



# **Rock County Human Services Department Compliance Plan**

Title 42 CFR, Section 438.608

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## **Introduction**

The Rock County Human Services Department Compliance Plan (HSD Compliance Plan) implements the requirements prescribed by Title 42 CFR, Section 438.608, Section 6032 Deficit Reduction Act of 2005 (DEFRA) and False Claims Act (31 USC Section 3729-3733). Rock County HSD operates as a subcontractor to various commercial and governmental entities as a provider of services and the Department is required to have a compliance plan in place as outlined in Title 42 CFR, 438.608.

Further regulatory requirements provided by HIPAA, Wisconsin Chapter 51 and other statutory regulations related to specific program areas will be covered under this plan.

The HSD Compliance Plan is established to ensure the department's compliance with all applicable laws and regulations and ethical treatment of consumers and families.

### **POLICY: Compliance Program (1000.1)**

It is the policy of HSD to conform to federal and state laws and regulations, and to uphold and enforce adherence to this policy. This plan provides the standards and policies & procedures to attain compliance.

The scope of activities regulated by the HSD Compliance Plan includes, but is not limited to, billing, claiming, information sharing, service documentation, fraud, and unethical behavior on the part of HSD personnel and contractors.

A claiming or information-sharing offense is an activity that has been determined by the Compliance Committee to be inconsistent with state or federal laws and regulations, HSD contractual requirements, and/or departmental standards.

Examples of billing offenses include billing for services not furnished, inadequate documentation of service, misrepresenting the diagnosis to justify payment, soliciting, offering, or receiving a kickback, and falsifying plans of treatment and medical records to justify payment.

The program's design incorporates the seven elements that represent the industry standard for scope of a compliance program:

1. Standards and Procedures
2. Compliance Officer and Committee
3. Employee Training and Education
4. Communication
5. Enforcement
6. Proactive Monitoring/Auditing
7. Prompt Corrective Actions and Prevention

The HSD Compliance Program will address the following goals and objectives:

1. Facilitate a working environment that promotes ethical values, exemplary behavior and voluntary compliance with the letter and spirit of all applicable laws and regulations.
2. Development of a Program that encourages employees, affiliated professionals and contractors to demonstrate the highest ethical standards in performing their daily tasks.
3. Establishment of a Code of Conduct.
4. Oversight of a disclosure system (telephone and e-mail Compliance Hotline) that requires the HSD to respond to reports by employees or others of a suspected violation of law or regulation or the principles of the HSD Compliance Program.
5. Identification of those situations in which the laws, rules and standards of state and/or federal programs or other applicable laws and regulations may have not been followed, and facilitation of the correction of any such practices.
6. Implementation of procedures to ensure future compliance with all laws and regulations of Medicare, Medicaid and other 3<sup>rd</sup> Party Payers.

**POLICY: Compliance Program Authority (1000.2)**

Executive Oversight

The HSD Integrated Management Team (HSDIMT), with oversight responsibility for the Rock County Human Services Department, will provide strategic direction to the HSD Compliance Program, as well as be responsible for approving the Program. The Compliance Officer will provide quarterly updates to the HSDIMT on the activities surrounding the plan and any issues presently identified.

Compliance Officer

The HSD Compliance Officer is delegated authority for development and day-to-day operation of the HSD Compliance Program. The Compliance Officer will work with the Compliance Committee, HSDIMT, Administrative Services Division and County Corporation Counsel to implement and maintain the HSD Compliance Program. The HSD Compliance Officer will be responsible for monitoring regulatory Administrative Code as it pertains to the Compliance Plan. The HSD Compliance Officer will provide updates to the Compliance Committee at regularly scheduled meetings.

## Compliance Committee

The HSD Compliance Committee is composed of relevant stakeholders within the HSD that promote the implementation and continued enforcement of the HSD Compliance Plan. The HSD Compliance Committee will review the HSD Compliance Plan on an annual basis and/or as necessary to remain current with provider quality standards and expectations. The composition of the committee is enumerated in section 1000.5.

### **POLICY: Compliance Program Guidelines (1000.3)**

#### A. Code of Conduct

- i. The HSD will establish a Code of Conduct, which will govern the proper conduct of HSD employees and will require all employees, affiliated professionals, and contractors to comply with the ethical and legal standards outlined in the HSD Compliance Program. The complete Code of Conduct is attached to the plan as Appendix A.

#### B. Compliance Standards

- i. The Compliance Officer and Compliance Committee will be responsible to identify those areas where there is significant risk for non-compliant conduct.
- ii. Compliance standards will conform to all Rock County Personnel Policies, Procedures and Ordinances.

#### C. Effective Reporting and Investigative Process

- i. The Compliance Officer and Compliance Committee will establish and execute a process for the reporting and investigation of alleged non-compliant practices and conduct. The complete procedure is enumerated in section 1000.6.

#### D. Proactive Training and Communication

- i. The Compliance Officer and Compliance Committee are responsible for creation and implementation of a communication and training program to ensure compliance with the HSD Compliance Plan. The complete procedure is enumerated in section 1000.8.

E. Monitoring and Auditing Program

- i. The Compliance Officer and Compliance Committee shall design and institute a monitoring and auditing program to confirm compliance with this plan and the standards established herein. The complete procedure is enumerated in section 1000.9.

