

WRAPAROUND MILWAUKEE - INTEGRATED PROVIDER NETWORK  
**SERVICE DESCRIPTION - CERTIFICATION GUIDE  
FOR ADDING DIRECT SERVICE PROVIDERS**

**GENERAL INFORMATION**

The “CERTIFICATION GUIDE” is intended to offer Wraparound Providers guidelines regarding the documentation that they must maintain on file and / or submit to Wraparound Milwaukee when adding new service providers.

**This document is subject to change without notice. References in this document are not intended to supersede any Wraparound Milwaukee policies or procedures or any portion of the Wraparound Milwaukee Fee-for-Service Agreement.**

**CREDENTIALS**

**All credentials/licenses must be CURRENT. Agencies must maintain a copy of all certification materials submitted to Wraparound Milwaukee in their agency files.**

**BACKGROUND CHECK REQUIREMENTS**

Background checks (completed by the agency within the last 4 years) are required for all direct services providers prior to the provision of services. Background checks must include: 1) Background Information Disclosure Form (BID form – completed by the employee); 2) Wisconsin Criminal History Record indicating “No Record Found”; 3) Department of Health and Family Services (DHFS) report of administrative findings / license restrictions. An FBI Record Check is required for individual living in Wisconsin for less than 3 years.

Background checks that show a criminal record and/or license denial or revocations are to be forwarded to the Wraparound Milwaukee Quality Assurance Director for review prior to adding the individual as a direct service provider.

**HUMAN SERVICE FIELD**

For purposes of Wraparound Milwaukee, a “human services degree” includes degrees from an approved college or university in: social work, sociology, psychology, educational psychology, education (elementary, secondary or special ed), rehabilitation counseling, counseling and guidance, criminal justice, nursing, music therapy, occupational therapy, art therapy, or therapeutic recreation.

**NATIONAL PROVIDER IDENTIFIER (NPI) - (Required for Mental Health and AODA Providers) Effective 1/1/2007**

All providers of Mental Health and AODA services must have an NPI number. Providers who do not have a CURRENT National Provider Identifier (NIP) number must obtain one prior to joining the Wraparound Milwaukee Provider Network

**CREDENTIAL REQUIREMENTS**

Based on the service addition request, “**Maintain in Agency File**” refers to documents or information that the agency must keep on file and make available upon request in the event Wraparound Milwaukee / Milwaukee County conducts a record review.

Similarly, “**Submit to Wraparound**” refers to copies of documents or information that the agency is to submit to Wraparound Milwaukee along with the “Add Direct Service Provider” sheet when adding new direct service providers. Agencies should not accept referrals for direct service providers until their name is displayed under the requested service in the Synthesis Resource Guide.

**Agencies are asked to refrain from submitting documents other than those referenced in this guide unless otherwise requested by Wraparound Milwaukee Provider Network or Quality Assurance staff.**

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**\* \* \* \* ADD PROVIDERS \* \* \* \***

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**ADDING PROVIDERS – NEW FORM**

**All requests to add direct service providers MUST BE MADE ON THE WRAPAROUND “ADD DIRECT SERVICE PROVIDER” SHEET”.**

**INACTIVATING (DELETING) PROVIDERS – USE SYNTHESIS GENERATED FORM**

**USE THE “Vendor Provider Listing – by Provider (Use as Drop Sheet)” REPORT IN SYNTHESIS TO INACTIVATE OR DELETE DIRECT SERVICE PROVIDERS.**

The “Vendor Provider List – by Provider (Use as Drop Sheet)” Report is a multiple page report. You can elect to print only those pages of the report that contains the name or names of the staff whose services are being discontinued.

**Service ID    Service Name**

**5202            AFTER SCHOOL PROGRAMS**

Credentials

MAINTAIN IN AGENCY FILE

Program Supervisor (At least 21 years of age)

At least 1 year of experience working with children

Complete 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, etc. Prior training in any of the above areas is acceptable with the appropriate supporting documentation.

MAINTAIN IN AGENCY FILE

Program Direct Service Provider (At least 18 years of age)

Current, valid driver's license and have at least one year of driving experience.

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.

