

**COMPREHENSIVE COMMUNITY SERVICES (CCS)
REGIONAL SERVICE MODELS**

| | Population-Based Model | Shared Services Model | Multi-County Model | Existing Regional Models (\$46.23 or \$51.42) | Tribal Nations: Options |
|---|---|---|---|---|--|
| ELIGIBILITY | A single county with a population exceeding 350,000. | A group of counties each with individual CCS certifications, agree to share resources and/or expenses with each other. | Two or more counties partner under a single certification and create a shared CCS program | Regional Departments of Community Programs (three in WI) and/or Regional Departments of Human Services. | Sovereign Tribal Nations |
| MODEL DESCRIPTION Note: Counties in a region do not need to be contiguous. However, DHS reserves the right to determine feasibility. | Individual counties with a population over 350,000 could be certified to provide CCS. This would be considered a “region.” They would not be required to collaborate with other counties or tribes. | Counties in this model would maintain their own CCS certifications, while agreeing to share some significant resources, expenses and/or components of CCS programming such as providers, supervision, training, administrative operations, etc. DHS will review and approve these models. | Counties would collaborate to create a CCS service area. A region of counties would be certified as a program, with a lead county identified. This would create a fully regionalized CCS program. | Two or more counties join as a legal entity to provide a number of human service programs, one of which is CCS. | Tribes can provide CCS using one of two models: <ul style="list-style-type: none"> • be a tribal provider (as a single entity similar to a population-based model) • collaborate with one or more counties/tribes to provide regional CCS programming (in either a shared-services or multi-county format). |

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| CERTIFICATION (Note: Both DQA and Medicaid CCS certificates are required.) | Each county/tribe would be required to maintain DQA and Medicaid certifications for CCS. | Each county/tribe in the region would be responsible for maintaining individual county CCS certifications for DQA and Medicaid. | A CCS certification would be required for service to the designated CCS region. A county or tribe would need to be identified as the lead administrative agency; this responsibility would include maintaining CCS certification. | The region is required to have a DQA and a Medicaid CCS certification. | A tribe can maintain CCS certifications as a tribal provider; or they could join with other counties and/or tribes under the shared-services or multi county model. |
| SERVICE DELIVERY | Counties with large populations could provide CCS as a single county and would be considered a regional service delivery system eligible for the state contribution to CCS program. These counties could join other consortia based on their interest, but the consortia's model would then apply. | This model allows counties with existing or new CCS certifications to develop a shared service approach. Sharing services and/or expenses creates efficiencies and would be considered a regional service delivery system eligible for the state contribution to CCS programs. DHS will review applications for shared services designs to determine factors such as: <ul style="list-style-type: none"> • acceptable number of counties/tribes participating • identified geographical service areas • the level or types of shared services involved | This model encourages the expansion of CCS programming from one certified county to a larger geographic area, or the creation of a new region of CCS services. This would be considered a regional service delivery system eligible for the state contribution to CCS program. | The multi county DCP designs are statutorily based and currently exist in WI. Multi county Departments of Human Services are statutorily based, however, there are no existing models in WI in 2013. These multi-county entities serve an area and provide regional programming including CCS, and are considered a regional service delivery system eligible for the state contribution to CCS program. | Tribes can evaluate the best options for tribal people. Tribes are eligible for the state contribution to CCS as a tribal provider or as a partner in a regional provider system. |

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|--------------------------|--|---|---|--|--------------------------------|
| AUTHORITY OPTIONS | <p>Existing governance and statutory models include:</p> <ul style="list-style-type: none"> • Wis. Stat. §46.23 Single or Multi County Departments of Human Services • Wis. Stat. §51.42(3) Single or Multi County Departments of Community Programs | <p>Services that are shared impact the formality of the relationship between counties/tribes. Counties may use contracts or memorandums of understanding as the authority for shared services. Wis. Stat. §66.0301 Intergovernmental Cooperation contractual agreements are applicable, Wis. Stat. §46.23 and §51.42(3) statutory structures may be explored.</p> | <p>Wis. Stat. §66.0301 Intergovernmental Cooperation</p> <p>Note: Wis. Stat. §46.23 and §51.42(3) may be explored.</p> | <p>Existing governance and statutory models include:</p> <ul style="list-style-type: none"> • Wis. Stat. §46.23 Single or Multi County Departments of Human Services • Wis. Stat. §51.42(3) Single or Multi County Departments of Community Programs | <p>Tribal Sovereignty</p> |



**WISCONSIN DEPARTMENT
of HEALTH SERVICES**

Division of Care and Treatment Services
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