F. Evaluation and Corrective Action

- i. The Compliance Officer and Compliance Committee must provide a structure to respond to violations to the HSD Compliance Program in a timely and measurable manner. The complete procedure is enumerated in section 1000.10.

**POLICY: Compliance Officer (1000.4)**

HSD Compliance Officer is delegated authority for the fulfillment of HSD's compliance commitment by planning, designing, implementing and refining the HSD Compliance Program.

This involves developing standards, coordinating compliance training and education, conducting or arranging internal audits, identifying compliance issues and trends, investigating and resolving compliance complaints and promoting awareness and understanding of the ethics and practices consistent with state and federal law.

The Compliance Officer is allocated to the position by designation of the Rock County HSD Director and all personnel qualifications shall be established within the applicable position description.

The Compliance Officer responsibilities include but are not limited to:

- In coordination with the HSD Compliance Committee and HSD Integrated Management Team, design and implement the HSD Compliance Program
- Serve as chair of the HSD Compliance Committee
- Report to and advise the HSDIMT regarding compliance issues including regulatory, fiscal, operational and quality assurance policies
- Maintain all reports and records of the Compliance Committee including minutes of meetings, audit reports, corrective actions, disciplinary actions, investigations, training and education activities
- Facilitate development and compliance with a Code of Conduct

- Develop, coordinate and facilitate the educational and training program that focuses on the elements of the Compliance Program to ensure that all appropriate employees are knowledgeable of, and comply with, pertinent state and federal standards
- Develop and publicize structure that enables employees to report violations to the compliance team and to the Compliance Officer, including effective use of anonymous means without fear of reprisal and assurance that allegations of non-compliance are investigated and responded to promptly
- Arrange and coordinate internal audits for the purpose of monitoring and detecting non-compliance with applicable laws and Compliance Program requirements
- Monitor the effectiveness of the Compliance Program on a regular basis and recommend modifications to the Compliance Committee

**POLICY: Compliance Committee (1000.5)**

The purpose of the HSD Compliance Committee is to provide organizational support, create agency-wide awareness of the Compliance Program, and advise the HSD Compliance Officer and the HSD Integrated Management Team on the development and implementation of the Compliance Program.

Meetings shall be at least quarterly as scheduled by the Compliance Officer. Minutes of all meetings shall be recorded and approved by the Committee.

Membership of the Committee shall be as follows:

- HSD Compliance Officer/Analyst
- HSD Deputy Director
- Behavioral Health Crisis Program Representative
- Behavioral Health Outpatient Program Representative
- Behavioral Health CSP Program Representative
- Behavioral Health CCS Program Representative
- Administrative Services Division Manager
- Billing Accountant
- HSD Business Manager
- Medical Records Manager
- Behavioral Health Analyst
- QA Analyst

Duties of the Compliance Committee

- Assess existing policies and procedures to address potential areas for risk
- Review and recommend Code of Conduct Standards, and other policies and procedures that promote adherence to the organization's Compliance Program

- Monitor communication methods and training programs to ensure that employees and affiliated professionals receive proper information about the Compliance Program
- Determine appropriate strategy to promote compliance and detection of any potential violations, such as the Compliance Hotline and other fraud reporting mechanisms
- Recommend a system to solicit, evaluate and respond to suspected cases of noncompliance and monitor internal and external audits and other investigations for the purpose of identifying areas of risk
- Address other functions as the compliance concept becomes part of the overall operating structure and daily routine
- Assign duties to individuals to ensure implementation of the Compliance Program

**POLICY: Reporting and Investigations (1000.6)**

As stated in the Code of Conduct, it is HSD policy that employees are expected to report any activity reasonably suspected to violate state or federal laws, regulations, ethical standards or HSD or Rock County policies. This reporting enables the Compliance Officer to investigate, and, if necessary, quickly resolve any potential problems.

Employees are required to report suspected violations. Report of violations may be made without fear of retribution and will be handled in a manner that protects privacy of the reporter whenever possible.

Reports can be made via email, phone call or inter-office mail to the Compliance Officer or the direct supervisor of the employee.

Upon report of a violation, the Compliance Officer will create a case file for the allegation, using the AD-069 Compliance Investigation and Mitigation Form and track the entry on the AD-070 Compliance Investigation Tracking Form. The Compliance Officer will investigate the report, and if warranted, develop a plan of correction with the relevant department staff to correct the deficiency. If there is evidence of wrong doing, the Compliance Officer will make a report to the Director with the recommended plan of correction.

Investigation and subsequent findings, and if required, the establishment of a plan of correction, shall be completed within 20 business days of the reported violation.

The Compliance Committee shall receive an update on any investigations at each meeting and following completion of the investigation.



## **POLICY: Comprehensive Documentation Standards (1000.7)**

### Record Definition

- The consumer record is a hybrid comprised of both electronic records in Avatar and hard copy documents created by Rock County Human Services Department (RCHSD) staff regarding referral, intake, treatment or other services rendered to a consumer. It contains all original recordings of RCHSD staff and consultants who render care and assistance to the consumer.
- Individual programs may define program-specific documentation standards no less strict than this policy.