(Use Generic Provider - "Vendor Staff")

**5565A           ANGER MANAGEMENT GROUP, NON-THERAPEUTIC**

Credentials

SUBMIT TO WRAPAROUND

Minimum of Bachelor's degree in a Human Service Field (See Definition of Human Service Field)

**5001A           AODA ASSESSMENT**

Credentials

SUBMIT TO WRAPAROUND

1. Credentials

(a) CADC (Certified Alcohol/Drug Counselor) Certification

or

(b) MS Degree with documented 3,000+ hours of work experience preferably in a setting dealing with AODA issues;

or

(c) Ph.D. (Social Worker or Psychologist)

2. NPI Number

**5173            AODA DAY SERVICES**

Credentials

MAINTAIN IN AGENCY FILE

Agency License/Credentials as required by State of Wisconsin Regulations

(Use Generic Provider - "Vendor Staff")

**5349            AODA DETOXIFICATION**

Credentials

MAINTAIN IN AGENCY FILE

Agency License/Credentials as required by State of Wisconsin Regulations

(Use Generic Provider - "Vendor Staff")

**5121            AODA GROUP COUNSELING**

Credentials

SUBMIT TO WRAPAROUND

1. Credentials

(a) Certified Alcohol and Drug Counselor (CADC)

or

(b) Registered Alcohol and Drug Counselor (RADC) under the clinical supervision of a CADC

2. NPI Number

**5101            AODA INDIVIDUAL/FAMILY COUNSELING (FORMERLY SUBSTANCE ABUSE COUNSELING & THERAPY)**

Credentials

SUBMIT TO WRAPAROUND

1. Credentials

(a) Certified Alcohol and Drug Counselor (CADC)

or

(b) Registered Alcohol and Drug Counselor (RADC) under the clinical supervision of a CADC

2. NPI Number

**5103            AODA LAB & MEDICAL SERVICES**

(Use Generic Provider - "Vendor Staff")

**5348            AODA RESID. TREAT-WITH CHILD**

Agency License/Credentials as required by State of Wisconsin Regulations

(Use Generic Provider - "Vendor Staff")

<b>Service ID</b>	<b>Service Name</b>
<b>5347</b>	<b>AODA RESIDENTIAL</b> Agency License/Credentials as required by State of Wisconsin Regulations (Use Generic Provider - "Vendor Staff")
<b>5182A</b> Credentials	<b>ASSESSMENT SVCS-NURSING</b> <u>SUBMIT TO WRAPAROUND</u> 1. State of Wisconsin - R.N. License 2. NPI Number
<b>5000A</b> Credentials	<b>ASSESSMENTS - M.D.</b> <u>SUBMIT TO WRAPAROUND</u> 1. State of Wisconsin – Physician’s License 2. NPI Number
<b>5201</b> Credentials	<b>CAMP</b> (Use Generic Provider - "Vendor Staff")
<b>5440</b> Credentials	<b>CHILD CARE (DAILY)</b> <u>MAINTAIN IN AGENCY FILE</u> Agency License/Credentials as required by State of Wisconsin Regulations (Day Care License) (Use Generic Provider - "Vendor Staff")
<b>5441</b> Credentials	<b>CHILD CARE (HOURLY)</b> <u>MAINTAIN IN AGENCY FILE</u> Agency License/Credentials as required by State of Wisconsin Regulations (Day Care License) (Use Generic Provider - "Vendor Staff")
<b>5303</b> Credentials	<b>CRISIS 1:1 STABILIZATION</b> <u>MAINTAIN IN AGENCY FILE</u> Two letters of reference regarding staff professional abilities. References or transcripts for any post-secondary education. Employment history or recommendations from former employers. Copy of current State of Wisconsin License or Certification (if applicable). Staff with less than 6 mos. experience in the area of mental health – 40 hours of documented orientation training within 3 mos. of employment. Staff with 6 mos. or more experience in the area of mental health – 20 hours of documented orientation training within 3 mos. of employment.
<b>5300</b> Credentials	<b>CRISIS BED-FOSTER HOME</b> <u>SUBMIT TO WRAPAROUND</u> Individual Foster Home License
<b>5302</b> Credentials	<b>CRISIS BED-GROUP HOME</b> <u>MAINTAIN IN AGENCY FILE</u> Agency License/Credentials as required by State of Wisconsin Regulations (Group Home License) (Use Generic Provider - "Vendor Staff")
<b>5414</b> Credentials	<b>CRISIS RESPITE &amp; NURSERY</b> <u>MAINTAIN IN AGENCY FILE</u> Agency License/Credentials as required by State of Wisconsin Regulations (Shelter License) (Use Generic Provider - "Vendor Staff")
<b>5299</b> Credentials	<b>CRISIS RUNAWAY SHELTER</b> <u>MAINTAIN IN AGENCY FILE</u> Agency License/Credentials as required by State of Wisconsin Regulations (Shelter License) (Use Generic Provider - "Vendor Staff")
<b>5561</b> Credentials	<b>DAILY LIVING SKILLS INDIVIDUAL</b> <u>MAINTAIN IN AGENCY FILE</u> 1. Minimum of High School Diploma or equivalent and a minimum of 2 years (full-time) experience working with emotionally/behaviorally challenged youth

