

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 use diagnoses across the lifespan. Eligibility requirements include:

1. Medicaid (if not active, but eligible, staff can work with client to enroll)
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. Complete the “CCS Referral” document.
2. Have a **qualified prescriber (physician, psychiatrist, nurse practitioner, or physician assistant that is a Wisconsin Medicaid provider)** complete the “CCS Prescription for Treatment” document.

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

Grant County  
Unified Community Services  
Attn: CCS Program  
200 W. Alona Lane  
Lancaster, WI 53813  
Fax: 608-723-4417

Iowa County  
Unified Community Services  
Attn: CCS Program  
1122 Professional Drive  
Dodgeville, WI 53533  
Fax: 608-935-3174

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 the CCS Service Director at 608-723-6357.

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):

\_\_\_\_\_

Is the client aware of this referral? \_\_\_ Yes \_\_\_ No

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:

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

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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:

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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: \_\_\_\_\_

**To be completed by a qualified prescriber (physician, psychiatrist, nurse practitioner, or physician that is a Wisconsin Medicaid provider):**

Comprehensive Community Services (CCS) is a voluntary program for Medicaid eligible individuals with mental health and/or substance use 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 use 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: \_\_\_\_\_

Qualified prescriber signature (MD, DO, APNP, PA)

**Printed name, address, phone number, NPI of qualified prescriber:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NPI #: \_\_\_\_\_

This prescription is considered current until otherwise revoked or upon discharge from CCS.

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