### Documentation

- All clinical documentation should be typed; see individual program requirements for more documentation guidelines.
- The record should contain only one copy of each document; the exception would be if client signature is needed.
- Only approved forms should be included in the record.
- Use proper spelling and grammar.
- Entries should be organized and concise with attention to formatting and readability.
- Be objective and professional in all entries. Describe actions, behavior, appearance and conversations in factual terms that make it clear to any reader what has occurred. Opinions should be clearly identified as such.
- Avoid using slang or derogatory remarks; if quoting a client then use quotation marks.
- Use only approved abbreviations as provided in Appendix B.

### Medical Assistance Documentation Requirements

- The full name of the recipient;
- The identity of the person who provided the service to the recipient;
- An accurate, complete and legible description of each service provided;
- The purpose of and need for the services;
- The quantity, level and supply of service provided;
- The date of service;
- The place where the service was provided; and
- The pertinent financial records.

### E-mails

- Summarize e-mails as you would telephone conversations.
- Copying/pasting e-mails is highly discouraged and rarely appropriate. A supervisor must approve this practice on a case-by-case basis.

### Identification

- Use 'Writer' to identify yourself in entries (e.g., Writer received call regarding...)
- Use Client/Consumer or refer by name.
- Never use initials to identify any persons.

### Timeliness

- Complete documentation within the maximum standard of five business days. Follow individual program requirements for timeliness.
- 100% time reporting is mandatory and must be completed within five business days.

### Hand Written Documentation

- All entries must be written in blue or black permanent ink.
- All entries must be fully dated (mm/dd/yy). Follow individual program requirements for time documentation.
- To correct an entry, draw a single line through the incorrect entry, enter the correction above the line-through if it is a small entry or enter the correction in chronological order if it is too large and make an “error” note with your signature and date.
- To addend an entry, create a new entry in chronological order and label it “addendum entry” with the current date; in the body of the note indicate the date of the original entry and document the reason for this entry. Sign and date the entry.
- All entries must be entered in EHR record.

### Release of Information to External Parties

- Medical Records shall release information to all external parties in accordance with Release of Information policies and procedures. Please see individual program requirements for exceptions.

### **POLICY: Training and Education Program (1000.8)**

All personnel covered under this plan are required to complete an initial training at hire and then annually thereafter.

The training will be provided either in person by the Compliance Officer of their designee or via an electronic training option provided via computer. The training of personnel will be tracked by the Administrative Services Secretary in accordance with other regulatory training expectations (HIPAA, Diversity and Sexual Harassment Trainings) and notification will be provided to the Compliance Officer and direct supervisor of personnel who have not met the initial hire or annual training requirement.

### **POLICY: Monitoring and Auditing Program (1000.9)**

The compliance officer will conduct or coordinate quarterly audits.

This includes, but is not limited to the following:

- Clinical record Audits
- Training Records
- Review of adherence to Policies and Procedures of Contracted Providers
- Verification of Credentials and Background as appropriate
- Review of Non-Compliance reports

Performance improvement steps to prevent or correct non-compliance concerns include:

- Issues will be logged to identify trending
- If a trend is identified then the supervisor and program manager will be contacted regarding creation of a plan of correction; the supervisor will have one week to respond to the compliance officer

### **POLICY: Corrective Action Plans (1000.10)**

Per Section 1000.6 of this plan, any investigation that identifies an area of deficiency requires a Corrective Action Plan.

The Corrective Action Plan is incorporated on the AD-069 Compliance Investigation and Mitigation Form. This ensures that the circumstance of the deficiency and the investigation findings are included as context with the Corrective Action Plan.

Required elements of the Corrective Action Plan are:

- Assigned Individual to Implement the Plan
- Date of Completion of the Plan
- Steps to be Implemented to Correct Deficiency
- Ongoing Monitoring Steps for Plan Effectiveness
- Additional Relevant Information Required to Implement Plan

The Corrective Action Plan shall be implemented within at least 10 business days of finalization of the plan.

Compliance committee staff will review the corrective action plan with Program Staff to determine implementation of a CAP as they arise. Review process will be outlined in the CAP.

# Appendix A Code of Conduct

## **PURPOSE OF CODE OF CONDUCT**

This Code of Conduct is an integral tool in the commitment that Rock County Human Services holds to maintain standards of integrity, honesty and professionalism while striving to deliver the highest quality services. All employees (full time, part-time and LTE's), interns, volunteers, contractors, network providers and other designated individuals acting on behalf of RCHSD are required to comply with the letter and spirit of this Code of Conduct and thereby uphold the values that are reflected within this code.

The Code of Conduct is intended to complement, not replace, County and Department policies and procedures or other professional codes that are required for licensure or certification.

The absence of an explicit reference to a specific behavior or situation does not mean the behavior is ethical or unethical. Rather, the Code of Conduct provides guidance for decision-making and conduct when ethical issues arise. If there is not an existing Department or County policy on a particular subject matter, the general principles of this Code of Conduct are to be used as a guideline.

Questions regarding the Code of Conduct should be directed to one's immediate supervisor.