**Service ID    Service Name**

or

2. Minimum of a bachelor's degree in a human services or education (see definition of human services field)

**5562            DAILY LIVING SKILLS-GROUP**

Credentials

MAINTAIN IN AGENCY FILE

1. Minimum of High School Diploma or equivalent and a minimum of 2 years (full-time) experience working with emotionally/behaviorally challenged youth

or

2. Minimum of a bachelor's degree in a human services or education

**5170            DAY TREATMENT**

Credentials

(Use Generic Provider - "Vendor Staff")

**5172            DAY TREATMENT (MEDICAID-DAY)**

Credentials

MAINTAIN IN AGENCY FILE

Agency License/Credentials as required by State of Wisconsin Regulations (Day Treatment License)

(Use Generic Provider - "Vendor Staff")

**5176            DAY TREATMENT - SUMMER SCHOOL RATE**

Credentials

(Use Generic Provider - "Vendor Staff")

**5174            DAY TREATMENT SPECIALIZED (NON-MEDICAID)**

Credentials

(Use Generic Provider - "Vendor Staff")

**5308            ENHANCED FOSTER CARE-LEVEL 2**

Credentials

SUBMIT TO WRAPAROUND

Individual Foster Care License

MAINTAIN IN AGENCY FILE

Agency Child Placing License

**5309            EXCEPTIONAL FOSTER CARE-LEVEL 4**

Credentials

SUBMIT TO WRAPAROUND

Individual Foster Care License

MAINTAIN IN AGENCY FILE

Agency Child Placing License

**5390            FOSTER HOME CARE**

Credentials

SUBMIT TO WRAPAROUND

Individual Foster Home License

**5120            GROUP COUNSELING & THERAPY**

Credentials

SUBMIT TO WRAPAROUND

1. License or Verification of 3000 Hours Clinical Experience (submit either (a), (b) or (c) below)

- (a) Copy of current State of Wisconsin Clinical License

Licensed Psychotherapists Practicing Privately or in a Certified Clinic per state Regulations (LCSW, MFT, LPF, CPCT, ISW, APSW, Art, Music, Dance Therapist; Licensed Clinical Psychologist

or

- (b) 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

- (c) EDS letter verifying a Provider's Billing Status as a Master's Level Psychotherapist in a Certified Mental Health Clinic

2. NPI Number

- 3.

**5400            GROUP HOME CARE**

Credentials

MAINTAIN IN AGENCY FILE

Agency License/Credentials as required by State of Wisconsin Regulations (Group Home License)

(Use Generic Provider - "Vendor Staff")

