



WRAPAROUND MILWAUKEE PROVIDER NETWORK SERVICE DESCRIPTION LIST



2010 Provider Application
Attachment 1

**BEHAVIORAL HEALTH AND AODA PRACTITIONERS MUST HAVE A NATIONAL PROVIDER IDENTIFIER (NPI)
AND SUCCESSFULLY COMPLETE THE WRAPAROUND MILWAUKEE CREDENTIALING PROCESS.
AGENCIES THAT ACCEPT MULTIPLE PAYOR SOURCES ARE ENCOURAGED TO APPLY.**

NOTE:

Behavioral Health Providers applying to provide office-based services may also apply to provide In-Home services (Codes 5160 and 5161).
Wraparound is NOT accepting applications from agencies/individuals interested only in providing In-Home services (Codes 5160 or 5161).
Service Code 5103 - AODA Lab and Medical Services will be approved only in conjunction with other AODA services.

Service Name	ServiceDescription	Network Set Rate	Billing Unit
After School Programs Synthesis Code: 5202 National Code: H2012 <div style="background-color: #cccccc; padding: 2px;">Credential</div>	<p>These are before or after school programs that offer supervision and structure for youth. Programs must include social, recreational and educational activities. This service can only be provided for up to four hours per day, and can only be provided when school or summer school is in session. Services are to be provided in an agency setting.</p> <p>A Day Care Certification or Day Care License is required if serving four to eight children under the age of seven or eight or more children to age 12.</p> <p>The program supervisor must be at least 21 years of age and have at least 1 year of experience working with children and have completed at least 24 hours of training. Training may include: early childhood training, child/human growth and development, early childhood education, first aid training, training in cardiopulmonary resuscitation, recognition of and reporting of childhood abuse and neglect, orientation to agency policies and procedures. Training may be documented via: attendance sheets, certificates of attendance or diplomas and is to be kept on file by the agency. Prior training in any of the above areas is acceptable with the appropriate supporting documentation.</p> <p>Provider Agency employees providing after school programming must be: at least 18 years of age, have a valid driver's license and have at least one year of driving experience. Agency employees must complete 24 hours of training as described above within 6 months of employment. Prior training in any of the above areas is acceptable with the appropriate supporting documentation.</p> <p>A program description is to be provided in the application process.</p>	12.00	Hour
AODA Assessment Synthesis Code: 5001 National Code: H2012 <div style="background-color: #cccccc; padding: 2px;">Credential</div>	<p>Initial assessment to evaluate the need for AODA treatment services.</p> <p>AODA outpatient clinic license and:</p>	25.00	Quarter Hour

Service Name	ServiceDescription	Network Set Rate	Billing Unit
Service ID	<p>-Clinical Substance Abuse Counselor Certification or above OR -MS Degree with documented 3,000+ hours of work experience preferably in a setting dealing with AODA issues OR -Ph.D., utilizing recognized AODA assessment tools.</p> <p>All providers of service must have a National Provider Identifier (NPI).</p>		
AODA Group Counseling	<p>NOTE: APPLICATIONS ACCEPTED FOR ACTIVE-ONGOING GROUPS ONLY. AODA Group counseling provided in a Community Substance Abuse Services Clinic (CSAS) or a certified Outpatient Mental Health Clinic under DHS 75 guidelines. A description of the group identifying the target population, objective of the group, and days/times the group meets must be included in the application to provide this service.</p>	8.00	Quarter Hour
Synthesis Code: 5121 National Code: H0005	<p>Credential</p> <p>AODA outpatient clinic license and: -Substance Abuse Counselor Certification or above -Substance Abuse Counselor-In-Training certification with clinical supervisor authorization to provide counseling after one of the following requirements has been met: -The substance abuse counselor-in-training has completed 1000 hours of supervised training or supervised work experience in the core functions verified by the agency Clinical Supervisor -If an RADC I (credentialed by the WCB) converted to the substance abuse counselor-in-training, the credential holder may practice substance use disorder counseling after providing proof to their clinical supervisor that within the previous 5 years they have completed 100 hours of specialized education by March 1, 2007 in any combination of the performance domains listed in s. RL 166.03.</p> <p>All providers of service must have a National Provider Identifier (NPI).</p>		
AODA Individual/Family Counseling	<p>Individual/family counseling related to AODA issues provided in a licensed Community Substance Abuse Services Clinic (CSAS) or Outpatient Mental Health Clinic under DHS 75 guidelines.</p>	16.00	Quarter Hour
Synthesis Code: 5101 National Code: H0022	<p>Credential</p> <p>AODA outpatient clinic license and: -Substance Abuse Counselor Certification or above -Substance Abuse Counselor-In-Training certification with clinical supervisor authorization to provide counseling after one of the following requirements has been met: -The substance abuse counselor-in-training has completed 1000 hours of supervised training or supervised work experience in the core functions verified by the agency Clinical Supervisor -If an RADC I (credentialed by the WCB) converted to the substance abuse counselor-in-training, the credential holder may practice substance use disorder counseling after providing proof to their clinical supervisor that within the previous 5 years they have completed 100 hours of specialized education by March 1,</p>		