## **POLICY:**

It is the policy of Rock County Human Services that all employees shall act according to the following principles:

### **A. Commitment to Clients**

- Treat all clients and recipients of services with dignity, respect and courtesy.
- Provide appropriate care, treatment and service through the application of evidence based programs and sound practice standards in daily work activities.
- Provide clients with the information they need to make fully informed decisions, including allowing clients to have access to information about RCHSD services and its policies, procedures and charges.
- Provide all services in accordance with applicable federal, state and local laws, rules and regulations.

- Employ professionals with proper credentials and ensure that all individuals providing client care, treatment and services have appropriate experience and expertise in the area(s) in which they function.
- Accurately and completely document all client encounters in appropriate records in accordance with funding source requirements and RCHSD guidelines.
- Serve clients without regard to race, religion, creed, gender, economic status, sexual orientation, age, source of payment, or any other non-treatment or non-service related characteristic.
- Participate in activities that promote quality assurance and quality improvement and bring concerns regarding possible deficiencies or errors in the quality of care, treatment or services provided to clients to the attention of those who can properly assess and resolve the concern.
- Perform services in a manner that seeks to avoid harm to clients, the community, other employees or the environment.

#### **B. Commitment to Co-Workers and Other Employees**

- Maintain a working environment free from all forms of harassment, discrimination or intimidation.
- Afford equal employment and advancement opportunities to all applicants and employees pursuant to Rock County policies.
- Conform to the codes of ethics and standards for respective professions and licensure, and exercise sound judgment in the performance of duties.
- Comply with workplace safety policies in accordance with Rock County procedures.
- Ensure that no employee is required to compromise his or her appropriate and established professional standards in the performance of his or her duties.
- Promote a positive image for RCHSD, its employees and its services.
- Cooperate in accomplishing RCHSD's commitment to maintaining a work culture that promotes the prevention, detection and resolution of instances of conduct that do not conform to ethical or legal standards and to this Code of Conduct.

#### **C. Commitment to Taxpayers, Funding Sources, and Community Partners**

- Do not engage in any practice that involves illegal or unethical activity.
- Conduct themselves in a manner appropriate to their standing as representatives of local government, representing the best interests of the County's citizens.

- Comply with all applicable federal, state and local laws, rules, regulations, standards and other requirements, including all requirements of federal healthcare and social services program statutes, regulations and guidelines.
- Do not enter into any joint venture, partnership or other arrangement with any entity that is a potential or actual conflict of interest unless the arrangement has been reviewed and approved by County Corporation Counsel and Human Resources Director.
- Do not accept or provide any gift of more than nominal value or any hospitality or entertainment, which, because of its source or value, might influence or appear to influence independent judgment in transactions involving RCHSD.
- Take reasonable precautions to ensure that billings and/or coding of claims are prepared and submitted accurately, timely, and in compliance with all applicable federal, state and local laws, rules and regulations and RCHSD's policies and procedures. This includes federal health care program regulations and procedures or instructions otherwise communicated by regulatory agencies (*e.g.*, the Centers for Medicare and Medicaid Services) or their agents.
- Provide that no false, fraudulent, inaccurate or fictitious claims for payment or other reimbursement are submitted, by billing only for eligible services actually rendered and fully documented. When coding for services, only billing codes that accurately describe the services provided will be used.
- Act promptly to report and correct problems if errors in claims or billings are discovered.
- Ensure that all reports or other information provided to any internal or external entities including federal, state, or local government agencies are accurate and submitted in a timely manner.
- Maintain complete, accurate and thorough records, in accordance with guidelines established by federal and state laws and regulations and applicable RCHSD policies, in order to provide factual information regarding the type, level, frequency and cost of services provided.
- Comply with all laws and regulations governing the confidentiality of information.
- Ensure that timesheets, mileage claims, reimbursement claims, and other cost records and reports are complete and reflect accurate information.
- Perform duties in a way that promotes public trust and encourages participation in, and access to, County programs and resources.
- Voluntarily disclose to third party law enforcement or regulatory agencies, where appropriate and legally required, violations of law, rules, regulations or standards.
- Bring to the attention of supervisors and managers information related to non-compliance or non-adherence to RCHSD policies and procedures as well as to required federal, state or local laws and regulations.

- Promptly report all suspected violations of this Code of Conduct and applicable federal, state and local government laws, rules and regulations to a manager or supervisor, or to the Compliance Officer.

#### **D. Commitment to Open and Impartial Decision-Making**

- Avoid any commitment that interferes with their ability to properly perform duties for RCHSD, and avoid any activity that conflicts with the known interests of RCHSD or its patients, clients or constituents, such as the solicitation of future employment with a company doing business with the County over which the employee has some control or influence in his/her official capacity or the use of County time, facilities, equipment, badge or uniform for private gain or advantage, or the private gain or advantage of another.
- Avoid becoming involved in activities that improperly influence their actions or job functions. This includes taking outside employment or engaging in activities where the employee's judgment could be impaired in performing his or her duties for RCHSD, or where there could be a perception that the employee's judgment could be impaired.
- Report any potential conflicts of interest to RCHSD in accordance with Rock County policy.