<b>Service ID</b>	<b>Service Name</b>
<b>5402</b>	<p><b>GROUP HOME-SPECIALIZED</b>  <u>MAINTAIN IN AGENCY FILE</u>  Agency License/Credentials as required by State of Wisconsin Regulations (Group Home License)  (Use Generic Provider - "Vendor Staff")</p>
<b>5132</b> Credentials	<p><b>HIGH RISK COUNSELING &amp; THERAPY</b>  <u>SUBMIT TO WRAPAROUND</u>  License/credentialing requirements for psychotherapists qualified to provide Individual and Family Therapy (under any of the other Wraparound Individual Therapy Codes). Therapists must submit supporting documentation to demonstrate expertise in working with a specialty population such as sex offenders (including additional training and a minimum of two years experience working with the target population) to be consideration for reimbursement as a high-risk counselor/therapist. Applications are subject to review and approval by the Wraparound High Risk Management staff.</p>
<b>5163</b> Credentials	<p><b>HOME-BASED BEHAVIORAL MGM LEAD</b>  <u>SUBMIT TO WRAPAROUND</u>  1. Master's Degree in a clinical field (and if available, State of Wisconsin License)  2. Resume or letter of recommendations confirming one-year (full time equivalent) experience working with Developmentally Disabled clients</p>
<b>5165</b> Credentials	<p><b>HOME-BASED BEHAVIORAL MGM-AIDE</b>  (Must have Lead in order to provide Aide Services)  <u>SUBMIT TO WRAPAROUND</u>  1. Resume or other documentation substantiating two years of experience in a residential setting, which may include group home, residential care center, shelter, or rehab center, serving children, adolescents or young adults  2. Resume or letter of recommendation confirming at least one-year (full time equivalent) experience with Developmentally Disabled clients</p> <p><u>MAINTAIN IN AGENCY FILE</u>  High School Diploma</p>
<b>5164</b> Credentials	<p><b>HOME-BASED BEHAVIORAL MGM-TECHNICIAN</b>  (Must have Lead in order to provide Technician Services)  <u>SUBMIT TO WRAPAROUND</u>  1. BS degree in a Human Service field  2. Resume or other documentation substantiating at least six months (full time equivalent) experience working with Developmentally Disabled clients</p>
<b>5590</b> Credentials	<p><b>HOUSE MGMT SERVICES</b>  <u>MAINTAIN IN AGENCY FILE</u>  High School Diploma or G.E.D.  Documentation of experience in basic math and money management skills; physical ability to assist in cleaning/basic household chores.</p>
<b>5595</b> Credentials	<p><b>HOUSING ASSISTANCE</b>  <u>MAINTAIN IN AGENCY FILE</u>  High School Diploma or G.E.D.  Documentation regarding familiarity with basic lease agreements; knowledge of subsidized housing programs that offer housing assistance and low income housing such as the City of Milwaukee Housing Authority.</p>
<b>5161</b> Credentials	<p><b>IN-HOME-CASE AIDE</b>  <u>SUBMIT TO WRAPAROUND</u>  1. Credentials  (a) At least a BA/BS Degree in a behavioral health field, nursing, occupational therapy and 1000 hrs of supervised clinical experience working in a program whose primary clientele are emotionally disturbed youth  or  (b) WBC certification AODA Counselor and 1000 hrs of supervised clinical experience working in a program whose primary clientele are emotionally disturbed youth  or  (c) For a non-degreed individual, a resume or reference letter with minimum of 2000+ hours of supervised clinical experience working in a program whose primary clientele are emotionally and behaviorally disturbed youth/children/families. Document experience via letter from current employer verifying employee's prior experience with emotionally and behaviorally disturbed youth/children/families.</p>

**Service ID    Service Name**

NOTE: Document prior work experience for all of the above by means of a letter from current employer verifying employee's prior experience with emotionally and behaviorally disturbed youth/children/families. Include dates of employment, placement of employment and position/job duties.

**5160                    IN-HOME-LEAD-MEDICAID**

Credentials

SUBMIT TO WRAPAROUND

1. License or Verification of 3000 Hours Clinical Experience (submit either (a), (b) or (c) below)
  - (a) Copy of current State of Wisconsin Clinical License  
Licensed Psychotherapists Practicing Privately or in a Certified Clinic per state Regulations (LCSW, MFT, LPF, CPCT, ISW, APSW, Art, Music, Dance Therapist; Licensed Clinical Psychologist
  - or
  - (b) 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
  - (c) EDS letter verifying a Provider's Billing Status as a Master's Level Psychotherapist in a Certified Mental Health Clinic
2. NPI Number

**5099                    INDIVIDUAL/FAMILY THERAPY-CLIENT/PARENT RESIDENCE**

Credentials

SUBMIT TO WRAPAROUND

1. License or Verification of 3000 Hours Clinical Experience (submit either (a), (b) or (c) below)
  - (a) Copy of current State of Wisconsin Clinical License  
Licensed Psychotherapists Practicing Privately or in a Certified Clinic per state Regulations (LCSW, MFT, LPF, CPCT, ISW, APSW, Art, Music, Dance Therapist; Licensed Clinical Psychologist
  - or
  - (b) 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
  - (c) EDS letter verifying a Provider's Billing Status as a Master's Level Psychotherapist in a Certified Mental Health Clinic
2. NPI Number