Service Name		Network	Billing
Service ID	ServiceDescription	Set Rate	Unit
	2007 in any combination of the performance domains listed in s. RL 166.03. All providers of service must have a National Provider Identifier (NPI).		
AODA Lab and Medical Services	Random urine surveillance and other substance abuse screening and monitoring by an approved lab.	1.00	Dollar
Synthesis Code: 5103 National Code: H0003			
Credential	Laboratory certification and per unit rate.		
Assessments-M.D.	Psychiatric and/or Medical assessment of a child or adolescent and their family performed by a licensed Psychiatrist (M.D.) and/or other Medical Physician (M.D.) with recommendations for treatment. A psychiatric report of specific findings (with five axis diagnoses) must be submitted to the Care Coordinator within 30 days of the appointment.	200.00	Session
Synthesis Code: 5000A National Code: 90801			
Credential	M.D. License. Effective 1/1/2007, providers of this services must have a National Provider Identifier (NPI).		
Group Counseling and Therapy	NOTE: APPLICATIONS ACCEPTED FOR ACTIVE-ONGOING GROUPS ONLY. Goal directed face-to-face psychotherapeutic intervention with the child/family member(s) and/or other caregivers who are treated at the same time in a certified outpatient mental health setting. Focus is on improved peer relationships, communication skills, anger control, improved problem-solving skills, etc. A description of the group identifying the target population, objective of the group, and days/times the group meets must be included in the application to provide this service.	8.00	Quarter Hour
Synthesis Code: 5120 National Code: 90853			
Credential	The therapist conducting the group must meet the same requirements as under 5100. An Outpatient mental health clinic license must be presented in the application process. A psychiatrist/psychologist or licensed psychotherapist as defined in 5100 must be part of the practice for consultation and review of cases. Providers of this services must have a National Provider Identifier (NPI).		
In-Home Case Aide	The In-Home Case Aide is always the second person on a two-person team. A Medicaid reimbursable Lead Therapist (see code 5160) must supervise the Case Aide. (The Case Aide and Lead Therapist must be from the same agency).	30.00	Hour
Synthesis Code: 5161 National Code: S9484	Medicaid In-Home Treatment is intensive, time limited therapy for a youth with a SED diagnosis (Serious Emotional Disorder) and/or their family/caregiver. Services are provided in the client's home or in rare		

Service Name		Network	Billing
Service ID	ServiceDescription	Set Rate	Unit

instances a community-based setting (i.e. when a neutral location is required). Youth served may be at imminent risk of out-of-home placement including a Residential Care Center or a psychiatric hospital, or require this service as an alternative to continued placement in one of those settings. All services provided must be directly related to the client's emotional/ behavioral needs. Appropriate services may deal with family issues related to the promotion of healthy functioning, behavior training and feedback to the family. Services that are primarily social or recreational are not reimbursable. Identified needs, measurable goals and the intensity of treatment should be consistent with the youth/family plan of care. Intensive In-home therapy is generally a "family all" multi-systemic focused service. It is NOT acceptable practice to use this code to provide individual or family counseling/psychotherapy. (See Wraparound In-Home Policy for more information.)