Concerns or questions regarding potential conflicts of interest shall be brought to the attention of a supervisor, manager, Human Resources, or the Compliance Officer. Do not involve consumers, families or other service providers in criticism or controversy related to internal policies, practices, staff actions or personalities. In no case is this information ever part of a client's record.
- Do not intimidate, threaten, coerce, discriminate against, nor take other retaliatory action against any consumer, constituent, contractor or employee who exercises the right to file a complaint or who participates in an investigation or proceeding relative to a complaint.

## Appendix B

### DEPARTMENT APPROVED ABBREVIATIONS FOR USE IN THE MEDICAL RECORD

The following listing of abbreviations and symbols has been approved for use in the medical record by the professional staff. Other abbreviations and symbols may be used if their meaning is explained in the report or note in which they appear.

Generic or common use abbreviations such as days of the week, months of the year, titles (Dr., Mr., Mrs., etc.) and so on will not be listed but may be used since they are universally accepted and widely used.

Abbreviations and symbols may not be used in diagnostic statements (final/provisional/admitting diagnosis in major reports or on medical record face sheets).

**All abbreviations and symbols should be used conservatively so the record will remain a useful communication tool.**

This listing will be maintained in the Treatment Documentation Manual so that it will be conveniently available to all staff making entries in the medical record.

All the abbreviations listed are approved for use in Rock County Human Service Department records.

@	At
AA	Alcoholics Anonymous, Administrative Assistant, Area Administration
AAA	Area Agencies on Aging
AAR	Adults at Risk
ABD	Abdomen
ACA	Affordable Care Act
ACL	Administration for Community Living
ACS	American Community Survey
ACTIONS	Accepting Change by Taking Immediate Ownership of New Skills
ADA	Americans with Disabilities Act
ADAAG	ADA Accessibility Guidelines
ADL	Activities of Daily Living
ADM	Admission
ADPAW	Aging and Disability Professionals Association of Wisconsin
ADRC	Aging & Disability Resource Center
AFCSP	Alzheimer's Family and Caregiver Support Program
AFDC	Aid to Families With Dependent Children
AFH	Adult Family Home
AH	After Hours
AIRS	Alliance of Information and Referral Systems
AKA	Also Known As
ALFs	Assisted Living Facilities



AM (am)	Morning (Before Noon)
AMA	Against Medical Advice, American Medical Association
AOA	Administration on Aging
AODA	Alcohol and Other Drug Abuse
APNP	Advanced Practice Nurse Prescriber
APS	Adult Protective Services
APSW	Advanced Practice Social Worker
APPROX	Approximately
ARCARS	Adoption & Foster Care Analysis and Reporting System
ASAP	As Soon As Possible
AT	Assistive Technology
ATTN	Attention
AWOL	Absent Without Leave

BAC	Blood Alcohol Content
BADR	Bureau of Aging and Disability Resource
BAL	Blood Alcohol Level
BARB	Barbiturates
BC	Badger Care
BCA	Basic County Allocation
BCC	Beloit Counseling Center
BCCC	Beloit Counseling Care Center
BCSP	Beloit Community Support Program
BHS	Behavioral Health Services
BHRSC	Behavioral Health Redesign Steering Committee
BID	Twice Daily
BMC	Bureau of Managed Care
BMCW	Bureau of Milwaukee Child Welfare
BMH	Beloit Memorial Hospital
BO	Body Odor
BOALTC	Board on Aging and Long Term Care
BP	Blood Pressure
BPD	Beloit Police Department
BRO	Bureau of Regional Operations – DCF
BSW	Bachelor Degreed Social Worker
BTPD	Beloit Township Police Department

CAARN	Community Academic Aging Resource Network
CA/N	Child Abuse/Neglect
CAC	Child Advocacy Center (Ex: Care House)
CAGE-AID	CAGE Adapted to Include Drugs
Cal	Calorie
CANS	Child and Adolescent Needs and Strengths
CAPSW	Certified Advanced Practice Social Worker

CARES	Client Assistance for Re-Employment and Economic Support
CARS	Community Aids Reporting System
CAU	County Aging Unit
CBC	Complete Blood Count
CBRF	Community Based Residential Facility
CCAP	Wisconsin Public Records
CC	Cubic Centimeter
C/C	Chief Complaint
CCI	Child Caring Institution (Residential Treatment for Children)
CCISC	Comprehensive Continuous Integration Systems of Care
CCOP	Children’s Community Options Program
CCS	Comprehensive Community Services
CCSN	Children’s Community Support Network
CD	Chemically Dependent, Cognitive Disability
CDC	Centers for Disease Control and Prevention
CEREB	Cerebellum
CESA	Cooperative Educational Survey Agency
CES-D Scale	Center for Epidemiologic Studies Depression Scale
CFIS	Children and Family Integrated Services
CFS	Children and Family Services
CHIP	Child in Need of Protections (CHIPS Petition)
Chapter 51	Wisconsin Statute, The Mental Health Act
Chapter 55	Wisconsin Statute, Protective Services System
CHS-B or CHS-J	Community Health Systems Beloit or Janesville (Formerly BACH)
CI	Crisis Intervention
CIT	Crisis Intervention Team
CIG	Cigarette
CIP	Community Integration Program
CIW	Crisis Intervention Worker
CL	Client
CLA	Change Leader Academy
CLTS	Children’s Long Term Support
CM	Case Manager
CMI	Chronic Mental Illness
CMO	Care Management Organization
CMS	Centers for Medicare And Medicaid Services
CMU	Care Management Unit
CNCS	Corporation for National and Community Service
C/O	Complains of, Complaints
COA	Commission on Aging
CONT	Continue
Cont’d	Continued
COP	Community Options Program
COPD	Chronic Obstructive Pulmonary Disease
CPD	Clinton Police Department

