

**COMPREHENSIVE COMMUNITY SERVICES (CCS)
 FOR PERSONS WITH MENTAL DISORDERS AND SUBSTANCE USE DISORDERS
 REGIONAL MODEL SUPPLEMENTAL APPLICATION - DHS 36**

READ INSTRUCTIONS ON PAGE 4 BEFORE COMPLETING THIS FORM.

By completing and submitting this form, the agency indicates it is in compliance with the program standards as required under Wis. Stat. §§ 49.45(30e)(b) and 51.42(7)(b).

I. COUNTY AGENCY INFORMATION

Regional Name	Certification No.
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LEAD OR SINGLE COUNTY AGENCY (as applicable to regional model)

Name - Lead or Single County Agency		Name – CCS Administrator		
Street (Physical Address for Lead Agency)	City	County	State	Zip Code
Mailing Address (if different from above)		City	State	Zip Code
Telephone Number	Fax Number	Estimated Start Date		

Regional Model *(Check one.)*

Population-based
 Multi-county
 Shared Services
 51.42
 Tribal Nations: Options

COUNTIES INCLUDED IN THE REGION *(List all below.)*

ATTESTATION

I hereby attest or affirm that all statements made in this application and any attachments are correct to the best of my knowledge and that I will comply with all laws, rules, and regulations governing Comprehensive Community Services for Persons with Mental Disorders and Substance Use Disorders.

SIGNATURE – CCS Administrator 	Date Signed
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II. BRANCH OFFICE

If branch office locations exist within the region, copy and complete this page for **EACH BRANCH OFFICE LOCATION** within the region.

Regional Name			Certification No.	
BRANCH OFFICE LOCATION AND CONTACT INFORMATION				
Name – Branch Office			County	
Name - Site Contact Person		Email Address – Site Contact Person		
Street Address		City	State	Zip Code
Telephone No.		Fax No.		
BRANCH OFFICE DESCRIPTION				
Distance from Lead County Agency		Service Intensity		
		<input type="checkbox"/> Tier 1: Less than 20 consumer treatment hours per week (\$200) <input type="checkbox"/> Tier 2: 20 or more hours per week (\$500)		
CONSUMER RECORDS				
Are consumer records kept in at this branch office?		If "yes," identify the county agency that maintains the records.		
<input type="checkbox"/> No <input type="checkbox"/> Yes				

IV. COUNTIES WITHIN REGION

Copy and complete this page for **EACH COUNTY** within the region.

INDIVIDUAL COUNTY INFORMATION		
Regional Name	County	Certification No.
CONSUMER SERVICES BY COUNTY (for recertification only)		
The Functional Screen was completed for the following number of persons:		
Comprehensive assessments were completed for the following number of persons:		
Abbreviated assessments were completed for the following number of persons:		

Enter the number of Enrolled Consumers in this table.

GENDER	AGE				
	0 -17	18 – 24	25 – 44	45 - 64	65 +
Male					
Female					

INSTRUCTIONS

This form accompanies DQA form F-00482, *CCS for Persons with Mental Disorders and Substance Use Disorders Initial Certification Application – DHS 36*, or DQA form F-00475, *CCS for Persons with Mental Disorders and Substance Use Disorders Recertification Application – DHS 36*.

- **Item I, County Agency Information** (page 1). This section is used to gather general information about the lead or single county agency, as applicable to the regional model. It includes the CCS Administrator attestation.

NOTE: By completing and submitting this form the agency indicates it is in compliance with the program standards as required under ss. 49.45(30e)(b) and 51.42(7)(b), Wis. Stats.

- **Item II, Branch Office** (page 2). This section is used to gather specific information for each CCS branch office. If there are one or more branch offices within the region, copy and complete this page for each branch office.
- **Item III, Counties within Region** (page 3). This section is used to gather specific information for each county within the region.

- **Supplemental Information**

Submit documents listed below and label each document with the regional name, program certification number, and date. Programs seeking initial certification will not have a program certification number.

- A copy of the Division of Mental Health and Substance Abuse Services Regional Model Approval letter.
- Policies and Procedure addressing CCS administrator/director(s) oversight of the region and other responsibilities with respect to all branch office sites, given the location of the program's offices within the region and their distance from the lead agency.

NOTE: All DHS 36 CCS policies and procedures shall adequately address administrative code requirements within the context of the selected regional service model. Technical assistance is available from the Division of Mental Health and Substance Abuse Services at: DHSDMHSASCCS@wisconsin.gov

- If counties within the region are not contiguous, a description of how services will be provided and monitored.
- If telehealth will be utilized, a description of how telehealth will be used.
- After completing the Regional Model Supplemental Application, return all requested information with the appropriate certification application and fee to the DQA Central Office at:

**Division of Quality Assurance
BHS / Behavioral Health Certification Section
PO Box 2969
Madison, WI 53701-2969**