

2019 PROGRAM SPECIFICATION
Steven W. Ortell

****TO BE CONTRACTED WITH BEHAVIORAL HEALTH SERVICES OF RACINE COUNTY****

PROGRAM #: 529
STANDARD PROGRAM: Psychiatrist TARGET POP: Mental Health

YEAR: <u>2019</u>	UNITS: <u>415</u>	CLIENTS: <u>N/A</u>	ALLOCATION: <u>TBD</u>
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UNIT DEFINITION: Actual Expenses
GEOGRAPHICAL AREA TO BE SERVED: Racine County
DAYS/HRS OF SERVICE AVAILABILITY: Monday-Friday, 8:00 a.m.-5:00 p.m.

MINIMUM STANDARDS:

Provider must agree to comply with the following terms and conditions:

- Standard contract language
- Certification standards where applicable
- Fiscal and program reporting criteria
- Allowable Cost Policy
- Audit criteria
- Policies and procedures as defined in Racine County Human Services Department Contract Administration Manual
- Maintain adequate liability coverage
- Recognize that authorization for services is approved by Behavioral Health Services of Racine County.
- All informational materials (program descriptions, brochures, posters, etc.) must identify it as a Behavioral Health Services of Racine County program through the use of a standardized Behavioral Health Services of Racine County format provided by Racine County.
- The program must be identified as a Behavioral Health Services of Racine County program in all public presentations and media contacts/interviews.

PROGRAM DESCRIPTION:

Community Support Program Psychiatrist

The Provider will serve as the Psychiatrist for the Racine County Community Support Program (CSP) on a part-time consulting basis and meet the qualifications specified under sub. (4) (a)2 of Wisconsin Statute HFS 63 and be licensed under chapter 448 to practice medicine. In addition, the Psychiatrist will perform an initial assessment at the time of the client's admission to the CSP. An in-depth assessment shall be completed within one month of the client's admission by the treatment team which is reviewed and signed off on by the Provider. The team shall make a psychiatric and psychosocial assessment of the client's needs for CSP care which will be clearly explained to the client or guardian, if any, and when appropriate, to the client's family. The assessment shall include available information on the client's family and the client's legal, social, vocational and educational history; and be incorporated into review and revisions of the client's treatment plan. The Clinical coordinator shall include a signed statement in the client's treatment record that the assessments were performed by appropriate professional personnel specified under HFS 63.06 (4) (a) 1. to 8.

Must be licensed in Wisconsin as Psychiatrist, and be able to practice without restriction.

Must be have professional liability insurance \$1/\$3 million coverage

Must pass Wisconsin criminal and caregiver background check

Must have a professional experience or desire to provide services to the uninsured and underinsured.

Must have professional experience providing services to those with mental illness.