Credential

CREDENTIALS
The In-Home Aide must possess one of the following credentials:

(1) An individual with a minimum of a BA/BS Degree in a behavioral health field, a registered nurse, an occupational therapist, a WMAP-certified AODA counselor or professional with equivalent training and at least 1000+ hours of supervised clinical experience working in a program whose primary clients are emotionally and behaviorally disturbed youth/children/families;

or

(2) An individual with minimum of 2000+ hours of supervised clinical experience (without a degree) working in a program whose primary clientele are emotionally and behaviorally disturbed youth/children/families.

DOCUMENTATION REQUIREMENTS
Copy of the individual's degree. Proof of experience must be documented in one or more letters of reference supporting the supervised experience or a resume with written corroboration of prior experience by current employer.

In-Home Lead Medicaid

Synthesis Code: 5160
National Code: S9584

Medicaid In-Home Treatment is intensive, time limited therapy for a youth with a SED diagnosis (Serious Emotional Disorder) and/or their family/caregiver. Services are provided in the client's home or in rare instances a community-based setting (i.e. when a neutral location is required). Youth served may be at imminent risk of out-of-home placement including a Residential Care Center or a psychiatric hospital, or require this service as an alternative to continued placement in one of those settings. All services provided must be directly related to the client's emotional/ behavioral needs. Appropriate services may deal with family issues related to the promotion of healthy functioning, behavior training and feedback to the family. Services that are primarily social or recreational are not reimbursable (notwithstanding that appropriate clinical interventions such as play therapy may be employed). Intensive In-home therapy is generally a "family all" multi-systemic focused service, although individual or family counseling/psychotherapy sessions are permissible. Identified needs, measurable goals and the intensity of treatment should be consistent with the youth/family plan of care. (See Wraparound In-Home Policy for more information.)

60.00 Hour

Service Name	Service Description	Network	Billing
Service ID		Set Rate	Unit

Credential

CREDENTIALS

Individuals with the appropriate credentials as outlined below may provide In-Home Lead services for the Wraparound and FISS Programs.

Providers of this service must have a National Provider Identifier (NPI).

(1) Licensed Professionals Practicing Privately or in a Certified Clinic. These licensed psychotherapists may practice privately (without an affiliation to a Certified Mental Health Clinic).

- Licensed Clinical Social Worker
- Licensed Marriage And Family Therapist
- Licensed Professional Counselor, Licensed Music, Art And Dance Therapists
- Licensed Psychologist
- Psychiatrist.

(2) Certified Professionals Practicing Privately (with Supervision) or in a Certified Clinic

Individuals with certification to provide psychotherapy with supervision as follows:

Advance Practice Social Worker

or

Independent Social Worker

Under the supervision of:

1. An individual licensed as a clinical social worker with a doctorate degree in social work.
2. An individual licensed as a clinical social worker with the equivalent of 5 years of full-time clinical social work experience.
3. A psychiatrist or a psychologist licensed under ch. 455 of the Wisconsin State Statues.
4. An individual, other than an individual specified in 1,2, or 3 above, who is approved by the social work section of the examining board.

Certified Professional Counselor in Training with supervision as approved by the State of Wisconsin Department of Regulation and Licensing.

(3) Other Qualified Professionals in a Certified Outpatient Psychotherapy Clinic

Psychotherapy services may also be provided by other qualified professional staff in a Certified Outpatient Psychotherapy Clinic.

Other qualified professional staff are clinicians with a master's degree and course work in areas directly related to providing mental health services including: social work, clinical psychology, psychology, school psychology, counseling and guidance, counseling psychology or a registered nurse with a masters degree in psychiatric mental health nursing or community mental health nursing and 3,000 hours of supervised experience in a clinical practice.(See below for specific documentation requirements.)