CPE	Case Progress Evaluations
CPR	Cardiopulmonary Resuscitation
CPS	Child Protective Services
CR	Conditional Release
CRC	Civil Rights Compliance
CRI	Community Relocation Initiative
CRP	Collaborative Review Panel
CSAC	Clinical Substance Abuse Counselor
CSN	Children Community Support Network
CSP	Community Support Program
CST	Coordinated Services Team
CSW	Certified Social Worker
CW	Child Welfare
CWA	County Waiver Agency
CWW	Cares Worker Web
CY	Calendar Year
CYF	Children, Youth & Families
DBS	Disability Benefit Specialist
D/C	Discharge
DCCC	Dane Co. Care Center
DCF(S)	Department of Children and Families (Services)
DCS	Dementia Care Specialist
DD	Developmental Disability, Developmentally Disabled
DDB	Disability Determination Bureau
Dept	Department
Detox	Detoxification
DET	Division of Employment and Training
DFC	Dementia Friendly Communities
DHFS	Department of Health and Family Services
DHS	Department of Health and Services
DOA	Department of Administration
DPH	Division of Public Health
DPI	Department of Public Instruction
DPOA	Durable Power of Attorney
DRW	Disability Rights Wisconsin
DT	Delirium Tremens
DUI	Driving Under the Influence
DV	Domestic Violence
DVR	Department of Vocational Rehabilitation
DWD	Department of Workforce Development
DWI	Driving While Intoxicated
DWRC	Daniel Williams Resource Center
DX	Diagnosis

EA	Elder Abuse
EAN	Elder Abuse/Neglect
EBHPP	Evidence Based Health Promotion Program
EBS	Elder Benefit Specialist
ECF	Electronic Case File
ECG	Electrocardiogram
ECT	Electroconvulsive Therapy
ED	Emergency Detention
EDUC	Education
EEG	Electroencephalogram
EEN	Exceptional Educational Need
EKG	Electrocardiogram
ENP	Elderly Nutrition Program
EPD	Edgerton Police Department
ER	Emergency Room
ES	Economic Support (Also Referred to as Income Maintenance – IM)
ESC	Enrollment Services Center
ESS	Economic Support Service
ETOH	Alcohol, Alcoholic
ETOHic	Alcoholic
EVAL	Evaluation
EVPD	Evansville Police Department
eWISACWIS	Electronic Wisconsin Statewide Automated Child Welfare Information System
FAM	Family
FAS	Fetal Alcohol Syndrome
FC	Family Care
FCP	Family Care Partnership
FCS	Family Crisis Services
FDA	U.S. Food and Drug Administration
FE	Frail Elder
FEA	Fiscal Employer Agency
FES	Fetal Effects Syndrome
FFCM	Functional Family Case Management
FFP	Federal Financial Participation (Federal Reimbursement)
FFS	Fee for Service
FFT	Functional Family Therapy
FFY	Federal Fiscal Year
FH	Family History
FHiC	Forward Health Interchange
FPL	Federal Poverty Level
FREQ	Frequency, Frequently
FRC	Family Recovery Court
FS	Food Stamps
FSIA	Functional Screen Information Access

FUNC	Functional
FX	Fracture
FY	Fiscal Year
GAF	Global Assessment of Functioning
GED	General Equivalency Diploma
GEN	General
GLITC	Great Lakes Inter-Tribal Council
GPR	General Purpose Revenue
GWAAR	Greater Wisconsin Agency on Aging Resources
HCBW	Home and Community Based Waiver
HCC	Health Care Center (Rock County Health Care Center)
HEP	Hepatitis
HHS	U.S. Department of Health and Human Services
HI	Homicidal Ideation
HIPAA	The Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
HMO	Health Maintenance Organization
HOH	Head of Household
HOSP	Hospital
HP	Harper's Place
HR	Hour
HSD	Human Services Department
HSRS	Human Services Reporting System
HT	Height
HTN	Hypertension
HUD	U.S. Department of Housing and Urban Development
HV	Home Visit
HX	History
I&A	Information and Assistance
I&R	Information and Referral
IA	Initial Assessment
IADLs	Instrumental Activities of Daily Living
IC	Iris Consultant
ICA	Iris Consultant Agency
ICF	Intermediate Care Facility
ICF-IID	Intermediate Care Facility for Individuals with Developmental Disabilities
ICPC	Interstate Compact on Placement of Children
ICWA	Indian Child Welfare Act
ID	Identification
IDA	Informal Dispositional Agreement
IDDT	Integrated Dual Disorder Treatment
I/DD	Intellectual/Developmental Disability

