



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 & 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 3rd 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 Program Manager/Supervisor
- Behavioral Health Line Personnel
- Administrative Services Division Manager
- Billing Accountant
- HSD Business Services 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
Abd	Abdomen
AFH	Adult Family Home
ADRC	Aging & Disability Resource Center
ADL	activities of daily living
Adm	Admission
AFCSP	Alzheimer's Family and Caregiver Support Program
AFDC	Aid to Families with Dependent Children
AKA	also known as
AM (am)	morning (before noon)
AMA	against medical advice, American Medical Association

AODA	alcohol and other drug abuse
APNP	Advanced Practice Nurse Prescriber
APS	Adult Protective Services
APSW	Advanced Practice Social Worker
approx	Approximately
ASAP	as soon as possible
AWOL	absent without leave
attn	attention
BCCC	Beloit Counseling Care Center
BMH	Beloit Memorial Hospital
BAL	blood alcohol level
BAC	blood alcohol content
Barb	Barbiturates
BCA	Basic County Allocation
BCC	Beloit Counseling Center
BCSP	Beloit Community Support Program
bid	twice daily
BO	body odor
BP	blood pressure
BPD	Beloit Police Department
BSW	Bachelor degreed Social Worker
BTPD	Beloit Township Police Department
CI	Crisis Intervention
cal	Calorie
CAPSW	Certified Advanced Practice Social Worker
CBC	complete blood count

CBRF	community based residential facility
cc	cubic centimeter
C/C	chief complaint
CCS	Comprehensive Community Services
CD	chemically dependent
Cereb	Cerebellum
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)
Cig	Cigarette
CIP	Community Integration Program
CIW	Crisis Intervention Worker
cl	Client
CM	case manager
CMI	chronic mental illness
c/o	complains of, complaints
cont	continue
cont'd	Continued
COP	Community Options Program
COPD	chronic obstructive pulmonary disease
CPD	Clinton Police Department
CPR	cardiopulmonary resuscitation
CR	conditional release
CSAC	Clinical Substance Abuse Counselor
CSP	Community Support Program
CSW	Certified Social Worker
DCCC	Dane Co. Care Center

D/C	discharge
DCF	Department of Children and Families
DD	developmental disability
Dept	department
Detox	detoxification
DHS	Department of Health and Services
DT	delirium tremens
DVR	Department of Vocational Rehabilitation
DWI	driving while intoxicated
dx	diagnosis
ECT	electroconvulsive therapy
ECG	electrocardiogram
ED	emergency detention
educ	education
EEG	electroencephalogram
EKG	electrocardiogram
EPD	Edgerton Police Department
ER	emergency room
ETOH	alcohol, alcoholic
ETOHic	alcoholic
eval	evaluation
EvPD	Evansville Police Department
fam	family
FH	family history
freq	frequency, frequently
func	functional

fx	fracture
GAF	Global Assessment of Functioning
GED	general equivalency diploma
gen	general
HCC	Health Care Center (Rock County Health Care Center)
Hep	Hepatitis
HI	Homicidal Ideation
HIV	Human Immunodeficiency Virus
HMO	Health Maintenance Organization
HOH	Head of Household
hosp	hospital
HP	Harper's Place
hr	hour
HSD	Human Services Department
Ht	height
HTN	Hypertension
HV	home visit
Hx	history
ID	identification
IDP	Intoxicated Driver Program (formerly CSC)
inj	injection
IP	inpatient
invol	involuntary
IV	intravenous

JCC	Janesville Counseling Center
JCSP	Janesville Community Support Program
JCSD	Jefferson County Sheriff's Department
JPD	Janesville Police Department
kg	kilogram
KUB	kidney, ureter, & bladder (x-ray)
Lab	laboratory
lb	pound
LCSW	Licensed Clinical Social Worker
LD	learning disability
LMFT	Licensed Marriage and Family Therapist
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
LTG	Long Term Goal
LTS	Long Term Support
MA	Medical Assistance(Medicaid)
max	maximum
MBH	Mercy Behavioral Health
mcg	microgram
MD	Medical Doctor

Med	medication
mEq	milliequivalents
mg	milligram (also mgm)
mgm	milligram (also mg)
MH	mental health
MI	Mental illness
MID NOC	midnight
min	minimum
ml	milliliter
mm	millimeter
MMHI	Mendota Mental Health Institute
mod	moderate, modification
MPD	Milton Police Department
MRSA	Methicillin Resistant Staph Aureus
MS	multiple sclerosis, mental status, morphine sulphate, Master of Science
MSE	Mental Status Examination
MSW	Masters of Social Work
mtg	meeting
neg	negative
NH	Nursing Home
NKDA	no known drug allergies
noc	night
Ox3	Oriented times three/to time, place and person
OD	Overdose
OP	outpatient
OT	Occupational Therapy

OV	office visit
OWI	Operating while intoxicated
oz	Ounce
P.Tech.	Psychiatric Technician
PBT	Preliminary (Breath) Test
P/C	phone call
PCP	Primary Care Physician
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
POC	plan of care
prn	as necessary
prog	prognosis
psych	psychology, psychiatry
PT	physical therapy, prothrombin time
PTA	prior to admission
q	every
qd	every day
qh	every hour
q2h, 3h	every 2, 3, etc. hours
qid	four times a day
qn	every night
qod	every other day
qoh	every other hour

RCAC	Residential Care Apartment Complexes
RCC	Residential Care Center
RCHCC	Rock County Health Care Center
RCSD	Rock County Sheriff's Department
re:	regarding
reg	regular
rehab	rehabilitation
rm	room
RN	Registered Nurse
R/O	Rule out
rt	right
Rx	prescription, treatment
SAC	Substance Abuse Counselor
SAC-IT	Substance Abuse Counselor In Training
SAD	Seasonal Affective Disorder
SE	Side Effect(s)
SI	Suicidal Ideation
SIADH	syndrome of insufficient anti diuretic hormone
SNF	skilled nursing facility
stat	at once, immediately
STD	Sexually Transmitted Diseases
STG	Short Term Goal
SW	social worker
sx	symptoms
tab	tablet
TAT	Thematic Apperception Test

tc	took call/telephone call
Temp	temperature, temporary
TFH	Treatment Foster Home
tid	three times a day
Tx	treatment
UA (U/A)	urinalysis
UTI	urinary tract infection
UWP	UW Pscyh Hospital
Vol	voluntary
w/	with
Wal. Co.	Walworth County
WCSD	Walworth County Sheriff's Department
W/D	withdrawal
WMHI	Winnebago Mental Health Institute
Wt	weight
X	times
y.o.	years old
YSC	Youth Services Center
&	and
=	equal
>	greater than
"	minutes

<	lesser than
-	negative
1:1	one-to-one, one-on-one
%	percent
+	positive