions for Completion of Comprehensive Community Services Referral

Comprehensive Community Services (CCS) is a recovery oriented mental health program that serves adults and children who are in need of ongoing services due to impairments that interfere with or limit healthy functioning. Mental health staff reviews the CCS referral in order to determine if an individual is appropriate for admission. The review process includes meeting with the referred person and his/her family (if appropriate); reviewing past treatment history which may include obtaining treatment records, and conducting additional functional screening and evaluations when necessary.

The target population for CCS is those with mental health and/or substance abuse diagnoses across the lifespan. Eligibility requirements include:

1. Medicaid
2. A mental health and/or substance use diagnosis
 - a. Note: Autism Spectrum Disorder or Developmental Disability services are not covered by CCS
3. Functional impairment in at least one or more major life activity
4. Voluntary enrollment
 - a. Note: CCS cannot be court ordered even with an order to treat
5. Functional Eligibility on State-approved functional screen

To begin the application process:

1. Read these instructions and use the CCS Referral Decision Tree to determine if a referral to the CCS program is appropriate.
2. Complete the “CCS Referral” document.
3. Have a **psychiatrist or physician (MD or DO only)** complete the “CCS Prescription for Treatment” document.

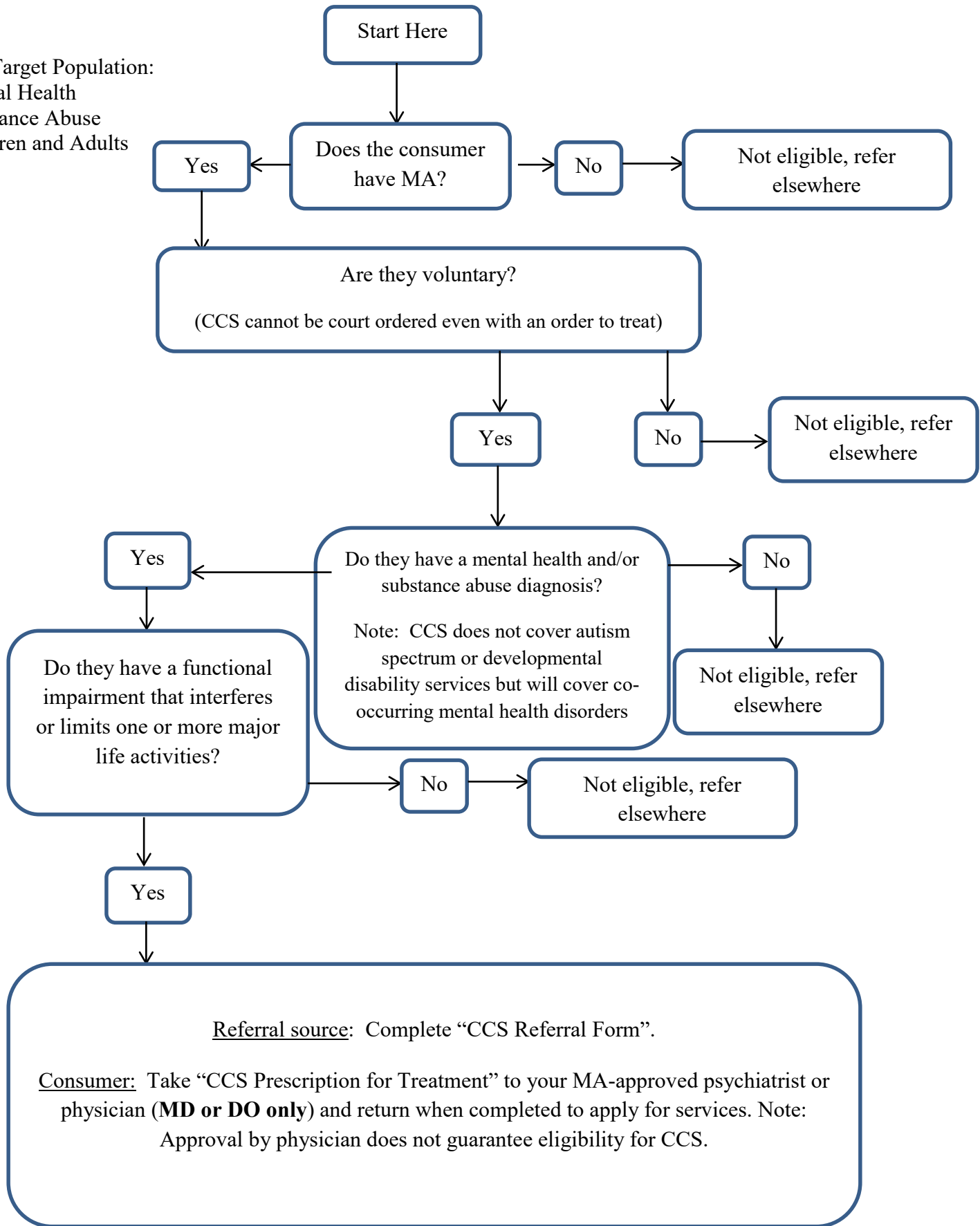
Once the “CCS Referral” document is completed and the “CCS Prescription for Treatment” is signed by a psychiatrist or physician, submit the documents to:

Unified Community Services-Lancaster
Attn: CCS Program
200 W. Alona Lane
Lancaster, WI 53813

Upon receipt of documents, CCS program staff will contact potential applicants to discuss interest in the program, conduct the Functional Screen, and apply for CCS services.

Questions should be directed to Kayzia Teal, CCS Service Director at 608-723-6357.

CCS Target Population:
 -Mental Health
 -Substance Abuse
 -Children and Adults



Unified Community Services
Iowa-Grant Consortium
CCS Referral

Name: _____ Referral Date: _____

Phone: _____ Male ___ Female ___ DOB: _____

SSN # : _____

Address: _____ City: _____ Zip: _____

Parent or Guardian (if applicable): _____ Phone: _____

Address (if different): _____ City: _____ Zip: _____

Additional Family or Significant Others	Date of Birth	Relationship	Address (if different from applicant)

AFH, CBRF, or Foster care Provider (if applicable): _____ Phone: _____

Relevant Service Providers <small>(physician, social worker, therapists, etc.)</small>	Relationship	Address/Phone

Referred By	Profession or Relationship	Address/Phone

Reasons for referral:

Known mental health diagnoses (include name and credential of professional giving the diagnosis):

Unified Community Services CCS Program
200 W. Alona Lane, Lancaster, WI 53813
Ph: (608) 723-6357
Fax: (608) 723-4417

Unified Community Services CCS Program
1122 Professional Drive, Dodgeville, WI 53533
Ph: (608) 935-2776
Fax: (608) 935-3174

Referral Screening Results (to be completed by CCS Staff)

Medicaid #: _____

Other Insurance: _____

MH Issues/Concerns:

MH or AODA Diagnosis (include name and profession of diagnostician):

Functional Screen Results: CCS Eligible Not CCS Eligible COP eligible

CCS Referral Result: Admitted to CCS Not Admitted (list reason and other service linkages made)

- Person declined admission No PSR needs that CCS can address
- No qualifying diagnosis Not clinically appropriate for CCS
- Not functionally eligible

Recommended services and linkage provided:

CCS Start Date: _____

Assigned Service Facilitator: _____

Signature of CCS Staff Conducting Screening

Date

Signature of CCS Service Director

Date

Unified Community Services
Iowa-Grant Consortium
CCS Prescription for Treatment

Patient Name: _____ Date of Birth: _____

Please have your psychiatrist or MA-approved physician (MD or DO) complete the information below:

Comprehensive Community Services (CCS) is a voluntary program for MA-eligible individuals with mental health and/or substance abuse disorder needs. CCS may be able to provide psychosocial rehabilitation services that meet your patient's needs. The types of services offered include service planning, specialized evaluations, medication management, physical health monitoring, peer support, individual skill development, employment-related skill training, psychoeducation, wellness management, psychotherapy, and substance abuse treatment.

A determination of need for psychosocial rehabilitation (PSR) services is based on criteria outlined in the Wisconsin Department of Health Services Functional Screen tool and the following criteria:

- The applicant has a diagnosis of mental disorder or substance use disorder
- The applicant has a functional impairment that interferes with or limits one or more major life activities and results in needs for services that are described as ongoing, comprehensive and either high-intensity or low-intensity.

Psychiatric and/or Substance Use Diagnoses (include ICD-10 code):

I, the undersigned, prescribe Comprehensive Community Services (CCS) for:

_____ (patient name)

Date: _____

Psychiatrist/Physician Signature (Must be MD or DO)

Printed name, address, phone number, NPI of psychiatrist/physician (MD or DO only)

NPI #: _____

This prescription expires after one year

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