IDP	Intoxicated Driver Program (Formerly CSC)
IDT	Interdisciplinary Team
IEP	Individual Education Plan
IFRS	Intensive Family Reunification Services
IHS	Indian Health Services
IHSS	In-Home Safety Services
ILC	Independent Living Center
ILP	Independent Living Program
IM	Income Maintenance (Also Referred to as Economic Support – ES)
IMD	Institute for Mental Disease
INJ	Injection
INVOL	Involuntary
IP	Inpatient
IRIS	Include, Respect, I Self-Direct
IS	Integrated Services
ISN	Intensive Skilled Nursing
ISP	Individualized Service Plan
IT	Information Technology
I-Team	Interdisciplinary Team
IV	Intravenous
JAIBG	Juvenile Accountability Incentive Block Grant
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
JCAN	Janesville Community Alliance Network
JCC	Janesville Counseling Center
JCSD	Jefferson County Sheriff’s Department
JCSP	Janesville Community Support Program
JDC	Juvenile Detention Center (Now Known as YSC)
JFC	Joint Finance Committee
JIPS	Juvenile in Need of Protective Services
JJPS	Juvenile Justice and Prevention Services
JPD	Janesville Police Department
KG	Kilogram
KUB	Kidney, Ureter, and Bladder (X-Ray)
LAB	Laboratory
LAB	Legislative Audit Bureau
LB	Pound
LCSW	Licensed Clinical Social Worker
LD	Learning Disability
LEEPS	Language Enriched Exercise Plus
LFB	Legislative Fiscal Bureau
LGBTQ	Lesbian, Gay, Bisexual, Transgender, Questioning
LMFT	Licensed Marriage and Family Therapist

LMS	Learning Management System
LOA	Leave of Absence
LOC	Level of Care, Level of Consciousness
LPC	Licensed Professional Counselor
LPN	Licensed Practical Nurse
LSS	Lutheran Social Services
LSW	Licensed Social Worker
LT	Long Term
LTC	Long Term Care
LTCFS	Long Term Care Functional Screen
LTG	Long Term Goal
LTS	Long Term Support
MA	Medical Assistance (Medicaid, Title 19, and Forward Health)
MAPP	Medical Assistance Purchase Plan
MAPT	Medical Assistance Pass Through
MAX	Maximum
MBH	Mercy Behavioral Health
MCC	Memory Care Connections
MCG	Microgram
MCI	Master Client Index
MCO	Managed Care Organization
MCU	Managed Care Unit
MD	Medical Doctor
MDS	Minimum Data Set
MDS-Q	Minimum Data Set – Section Q
MED	Medication
mEq	Milliequivalents
MFP	Money Follows the Person
MG	Milligram (Also Mgm)
Mgm	Milligram (Also Mg)
MH	Mental Health
MH/AODA	Mental Health/Alcohol and Other Drug Abuse
MI	Mental Illness
MID NOC	Midnight
MIN	Minimum
MIPPA	Medicare Improvement for Patients and Providers Act
MIS	Management Information System
MI	Milliliter
MM	Millimeter
MMHI	Mendota Mental Health Institute
MMIS	Medicaid Management Information System
MOA	Memorandum of Agreement
Mod	Moderate, Modification
MOU	Memorandum of Understanding

MPD	Milton Police Department
MRSA	Methicillin Resistant Staph Aureus
MRT	Moral Recognition Therapy
MS	Multiple Sclerosis, Mental Status, Morphine Sulfate, Master of Science
MSE	Mental Status Examination
MSW	Master's of Social Work
MTG	Meeting
NASUAD	National Association of States United for Aging and Disabilities
NAMI	National Alliance on Mental Illness
NCOA	National Council on Aging
NEG	Negative
NFCSP	National Family Caregivers Support Program
NH	Nursing Home
NHD	Nursing Home Diversion
NICOA	National Indian Council on Aging
NIH	National Institute of Health
NKDA	No Known Drug Allergies
NOC	Night
NPI	National Provider Identification
NSIP	Nutrition Services Incentive Program
Ox3	Oriented Times Three/To Time, Place and Person
OAA	Older Americans Act
OBVI	Office for the Blind and Visually Impaired
OCI	Office of the Commissioner of Insurance
OD	Overdose
ODHH	Office for the Deaf and Hard of Hearing
OIM	Office of IRIS Management
OMB	Federal Office of Management and Budget
OOA	Office on Aging
OP	Outpatient
OPPLA	Other Planned Permanent Living Arrangement
ORCD	Office for Resource Center Development
OT	Occupational Therapy
OV	Office Visit
OWI	Operating While Intoxicated
OZ	Ounce
P.Tech.	Psychiatric Technician
PA	Physical Abuse
PACE	Program for All Inclusive Care for The Elderly
PATH	Projects for Assistance in Transition from Homelessness
PBT	Preliminary (Breath) Test
P/C	Phone Call