**5100                    INDIVIDUAL/FAMILY THERAPY-OFFICE BASED**

Credentials

SUBMIT TO WRAPAROUND

1. License or Verification of 3000 Hours Clinical Experience (submit either (a), (b) or (c) below)
  - (a) Copy of current State of Wisconsin Clinical License  
Licensed Psychotherapists Practicing Privately or in a Certified Clinic per state Regulations (LCSW, MFT, LPF, CPCT, ISW, APSW, Art, Music, Dance Therapist; Licensed Clinical Psychologist
  - or
  - (b) 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
  - (c) EDS letter verifying a Provider's Billing Status as a Master's Level Psychotherapist in a Certified Mental Health Clinic
2. NPI Number

**5110                    INDIVIDUAL/FAMILY THERAPY-PH.D.-CLIENT/PAR RESIDENCE**

Credentials

SUBMIT TO WRAPAROUND

1. State of Wisconsin Psychologist License
2. NPI Number

**5111A                    INDIVIDUAL/FAMILY THERAPY-PH.D.-OFFICE BASED**

Credentials

SUBMIT TO WRAPAROUND

1. State of Wisconsin Psychologist License
2. NPI Number

**5600                    INTERPRETERS**

Credentials

MAINTAIN IN AGENCY FILE

Two agency letters of reference

**5556                    JOB INTERNSHIP**

Credentials

(Use Generic Provider - "Vendor Staff")

<b>Service ID</b>	<b>Service Name</b>
<b>5392</b> Credentials	<b>KINSHIP CARE</b> (Submit Individual Service Provider Name)
<b>5563B</b>	<b>LIFE SKILLS TRAINING – INDIVIDUAL (NEW SERVICE CODE)</b> <u>MAINTAIN IN AGENCY FILE</u> Program Supervisor Individual with a bachelor’s degree (or above) in human services or education <u>MAINTAIN IN AGENCY FILE</u> Program Direct Service Provider Minimum of High School diploma or equivalent and at least 2 years (full-time) experience in working with children or adults in an education, childcare or health care setting providing direct client services/care
<b>5563C</b>	<b>LIFE SKILLS TRAINING – GROUP (NEW SERVICE CODE)</b> <u>MAINTAIN IN AGENCY FILE</u> Supervisor Individual with a bachelor’s degree (or above) in human services or education  <u>MAINTAIN IN AGENCY FILE</u> Direct Service Provider Minimum of High School diploma or equivalent and at least 2 years (full-time) experience in working with children or adults in an education, childcare or health care setting providing direct client services/care
<b>5524</b> Credentials	<b>MENTORING</b> <u>SUBMIT TO WRAPAROUND</u> 15-Hour Training Verification Form  <u>MAINTAIN IN AGENCY FILE</u> Copy of 15-Hour Training Verification Form Detailed information related to 15-hour training program including: the date, duration, topic(s) covered; training method (i.e.: video; written material; workshop, etc) and name of the trainer for each training module or session.  If transporting youth: <ul style="list-style-type: none"> <li>• A current/valid Wisconsin driver’s license</li> <li>• Proof of at least the Wisconsin minimum amount of insurance</li> <li>• A Department of Motor Vehicles Abstract must also be completed and kept on file</li> </ul>
<b>5522</b> Credentials	<b>PARENT ASSISTANCE</b> <u>SUBMIT TO WRAPAROUND</u> 15-Hour Training Verification Form  <u>MAINTAIN IN AGENCY FILE</u> Copy of 15-Hour Training Verification Form Detailed information related to 15-hour training program including: the date, duration, topic(s) covered; training method (i.e.: video; written material; workshop, etc) and name of the trainer for each training module or session. High School Diploma or G.E.D.  If transporting youth/parent: <ul style="list-style-type: none"> <li>• A current/valid Wisconsin driver’s license</li> <li>• Proof of at least the Wisconsin minimum amount of insurance</li> <li>• A Department of Motor Vehicles Abstract must also be completed and kept on file</li> </ul>
<b>5313</b> Credentials	<b>PLACEMENT STABILIZATION CENTER</b> <u>MAINTAIN IN AGENCY FILE</u> Credentials as required by State of Wisconsin Regulations (Use Generic Provider - “Vendor Staff”)
<b>5221</b> Credentials	<b>PROFESSIONAL CONSULTATION</b> <u>SUBMIT TO WRAPAROUND</u> 1. State of Wisconsin M.D. or Psychologist License 2. NPI Number