Service Name	ServiceDescription	Network	Billing
Service ID		Set Rate	Unit
Individual/Family Therapy-Office Based	<p>DOCUMENTATION REQUIREMENTS</p> <p>During the application process, agencies/individuals shall submit a copy of one of the following: State of Wisconsin License or Certification as described above.</p> <p>or</p> <p>Letter from the Program Certification Unit of the State of Wisconsin Bureau of Quality Assurance verifying attainment of 3,000 clinical hours and status as a psychotherapist to provide services under supervision in a Certified Mental Health Clinic</p> <p>or</p> <p>EDS letter verifying a Provider's Billing Status as a Master's Level Psychotherapist in a Certified Mental Health Clinic</p> <p>License of supervisory agent and resume, as applicable under (2) above.</p> <p>Copy of Outpatient Clinic License as needed for master's level clinicians working in an Outpatient Psychotherapy Clinic (if not already on file).</p>	16.00	Quarter Hour
Synthesis Code: 5100 National Code: H0022	<p>Credential</p> <p>Individuals with the appropriate credentials as outlined below may provide Individual/Family Therapy services for the Wraparound and FISS Programs.</p> <p>Providers of this services must have a NPI Number.</p> <p>(1) Licensed Professionals Practicing Privately or in a Certified Clinic</p> <p>These licensed psychotherapists may practice privately (without an affiliation to a Certified Mental Health Clinic). Licensed Clinical Social Worker; Licensed Marriage and Family Therapist; Licensed Professional Counselor; Licensed Music, Art And Dance Therapists; Licensed Psychologist; Psychiatrist.</p> <p>(2) Certified Professionals Practicing Privately (with Supervision) or in a Certified Clinic</p> <p>Individuals with certification to provide psychotherapy with supervision as follows:</p> <p>Advance Practice Social Worker</p> <p>or</p> <p>Independent Social Worker</p>		

Service Name	ServiceDescription	Network	Billing
Service ID		Set Rate	Unit

Under the supervision of:

- (1) An individual licensed as a clinical social worker with a doctorate degree in social work.
- (2) An individual licensed as a clinical social worker with the equivalent of 5 years of full-time clinical social work experience.
- (3) A psychiatrist or a psychologist licensed under ch. 455 of the Wisconsin State Statutes.
- (4) An individual, other than an individual specified in 1,2, or 3 above, who is approved by the social work section of the examining board.

Certified Professional Counselor in Training with supervision as approved by the State of Wisconsin Department of Regulation and Licensing.

(3) Other Qualified Professionals in a Certified Outpatient Psychotherapy Clinic
 Psychotherapy services may also be provided by other qualified professional staff in a Certified Outpatient Psychotherapy Clinic.
 Other qualified professional staff are clinicians with a master's degree and course work in areas directly related to providing mental health services including: social work, clinical psychology, psychology, school psychology, counseling and guidance, counseling psychology or a registered nurse with a masters degree in psychiatric mental health nursing or community mental health nursing and 3,000 hours of supervised experience in a clinical practice.(See below for specific documentation requirements.)

DOCUMENTATION REQUIREMENTS
 During the application process, agencies/individuals shall submit a copy of one of the following:
 State of Wisconsin License or Certification as described above.
 or
 Letter from the Program Certification Unit of the State of Wisconsin Bureau of Quality Assurance verifying attainment of 3,000 clinical hours and status as a psychotherapist to provide services under supervision in a Certified Mental Health Clinic
 or
 EDS letter verifying a Provider's Billing Status as a Master's Level Psychotherapist in a Certified Mental Health Clinic

License of supervisory agent and resume, as applicable under (2) above.

Copy of Outpatient Clinic License as needed for master's level clinicians working in an Outpatient Psychotherapy Clinic (if not already on file).

