

This is a sample form developed by the "CCS Statewide QA/QI Work Group", and is available to CCS sites as a sample for consideration of use, modification, and customization. There is no implicit or explicit guarantee that this document meets the requirements for CCS as outlined in DHS 36, Medicaid, or other applicable laws, rules, or regulations. Individual counties and tribes are responsible for developing their own forms and ensuring adherence to all applicable laws, rules, and regulations. The hope is that this working draft is modified based on the experiences and expertise of state, county, and tribal partners, and as new information becomes available.

Comprehensive Community Services (CCS) Determination of Need/Authorization of Services

Name: _____	Date: _____
Date of Birth: _____	Client #: _____
Date of Screening Completion: _____	MA #: _____

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

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

There is an existing diagnosis of mental disorder or substance use disorder:

- No
- Yes: DSM Diagnosis: _____

There is an existing functional impairment: No Yes

- Meets "Group 1" Criteria: Persons in this group include children and adults in need of ongoing, high-intensity, comprehensive services who have a diagnosed major mental disorder or substance-use disorder, and substantial needs for psychiatric, substance abuse, or addiction treatment.
- Meets "Group 2" Criteria: Persons in this group include children and adults in need of ongoing, low-intensity comprehensive services who have a diagnosed mental or substance-use disorder. These individuals generally function in a fairly independent and stable manner but may occasionally experience acute psychiatric crises.

The applicant meets the CCS eligibility requirements and is determined to clinically need psychosocial rehabilitation services.

The applicant is not eligible for CCS because:

- The applicant is clinically determined to NOT need psychosocial rehabilitation services.
- The applicant is not eligible for MA and does not qualify under the program exceptions.

I have reviewed the applicant's need for psychosocial rehabilitation services and attest to this determination.

Signature of Mental Health Professional: _____

Printed Name of Mental Health Professional: _____

Signature of Substance Abuse Professional: _____

Printed Name of Substance Abuse Professional: _____

A copy of this determination shall be provided to the applicant. The applicant may submit a written request for a review of the determination to the Wisconsin Dept. of Health and Family Services. A written request for a review of the determination of need should be addressed to the Bureau of Mental Health and Substance Abuse Services, 1 W. Wilson St, Room 433, PO Box 7851, Madison, 53707-7851