<b>Service ID</b>	<b>Service Name</b>
<b>5355</b> Credentials	<b>PSYCH HOSP-ER VISIT</b> <u>MAINTAIN IN AGENCY FILE</u> Agency License/Credentials as required by State of Wisconsin Regulations (Use Generic Provider - "Vendor Staff")
<b>5350</b> Credentials	<b>PSYCHIATRIC HOSPITAL</b> <u>MAINTAIN IN AGENCY FILE</u> Agency License/Credentials as required by State of Wisconsin Regulations (Use Generic Provider - "Vendor Staff")
<b>5050</b> Credentials	<b>PSYCHIATRIC REVIEW/MEDS</b> <u>SUBMIT TO WRAPAROUND</u> 1. State of Wisconsin M.D. License 2. NPI Number
<b>5051</b> Credentials	<b>PSYCHIATRIC REVIEW/MEDS-WITH THERAPY</b> <u>SUBMIT TO WRAPAROUND</u> 1. State of Wisconsin M.D. License 2. NPI Number
<b>5180B</b> Credentials	<b>PSYCHOLOGICAL EVAL. EXTENDED-PH.D.</b> <u>SUBMIT TO WRAPAROUND</u> 1. State of Wisconsin Psychologist License 2. NPI Number
<b>5180A</b> Credentials	<b>PSYCHOLOGICAL EVALUATION SERVICES-PH.D.</b> <u>SUBMIT TO WRAPAROUND</u> 1. State of Wisconsin Psychologist License 2. NPI Number
<b>5526</b> Credentials	<b>RECREATION PROGRAMMING-FULL DAY</b> <u>MAINTAIN IN AGENCY FILE</u> Program Supervisor At least 21 years of age At least 1 year of experience working with children 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, etc. Prior training in any of the above areas is acceptable with the appropriate supporting documentation.  <u>MAINTAIN IN AGENCY FILE</u> Program Direct Service Provider At least 18 years of age Have a valid driver's license and have at least one year of driving experience 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.  (Use Generic Provider - "Vendor Staff")
<b>5527</b> Credentials	<b>RECREATION PROGRAMMING-HALF DAY</b> <u>MAINTAIN IN AGENCY FILE</u> Program Supervisor At least 21 years of age At least 1 year of experience working with children 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, etc. Prior training in any of the above areas is acceptable with the appropriate supporting documentation.  <u>MAINTAIN IN AGENCY FILE</u> Program Direct Service Provider At least 18 years of age Have a valid driver's license and have at least one year of driving experience

**Service ID    Service Name**

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.

(Use Generic Provider - "Vendor Staff")

**5340            RESIDENTIAL CARE CENTER FOR CHILDREN & YOUTH**  
Credentials    MAINTAIN IN AGENCY FILE  
Agency License/Credentials as required by State of Wisconsin Regulations  
(Use Generic Provider - "Vendor Staff")

**5345            RESIDENTIAL CARE-SPECIALIZED**  
Credentials    MAINTAIN IN AGENCY FILE  
Agency License/Credentials as required by State of Wisconsin Regulations  
(Use Generic Provider - "Vendor Staff")

**5346            RESIDENTIAL CARE-TYPE II**  
Credentials    MAINTAIN IN AGENCY FILE  
Agency License/Credentials as required by State of Wisconsin Regulations  
(Use Generic Provider - "Vendor Staff")

**5344            RESIDENTIAL SHORT-TERM STABILIZATION**  
Credentials    MAINTAIN IN AGENCY FILE  
Agency License/Credentials as required by State of Wisconsin Regulations  
(Use Generic Provider - "Vendor Staff")

**5411            RESPITE, FOSTER CARE**  
Credentials    SUBMIT TO WRAPAROUND  
Individual Foster Care License  
  
MAINTAIN IN AGENCY FILE  
Agency Child Placing License

**5410            RESPITE, HOURLY**  
Credentials    MAINTAIN IN AGENCY FILE  
A Family Day Care License is required if serving four or more youth for less than 24 hours per day. A Group Day Care License is required if serving nine or more youth for less than 24 hours per day (DH&FS, Chapter HFS 45 and HFS 46)  
(Use Generic Provider - "Vendor Staff")

**5412            RESPITE, RESIDENTIAL**  
Credentials    MAINTAIN IN AGENCY FILE  
Agency Child Placing License or Residential Care License