Psychiatric Review/Meds	Prescription monitoring and evaluation of medication on an outpatient basis by a licensed Psychiatrist. These sessions are usually brief reviews and medication monitoring (with no more than minimal psychotherapy, generally 15 to 30 minutes).	80.00	Session
Synthesis Code: 5050			

Service Name Service ID	ServiceDescription	Network Set Rate	Billing Unit
National Code: 90862 Credential	M.D. License in the application process. Effective 1/1/2007, providers of this services must have a National Provider Identifier (NPI)		
Psychiatric Review/Meds-with Therapy	Prescription monitoring on an outpatient basis by a licensed Psychiatrist, including medical evaluation and medication management services, with interactive, insight-oriented or supportive psychotherapy (generally 30 minutes or more).	150.00	Session
Synthesis Code: 5051 National Code: 90862 Credential	M.D. License. Providers of this services must have a National Provider Identifier (NPI)		
Psychological Evaluation Services- Ph.D.	Performed by a licensed psychologist. Requires a written report, including a DSM-IV diagnosis addressing all five axis and specific treatment recommendations. A psychological report of specific findings must be submitted to the Care Coordinator within 30 days of the appointment.	350.00	Evaluation
Synthesis Code: 5180A National Code: 90801 Credential	Wisconsin Psychologist License. Effective 1/1/2007, providers of this services must have a National Provider Identifier (NPI)		
Recreation Programming-Full Day	These are programs that offer supervision and structure for youth. Programs must include planned social and recreational activities. This service is used when school is not in session, and can only be provided in an agency setting. A minimum of 6 hours and up to 9 hours per day of service may be provided. The agency rate must be identified at the time of application.		Daily
Synthesis Code: 5526 National Code:	NOTE: Transportation may NOT be use in conjunction with RECREATION PROGRAMS. Transportation to Recreation Programming is to be provided by the agency providing the recreation program or by the child's family. Credential A Day Care Certification or Day Care License is required if serving four to eight children under the age of seven or eight or more children to age 12. The program supervisor must be at least 21 years of age and have at least 1 year of experience working with children and have completed at least 24 hours of training. Training may include: early childhood training,		

Service Name	ServiceDescription	Network	Billing
Service ID		Set Rate	Unit
Recreation Programming-Half Day Synthesis Code: 5527 National Code:	<p>child/human growth and development, early childhood education, first aid training, training in cardiopulmonary resuscitation, recognition of and reporting of childhood abuse and neglect, orientation to agency policies and procedures. Training may be documented via: attendance sheets, certificates of attendance or diplomas and is to be keep on file by the agency. Prior training in any of the above areas is acceptable with the appropriate supporting documentation.</p> <p>Provider Agency employees providing recreation programming must be: at least 18 years of age, have a valid driver's license and have at least one year of driving experience. Agency employees must complete 24 hours of training as described above within 6 months of employment. Prior training in any of the above areas is acceptable with the appropriate supporting documentation.</p> <p>The agency rate is to be identified at the time of application. Individual agency rates will be approved based on components provided in conjunction with the program (i.e. number of hours per day the program operates; number of meals/snacks provided; frequency of outings; inclusion of transportation, etc.).</p> <p>A program description is to be included in the application process.</p> <p>These are programs that offer supervision and structure for youth. Programs must include planned social-recreational activities. This service is used when school is not in session, and can only be provided in an agency setting. A minimum of 4 hours and up to 6 hours per day of service may be provided. NOTE: Transportation may NOT be use in conjunction with RECREATION PROGRAMS. Transportation to Recreation Programming is to be provided by the agency providing the recreation program or by the child's family.</p>		Daily
Credential	<p>A Day Care Certification or Day Care License is required if serving four to eight children under the age of seven or eight or more children to age 12.</p> <p>The program supervisor must be at least 21 years of age and have at least 1 year of experience working with children and have completed at least 24 hours of training. Training may include: early childhood training, child/human growth and development, early childhood education, first aid training, training in cardiopulmonary resuscitation, recognition of and reporting of childhood abuse and neglect, orientation to agency policies and procedures. Training may be documented via: attendance sheets, certificates of attendance or diplomas and is to be keep on file by the agency. Prior training in any of the above areas is acceptable with the appropriate supporting documentation.</p> <p>Provider Agency employees providing recreation programming must be: at least 18 years of age, have a valid driver's license and have at least one year of driving experience. Agency employees must complete 24 hours of training as described above within 6 months of employment. Prior training in any of the above areas is acceptable with the appropriate supporting documentation.</p>		