PCP	Primary Care Physician
PCW	Personal Care Worker
PD	Physical Disability
PDD	Pervasive Developmental Disorder
PHI	Protected Health Information
PM (pm)	Afternoon
PMD	Primary Medical Doctor
PO	Phone Order, Police Officer, By Mouth (Per OS), Probation Officer, Parole Officer, Post
POA	Power of Attorney
POA-F	Power of Attorney – Finance
POA-HC	Power of Attorney – Health Care
POC	Plan of Care
POS	Purchase of Service
PPS	Program Participation System
PRN	As Necessary
PROG	Prognosis
PRT	Permanency Roundtable Team
PSYCH	Psychology, Psychiatry
PT	Physical Therapy, Prothrombin Time
PTA	Prior To Admission
Q	Every
QA/QI	Quality Assurance/Quality Improvement
QD	Every Day
QH	Every Hour
Q2H, 3H	Every 2, 3, Etc. Hours
QID	Four Times a Day
QMB	Qualified Medicare Beneficiary
QN	Every Night
QOD	Every Other Day
QOH	Every Other Hour
RCAC	Residential Care Apartment Complexes
RCC	Residential Care Center
RCCC	Rock County Counseling Center
RCCSOC	Rock County Children’s System of Care
RCHCC	Rock County Health Care Center
RCSD	Rock County Sheriff's Department
RCYN	Rock County Youth Network
RE:	Regarding
REG	Regular
REHAB	Rehabilitation
RFP	Request for Proposal
RM	Room

RMS	Random Moment Time Study
RN	Registered Nurse
R/O	Rule Out
RQS	Regional Quality Specialist
RSVP	Retired and Senior Volunteer Program
RT	Right
RTF	Residential Treatment Facility
RX	Prescription, Treatment
SA	Sexual Abuse
SAC	Substance Abuse Counselor
SAC-IT	Substance Abuse Counselor in Training
SAD	Seasonal Affective Disorder
SAMHSA	Substance Abuse and Mental Health Services
SAMS	Social Assistance Management System
SAMS IR	Social Assistance Management System Information and Referral
SANE	Sexual Abuse and Neglect Exam
SC	Southern Consortium
SCSEP	Senior Community Service Employment Program
SDS	Self-Directed Support(S)
SE	Side Effects
SED	Severely Emotionally Disabled (Re: Children)
SH	Self-Harm
SHC	Supportive Home Care
SHIP	State Health Insurance Program
SI	Suicidal Ideation
SIADH	Syndrome of Insufficient Anti Diuretic Hormone
SLMB	Specified Low-Income Medicare Beneficiary
SNF	Skilled Nursing Facility
SOR	Sexual Offender Registry
SPMI	Severe and Persistent Mental Illness
SSA	Social Security Administration
SSDAC	Social Security Benefits as a Disabled Adult Child
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SSI-E	SSI Exceptional Expense Supplement
SSN	Social Security Number
Stat	At Once, Immediately
STD	Sexually Transmitted Diseases
STG	Short Term Goal
STI	Sexually Transmitted Illnesses
SUA	State Unit on Aging
SUD	Substance Use Disorder
SW	Social Worker
SWWDB	Southwest Wisconsin Workforce Development Board

SX	Symptoms
SYF	State Fiscal Year
TAB	Tablet
TADRS	Tribal Aging and Disability Resource Specialist
TANF	Temporary Aid to Needy Families
TAP	Treatment Alternative Program
TAT	Thematic Apperception Test
TAU	Tribal Aging Unit
TBI	Traumatic Brain Injury
TC	Took Call/Telephone Call
TCP	Temporary Physical Custody
TDD	Telecommunication Device for the Deaf
TEMP	Temperature, Temporary
TFH	Treatment Foster Home
TID	Three Times a Day
Title III B	Supportive Services (Older Americans Act)
Title III C <sub>1</sub>	Congregate Nutrition Program (Older Americans Act)
Title III C <sub>2</sub>	Home Delivered Meal Program (Older Americans Act)
Title III D	Prevention (Older Americans Act)
Title III E	Caregivers (Older Americans Act)
Title VI	Grants for Native Americans (Older Americans Act)
Title VII	Vulnerable Elder Rights Protection (Older Americans Act)
Title 19	Title 19 of the Social Security Act (Medicaid)
TPR	Termination of Parental Rights
TRIP	Tax Refund Intercept Program
TTY	Text Telephone Writer
TX	Treatment
UA (U/A)	Urinalysis
UTI	Urinary Tract Infection
UWP	UW Psych Hospital
VOL	Voluntary
W-2	Wisconsin Works Program
W/	With
WABS	Wisconsin Association of Benefit Specialists
WAI	Wisconsin Alzheimer's Institute
WAL CO	Walworth County
WAN	Wisconsin Aging Network
WCHSA	Wisconsin Counties Human Services Association
WCSD	Walworth County Sheriff's Department
W/D	Withdrawal
WIHA	Wisconsin Institute of Healthy Aging

WINGS	Wisconsin Interdisciplinary Network for Guardianship Support
WISH	Wisconsin Interactive Statistics on Health
WISACWIS	Wisconsin Statewide Automated Child Welfare Information System
WITS	Wisconsin Incident Tracking System
WMHI	Winnebago Mental Health Institute
WPP	Wisconsin Partnership Program
WREP	Wellness and Recovery Empowerment Project
WT	Weight
X	Times
YO	Years Old
YSC	Youth Services Center
&	And
=	Equal
>	Greater Than
"	Minutes
<	Lesser Than
—	Negative
1:1	One-to-One, One-on-One
%	Percent
+	Positive