**5415            RESPITE-CRISIS-FOCUS**  
Credentials    MAINTAIN IN AGENCY FILE  
Agency Child Placing License or Residential Care License

**5305            SHELTER CARE (BOYS)**  
Credentials    MAINTAIN IN AGENCY FILE  
Shelter License

**5306            SHELTER CARE (GIRLS)**  
Credentials    MAINTAIN IN AGENCY FILE  
Shelter License

**5304            SHELTER CARE (YOUNGER CHILDREN)**  
Credentials    MAINTAIN IN AGENCY FILE  
Shelter License

**Service ID    Service Name**

**5130**

Credentials

**SPECIAL THERAPY**

SUBMIT TO WRAPAROUND

1. Copy of Bachelors Degree or Masters Degree in Dance, Art, Music Therapy and a resume documenting a minimum of 1,000 hours of work experience  
or
2. State of Wisconsin Occupational Therapy License with 1,000 hours of work experience  
or
3. State of Wisconsin Occupational Therapy Assistant License (working under supervision of a State of Wisconsin Licensed Occupational Therapist) with 1,000 hours of work experience  
or
4. BS/BA Degree in Recreation Therapy or Vocational Rehabilitation Therapy and a minimum of 2,000 hours working with youth/families in which the focus of therapy included promotion of recreational, social and/or work skills development  
or
5. Certified member of the North American Riding for the handicapped Association (NARHA) in connection with Equine Facilitated Experiential Learning

**5131**

Credentials

**SPECIAL THERAPY-GROUP**

SUBMIT TO WRAPAROUND

1. Copy of Bachelors Degree or Masters Degree in Dance, Art, Music Therapy and a resume documenting a minimum of 1,000 hours of work experience  
or
2. State of Wisconsin Occupational Therapy License with 1,000 hours of work experience  
or
3. State of Wisconsin Occupational Therapy Assistant License (working under supervision of a State of Wisconsin Licensed Occupational Therapist) with 1,000 hours of work experience  
or
4. BS/BA Degree in Recreation Therapy or Vocational Rehabilitation Therapy and a minimum of 2,000 hours working with youth/families in which the focus of therapy included promotion of recreational, social and/or work skills development  
or
5. Certified member of the North American Riding for the handicapped Association (NARHA) in connection with Equine Facilitated Experiential Learning

**5568**

Credentials

**SPECIALIZED ACADEMIC SUPPORT SERVICE**

SUBMIT TO WRAPAROUND

Copy of State of Wisconsin Department of Public Instruction Teacher Certification

**5101**

**SUBSTANCE ABUSE COUNSELING & THERAPY**

**(SEE AODA INDIVIDUAL/FAMILY COUNSELING)**

**5541**

Credentials

**SUPERVISION/OBSERVATION SERVICE**

MAINTAIN IN AGENCY FILE

High School Diploma or G.E.D.

**5564**

Credentials

**SUPPORTED INDEPENDENT LIVING**

MAINTAIN IN AGENCY FILE

Independent Living Program Coordinator

Minimum of a Bachelor's Degree with 2,000 plus hours of experience with children and families in a community setting and residential living program, i.e., group homes, foster care and residential treatment.

MAINTAIN IN AGENCY FILE

Direct Service Provider

Evidence of prior training and experience in providing independent living skills to target population.

**5564A**

Credentials

**SUPPORTED INDEPENDENT LIVING-PHASE I**

MAINTAIN IN AGENCY FILE

Agency Group Home License if applicable per Fee-for-Service Agreement

MAINTAIN IN AGENCY FILE

Independent Living Program Coordinator

Must possess a minimum of a Bachelor's Degree with 2,000 plus hours of experience with children and families in a community setting and residential living program, i.e., group homes, foster care and residential treatment.