Service Name	ServiceDescription	Network Set Rate	Billing Unit
Service ID	<p>The agency rate is to be identified at the time of application. Individual agency rates will be approved based on components provided in conjunction with the program (i.e. number of hours per day the program operates; number of meals/snacks provided; frequency of outings; inclusion of transportation, etc.).</p> <p>A program description is to be included in the application process.</p>		
Special Therapy	Therapies, including art, dance, music, occupational therapy, (including sensory integration therapy) or Equine Facilitated Experiential Learning (therapeutic horseback riding that promotes psycho-social healing and growth.	16.00	Quarter Hour
Synthesis Code: 5130 National Code: H2033	<p>Credential</p> <ol style="list-style-type: none"> 1) A Bachelor-degreed therapist with 1,000 hours of work experience and who possesses the required credentials/licenses; for dance, art and music therapy, must be certified, registered, or accredited; For OT, must be licensed in Wisconsin. If certified by the National Board for Certification in OT (NBCOT), attach copies of providers' certifications in the application process. 2) Masters-level licensed psychotherapist in one of above special therapies; or 3) BS/BA Degreed-individual with a minimum of 2,000 hours working with youth/families in which the focus of therapy may include promotion of social and/or work skills, community integration and/or recreational skill development, i.e. Recreation Therapist, Vocational Rehabilitation Therapist, etc. 4) Certified member of the North American Riding for the handicapped Association (NARHA) in connection with Equine Facilitated Experiential Learning. 5)Licensed Occupational Therapy Assistant under supervision of a licensed Occupational Therapist <p>Documentation of experience and copies of certifications/registrations/accreditations/licenses must be provided, as applicable, in the application process in accordance with the foregoing.</p> <p>Providers of this services licensed by the State of Wisconsin and must have a National Provider Identifier (NPI).</p>		
Special Therapy-Group	Therapies, including art, dance, music occupational therapy (including sensory integration therapy) or Equine Facilitated Experiential Learning (therapeutic horseback riding that promotes psycho-social healing and growth utilizing group process.	8.00	Quarter Hour
Synthesis Code: 5131 National Code: H2033	<p>Credential</p> <ol style="list-style-type: none"> 1) A Bachelor-degreed therapist with 1,000 hours of work experience and who possesses the required credentials/licenses; for dance, art and music therapy, must be certified, registered, or accredited; For OT, must be licensed in Wisconsin. If certified by the National Board for Certification in OT (NBCOT), attach copies of providers' certifications in the application process. 2) Masters-level licensed psychotherapist in one of above special therapies; or 3) BS/BA Degreed-individual with a minimum of 2,000 hours working with youth/families in which the focus of therapy may include promotion of social and/or work skills, community integration and/or recreational skill development, i.e. Recreation Therapist, Vocational Rehabilitation Therapist, etc. 		

Service Name	ServiceDescription	Network	Billing
Service ID	ServiceDescription	Set Rate	Unit
	<p>4) Certified member of the North American Riding for the handicapped Association (NARHA) in connection with Equine Facilitated Experiential Learning.</p> <p>5)Licensed Occupational Therapy Assistant under supervision of a licensed Occupational Therapist</p> <p>Documentation of experience and copies of certifications/registrations/accreditations/licenses must be provided, as applicable, in the application process in accordance with the foregoing.</p> <p>Providers of this services licensed by the State of Wisconsin must have a National Provider Identifier (NPI).</p>		