<b>Service ID</b>	<b>Service Name</b>
<b>5560</b> Credentials	<p><b>SUPPORTED WK ENVIR/JOB COACH</b>  <u>MAINTAIN IN AGENCY FILE</u>            If transporting youth:           <ul style="list-style-type: none"> <li>• A current/valid Wisconsin driver's license</li> <li>• Proof of at least the Wisconsin minimum amount of insurance</li> <li>• A Department of Motor Vehicles Abstract must also be completed and kept on file</li> </ul>           Submit Individual Direct Service Provider Name</p>
<b>5307</b> Credentials	<p><b>SUPPORTIVE FOSTER CARE-LEVEL 1</b>  <u>MAINTAIN IN AGENCY FILE</u>            Agency Child Placing License</p>
<b>5203</b> Credentials	<p><b>SUSPENSION ACCOUNTABILITY PROGRAM</b>  <u>MAINTAIN IN AGENCY FILE</u>            Agency Day Care License (if serving more than 3 children through the age of 12.)</p> <p><u>MAINTAIN IN AGENCY FILE</u>            Direct Service Provider            Evidence of prior tutoring and/or teaching experience.            (Use Generic Provider - "Vendor Staff")</p>
<b>5573</b> Credentials	<p><b>TRANSPORTATION-1-WAY-FAMILY RATE</b>  <u>MAINTAIN IN AGENCY FILE</u>            Copy of Current Drivers License (See Transportation Policy for additional requirements if transporting 16 or more passengers.)            Copy of Drivers Abstract</p>
<b>5574</b> Credentials	<p><b>TRANSPORTATION-1-WAY-FAMILY-OUT-OF-COUNTY</b>  <u>MAINTAIN IN AGENCY FILE</u>            Copy of Current Drivers License (See Transportation Policy for additional requirements if transporting 16 or more passengers.)            Copy of Drivers Abstract</p>
<b>5571</b> Credentials	<p><b>TRANSPORTATION-1-WAY-IN COUNTY</b>  <u>MAINTAIN IN AGENCY FILE</u>            Copy of Current Drivers License (See Transportation Policy for additional requirements if transporting 16 or more passengers.)            Copy of Drivers Abstract</p>
<b>5572</b> Credentials	<p><b>TRANSPORTATION-1-WAY-OUT OF COUNTY</b>  <u>MAINTAIN IN AGENCY FILE</u>            Copy of Current Drivers License (See Transportation Policy for additional requirements if transporting 16 or more passengers.)            Copy of Drivers Abstract</p>
<b>5311</b> Credentials	<p><b>TREAT. FOSTER CARE (AGENCY)</b>  <u>SUBMIT TO WRAPAROUND</u>            Individual Treatment Foster Home License</p> <p><u>MAINTAIN IN AGENCY FILE</u>            Agency Child Placing License</p>
<b>5312</b> Credentials	<p><b>TREAT. FOSTER CARE SPECIALIZED</b>  <u>SUBMIT TO WRAPAROUND</u>            Individual Treatment Foster Home License</p> <p><u>MAINTAIN IN AGENCY FILE</u>            Agency Child Placing License</p>
<b>5222A</b> Credentials	<p><b>TREATMENT PLAN MEETING ATTENDANCE</b>            Used in conjunction with the following Service Codes            5001A <b>AODA Assessment</b>            5099 <b>Individual/Family Therapy-Client/Parent Residence</b>            5100 <b>Individual/Family Therapy-Client/Office Based</b></p>

**Service ID    Service Name**

- 5101    **AODA Individual/Family Counseling (Formerly Substance Abuse Counseling and Therapy)**
- 5110    **Individual/Family Therapy-PhD-Client/Par Residence**
- 5111A    **Individual/Family Therapy-PhD-Client/Office Based**
- 5120    **Group Counseling and Therapy**
- 5121    **AODA Group Counseling**
- 5130    **Special Therapy-Individual**
- 5131    **Special Therapy-Group**
- 5050    **Psychiatric Review Meds**
- 5051    **Psychiatric Review Meds/w Therapy**

**5521            TUTOR**

Credentials

SUBMIT TO WRAPAROUND  
15-Hour Training Verification Form

MAINTAIN IN AGENCY FILE

Copy of 15-Hour Training Verification Form

Detailed information related to 15-hour training program including: the date, duration, topic(s) covered; training method (i.e.: video; written material; workshop, etc) and name of the trainer for each training module or session.

Evidence of 1 year past experience in tutoring or teaching

If transporting youth:

- A current/valid Wisconsin driver’s license
- Proof of at least the Wisconsin minimum amount of insurance
- A Department of Motor Vehicles Abstract must also be completed and kept on file

**5557            VOC EDUCATION-JOB READINESS WORKSHOP**

Credentials

SUBMIT TO WRAPAROUND  
Minimum qualification – Associate Degree

**5558            VOC-ASSESSMENT & PLANNING**

Credentials

SUBMIT TO WRAPAROUND  
Minimum qualification – Associate Degree